

Kent Joint Health and Wellbeing Strategy

# Outcomes for Kent

Joint Health and Wellbeing Strategy for Kent  
Kent Shadow Health and Wellbeing Board



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## Foreword



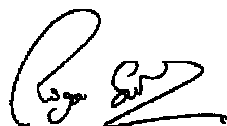
This, the first Kent Health & Wellbeing Strategy, comes at a time of two major changes in health and social care. The first is the introduction of a new partnership between health, led by GPs and local government under the Health and Social Care Act. This offers the chance for people who are locally focused and locally accountable to take responsibility for better care in Kent. This will be delivered through the Kent Health & Wellbeing Board, bringing together GPs, County and District Councillors, senior officers from Social Care and Public Health, as well as representation from Local Healthwatch - for the first time putting the patient and public voice at the heart of commissioning decisions.

The second is the growing pressure of demographic change, generating increased need for health and social care services, at a time of financial stringency. 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 budget.

This Strategy aims to confront that challenge, to improve the areas in which - in spite of generally good levels of health - Kent lags behind the country as a whole, and to tackle the significant differences in people's health and wellbeing across the county.

We can do this through a greater focus on prevention, on the social conditions that affect health and wellbeing and on helping people take responsibility for their own health, and through more integrated working between GPs and local government. In all this the role of Public Health, coming back to local government from April 2013, is central. We aim to achieve better care closer to home, while focusing hospital and residential care services on those for whom they are truly essential. The end result must be a better quality of life, health and wellbeing, including mental well being, for the people of Kent.

This 12 month strategy sets out our major priorities. It will be for GP-led Clinical Commissioning Groups, the County and District Councils and other partners to produce more detailed plans on how the issues will be addressed in our local communities

A handwritten signature in black ink, appearing to read 'Roger Gough'.

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

## Summary

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

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

We must prioritise what needs most attention so we do not try and take on everything at once. By focusing on key issues we can make the biggest differences. This strategy sets out what we propose to focus on, how we propose to deliver improvements to health and wellbeing in Kent and what outcomes we want to achieve. It has not been developed in isolation, reflecting the evidence base of our Joint Strategic Needs Assessments and other key partner documents and data sources. This is also a high level strategy; our partners have detailed plans on how they plan to deliver improved services in Kent including improving people's health and wellbeing. This strategy will not repeat those documents; it will instead focus on issues we need to tackle together.

The opportunities presented by this new approach to health and wellbeing are significant. For the first time we have clearly identified shared health and care outcomes for Kent. This presents huge opportunities for new ways of working, to ensure that health, care and broader services are aligned to meet people's needs. For example, we will see more health services delivered in the local community, in places that patients find easy to access. We will see a more holistic approach to the patient, looking at their care pathway from prevention to better timed interventions. This will take time to deliver, however we have begun this ambitious programme. This 12 month strategy is the starting point for a long term partnership approach to improving health and reduce health inequalities in Kent.

### Our Vision:

Our vision in Kent is to deliver better coordinated quality care, improve health outcomes, 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.

### The Health of the people of Kent

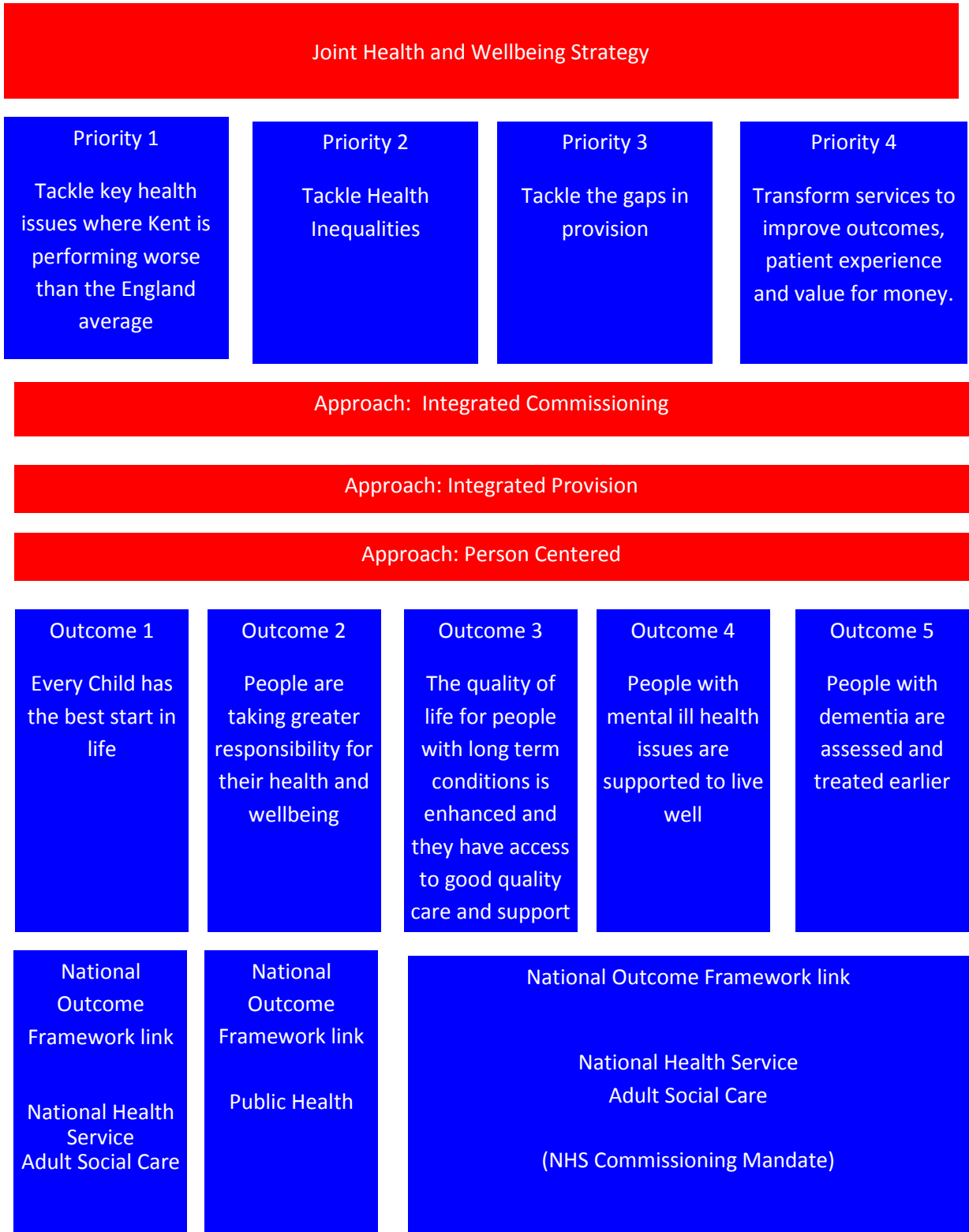
This document is based on data and evidence in the Kent Joint Strategic Needs Assessment, the Kent Health Profile 2012, the Kent Health Inequalities Action Plan "Minding the Gap" and guidance from the Department of Health.

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

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

Kent Health Inequalities Action Plan: "Mind the Gap" <http://www.kmpho.nhs.uk/health-inequalities/?asstetdet1118452=228636>

The following diagram illustrates the key elements of the Kent Joint Health and Wellbeing Strategy.



## The challenges that we face in Kent:

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

### Health of the People of Kent

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

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

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

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

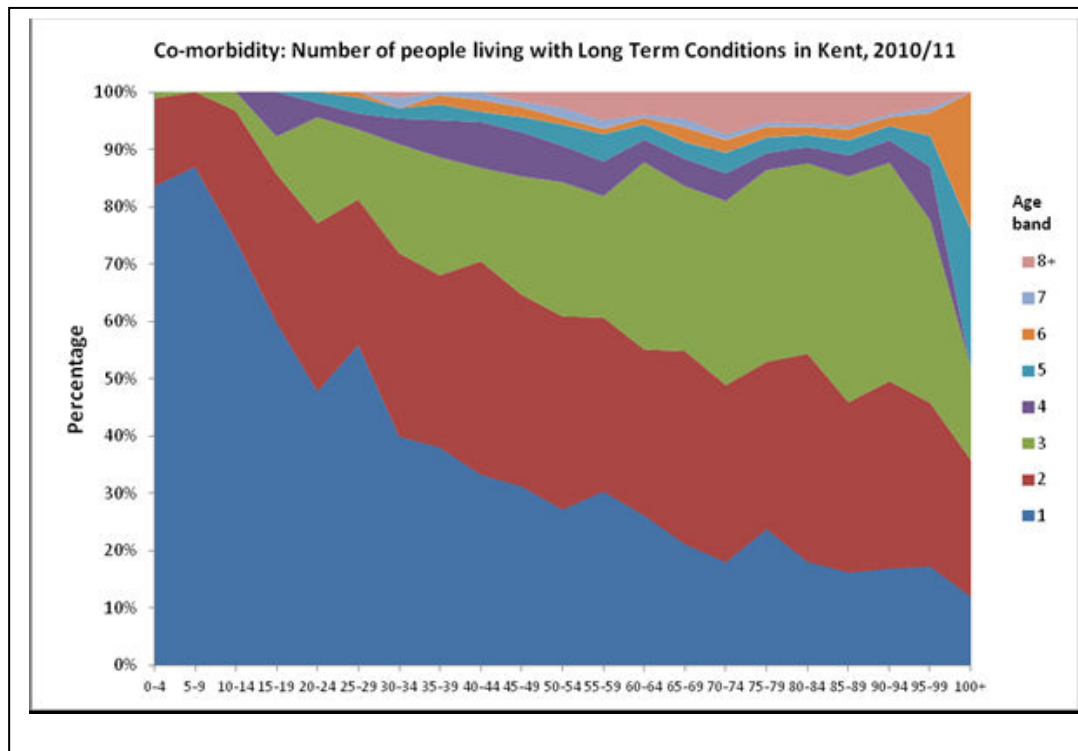
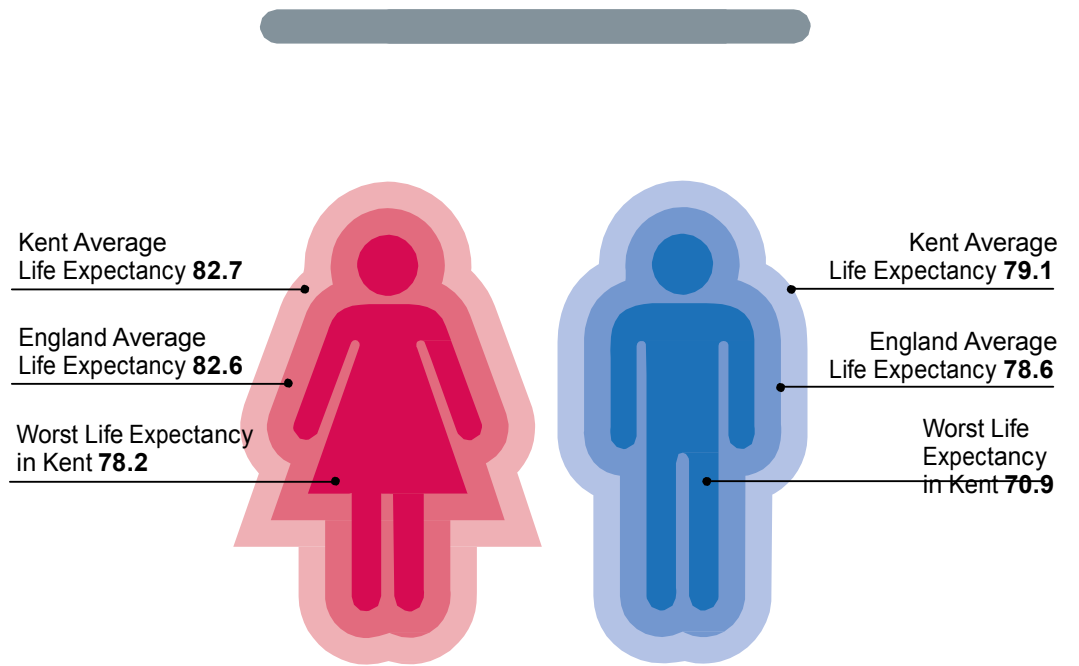
At a strategic level, the following are the challenges that we face in Kent: demographic pressures, poor performance on certain health outcomes and economic and financial pressures.

### Demographic Pressures and Health Inequalities

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

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





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

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

#### Where Kent is performing below the national average for health outcomes:

Kent is performing worse than the national average on:

- smoking in pregnancy,
- breast feeding initiation,
- healthy eating among adults and
- obesity in adults worse than the national average.
- Injuries due to falls in women aged 65 and over and in people aged 80+.
- Fractured hips for people over 80
- Diagnosis rates for alzheimers
- First time entrants into the youth justice system
- Number of 16-18 year olds not in employment, education or training
- Rates of Chlamydia diagnoses (15-24 year olds)
- Vaccination rates for HPV and PPV and vaccines and the at risk group for influenza.

Continued poor performance in these areas will have a significant impact on the health of the population over the coming years with smoking and poor diet being a contributory factor in cancer and heart disease and obesity contributing to the increase in type 2 diabetes.

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

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

#### Years of life lost by people dying early, which are considered preventable.

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



circulatory disease, cancer and respiratory disease; all of which can be reduced by taking a more proactive approach to health and care. The graphics depict the breakdown of years of life lost by men and women; the types of disease contributing to this and the years of life lost by district.

## Economic pressures

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

We will also focus on doing the right things well. In other words, commissioning the right services that improve health as well as delivering value for money. If a service is best delivered in a community setting rather than in a hospital, we will support this happening. We will focus more on preventing people going into crisis and requiring hospital care, by better use of risk profiling; by moving care out of hospitals into appropriate community settings. We will also need to look at how we make better use of social care, so that we can maintain people's independence for as long as possible.

## How we will improve the health of the people in Kent.

With limited resources we need to focus on the key health issues that have been identified through the Joint Strategic Needs Assessment, including moving our focus from treatment to prevention. We will also focus on ensuring more treatment occurs in the community where appropriate. People should be able to access the right treatment, at the right time and in the right place.

We also believe it is important that local communities have a greater role in shaping and influencing services and improving health and wellbeing in communities. This will be supported by the role of democratically elected members and our local Healthwatch representatives (patient representation is an integral part of the Health and Wellbeing Board). Not only do we think this will help us tailor services to meet the needs of local people, we also understand the value of community in improving the health and wellbeing of residents. This will also extend to widening the involvement of the voluntary and community service in delivering health and care services in the community. The voluntary sector already play a crucial role in helping to prevent ill health and providing direct services to help keep people healthy and in their own homes. We must not lose sight of this.

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

- Tackle the key health issues where Kent is not performing as well as the England average. For example tackling the levels of adult obesity
- Tackle Health Inequalities across and within Kent. For example delivering the Kent Health Inequalities Action Plan "Mind the Gap"
- Tackle the gaps in provision and quality of care and support that the people of Kent receive. For example ensuring improved rates of diagnosis for mental health problems and get people into the right services when they need them. This will focus on delivering a number of interventions concurrently, such as medical interventions, improvements in lifestyle behaviours and improvements to social determinants of ill health (poor housing, poverty and worklessness).
- Transform services to improve health and care outcomes, the patient experience and value for money and quality. For example we want to see better community care, moving services closer to home, improving access for patients and carers.

In considering each of these priorities the approaches and the outcomes outlined in the following pages need to be taken into account, as

they are interdependent and their successful delivery is dependent on all elements being delivered.

The following bullet points have been taken from responses to the consultation on the JHWS:

*“We need to prioritise tackling the key health issues where Kent is under performing because continued poor performance will have a significant impact on the health of the population in future years. For example, high obesity levels contributing to an increase in type 2 diabetes”.*

*“If we tackle health inequalities we will be addressing all the priorities”*

*“The most important issue is to identify and tackle gaps in provision and quality of care as this will inevitably result in an efficient service that will be able to reduce inequalities in health and increase Kent's performance standard”*

*“We need to improve patient experience and outcomes first. This will produce a natural flow to inequalities, gaps in provision. If we get these things right then it is likely we will improve the key issues where we are performing worse?”*

*“Value for money has to be the main priority, then the gaps can be plugged which in itself will tackle some of the inequalities which should tackle health issues where Kent is performing under average”.*

*“[This priority] is the most important in this era of economic constraint and coinciding with an ageing population with their increased demands for healthcare and social care”.*

## We will deliver our 4 key priorities through the following approaches:

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

We also want to see a move from treating the condition to treating the patient. Quite often patients will experience more than one health problem, these need to be treated together, rather than separate treatment and appointments for each health problem; saving both patient time and improving clinical outcomes. Patients and the public should experience seamless services;. We know that patients can spend longer in hospital because they cannot go home as a result of their home not having the right adaptations. If we commission services together, we can work towards this sort of thing no longer happening.

The Health and Wellbeing Strategy will inform commissioning decisions made by local partners especially GP led Clinical Commissioning Groups (CCGs), so that they focus on the needs of patients, service users and communities, tackle factors that impact on health and wellbeing across service boundaries and influence local services beyond health and care to make a real impact on the wider determinants of health (e.g. employment, housing and environment). We are already developing a number of new ways of working, and where successful we want to ensure that we implement them across the whole of Kent.

For example:

**Connecting Communities** - We need to find cost effective ways of working with communities which empowers both local residents and frontline service personnel to improve health, well-being and local conditions in disadvantaged areas. Such an approach elsewhere has shown that it gives people greater control over their own lives, such that they are more likely to adopt health enhancing behaviours, it enables people to cooperate within their own neighbourhood to improve their shared conditions; and it enables people to participate in dialogue and negotiation with public agencies, making those more accountable and responsive.

**Pro-Active Care** – this programme works with people with at least 2 long term conditions, which have meant they have had to go into hospital in the last 12 months. Selected patients are offered 12 weeks of intensive support led by their GP and involving all the relevant services coming together. An action plan is developed to improve the patient's health and wellbeing. Changes might include a review of medicines, use of different equipment, intensive physiotherapy to support independence. So far patients that have taken part in this programme have seen a reduction in emergency admissions to hospital; if taken to hospital have spent less time there, have needed fewer outpatient appointments and were less likely to be anxious or depressed. It also involves a number of non medical interventions which have led to self reported improvements in quality of life and self confidence.

**Patient Records** – the governments drive towards more empowered patients with easier access to information is driving a revolution in the way in which patients and their carers access information held about them. Partners in Kent are working with new patient information systems which will enable patients and their carers to have better access to their records, empowering them to let other health and care professionals have access to these records which in turn will lead to more seamless provision of health and care services. We are working to remove the need for people to tell their health and care problems over and over again, rather than telling it once.

**Health Visitors** - There is currently a programme of work to develop effective universal health visiting services, a key element in improving support to children and families at the start of life. The service will deliver the national Healthy Child programme locally, working with Children's Centres, GPs and other local services.

**HASCIP** –

**Urgent Care Work in C4G** –

**Year of Care Tariff** -

## How will we know if we have made a difference?

The earlier pages have described the health and care problems Kent faces, what our priorities are and what approaches we will take to tackle them. We will use outcomes across 5 areas to measure if we have made a difference. The following outcomes have been agreed with all the health and wellbeing partners in Kent:

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

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

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

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

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

***If we do this in Kent the following will happen: Over the next 3 years we will focus on achieving an increase in breast feeding take up, increasing targeted support on healthy eating in families leading to an increase in healthy weight level; and an increase in MMR take up, particularly in east Kent. Kent and Medway will see an additional 421 (whole team equivalents) Health Visitors by 2015 who will support families with young children.***

### **This is what we will do:**

1. Better use of Community Assets such as Children's Centres to deliver integrated health and social care to high risk vulnerable families
2. Rolling out Total Child Pilot to schools to help schools identify health and wellbeing problems for pupils
3. Working with families to promote healthy eating and increased physical activity
4. Improving child and adolescent mental health services (CAMHS)
5. Implement the Adolescent support workers programme, to deliver brief interventions as part of a wider team supporting young people and their families
6. Ensure all providers get safeguarding right for Kent
7. Reduce risk taking behaviour in children and adolescents e.g. smoking, sexual health, teenage conception, drugs and alcohol.
8. Ensure there is adequate health provision in Special Needs schools and for children with Special Needs in mainstream schools

### **We will measure success by:**

1. Increasing breast-feeding initiation rates and continuance at 6-8 weeks, until it is at least 50% in all parts of Kent.
2. Improving MMR uptake and improve access to the vaccination particularly for the most vulnerable groups. To attain 95% coverage levels.
3. Promoting healthy weight for children particularly those in deprived areas
4. Ensuring women have access to good information and health and wellbeing in pregnancy and book their maternity care early
5. Working with families to promote healthy eating and increased physical activity
6. Reduce the numbers of pregnant women who smoke through their pregnancies by 50%

*"In terms of investment, I believe that outcomes 1 and 2 are the most important – if we can get families with young children to take a greater responsibility for their health and wellbeing then this should have an impact for later life. But I really believe something different has to be done. Children's centres need to be used to really support families ongoing (not just until they are 5) in terms of health outcomes, using experts in their fields. The Children's Centre staff cannot do it all – there has to be a real partnership working with midwives, health visitors as well as colleagues in the voluntary and private sector."*

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

We all make decisions which affect our health and wellbeing. We want to ensure we have provided the right environment in Kent for people to make better choices.

We have already got some good examples of where we are working with communities to promote healthy living, diet and exercise such as the Change 4 Life initiative. However, Kent is performing below average on obese adults and healthy eating and we are average on physically active adults. We will work towards ensuring that patients and the public are better informed about symptoms of major diseases such as cancer. We will support the making of healthier choices as easier choices.

Lifestyle choices can cover a wide variety of decisions; such as type and frequency of exercise, the food we eat, whether or not we smoke. They can also be affected by poor access to information about symptoms and awareness, guidance and access to services. Target resources so that levels of provision are proportionate to the levels of need to reduce inequalities (e.g. social gradients of ill health, Mind the Gap looks at this in detail).

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

### **This is what we will do:**

1. Ensuring there is provision for people with a learning disability living within residential accommodation to engage in physical activity and have a healthy diet
2. Ensuring rehabilitation pathways and screening services are in place and systematically applied so all people eligible are offered a service
3. Ensuring people are aware of symptoms, particularly cancer and encouraged to access services early
4. Ensuring the critical care pathways are in place across the Kent population to manage acute events according to nationally advised guidance (e.g. NICE) e.g. heart attacks and strokes
5. Ensuring that all providers maximise the opportunities to improve people's health e.g. implement the NHS Every Contact Counts initiative.
6. Ensure that where appropriate, specific targeted services are delivered to address specific health and wellbeing issues affecting minority communities.
7. Working with young people, in school settings, particularly those who are vulnerable, to tackle substance misuse, smoking and underage drinking and other risk taking behaviour
8. Ensuring primary preventative strategies are systematically in place locally to address the lifestyle contributory causes of the big killers, e.g. smoking, obesity, alcohol and illegal drugs consumption
9. Ensuring secondary prevention interventions are systematically in place locally and delivered at scale in order to have an impact on life expectancy. e.g. all people eligible for cardiac rehabilitation are offered this in
10. Developing the NHS Health Check programme, so that invites and take up exceeds national averages across Kent.
11. Better information and education so that people can recognise the symptoms of ill health.

### **We will measure success by:**

1. Reducing the levels of inequalities for Life Expectancy
2. Reducing rates of deaths attributable to smoking in all persons, targeting those who are vulnerable or most at risk (focusing on social gradient of smoking)
3. Improving the proportion of our adult population that enjoy a healthy weight, a healthy diet and are physically active
4. Reducing homelessness and its negative impact for those living in temporary accommodation



5. Reducing the numbers of hip fractures and falls for people aged 65 and over, where Kent is currently performing significantly worse than the England average
6. Reduce the under 75 mortality rate from cancer
7. Reduce the under 75 mortality rate for respiratory diseases

*“In order to improve health outcomes and reduce costs, particularly in areas where Kent is performing below the national average, it is essential that people are given the tools to take responsibility for their health. For example, any reduction in the incidents of smoking and obesity would enable resources to be targeted to improve health outcomes that prevention cannot address. Improvement on this outcome will have the greatest impact on the other four outcomes”*

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

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

We also want to ensure that high quality end of life care is delivered, which is coordinated around the needs of the individual and their families. This will be done by the systematic identification of patients who are at the end of life, and by providing the appropriate support and co-ordination of care to support patients, carers and their families.

***If we do this in Kent the following will happen: More patients and their carers will be supported to manage their own care in order to reduce unplanned admissions to hospital and improve health outcomes; improve access to patient information; reducing number of times patients have to repeat information to professionals (Tell us Once).***

### **This is what we will do:**

1. Ensuring risk profiling is carried out consistently across the population of Kent using the same tool and done at scale, using both GP and social care data, which will help to prevent unplanned hospital admissions
2. Ensuring we have multi-professional teams working together, not in silos, so that people who need support from a variety of organisations do not face duplication of assessment and numerous referrals around the system
3. Ensuring people can be supported to live as independently as possible at home
4. Enabling General Practitioners to act as navigators, rather than gatekeepers, retaining responsibility for patient care and experiences throughout the patient journey
5. Enabling Clinical records to be shared across the multi-professional team, by assessing patient record schemes e.g. Patient Knows Best
6. All GP practices in Kent are undertaking risk profiling, working in integrated teams (between health, social care and others) and ensuring a range of self management approaches, e.g.
  - patient and carer education programmes
  - medicines management advice and support
  - the provision of telecare and telehealth
  - psychological interventions (e.g. health trainers)
  - pain management
  - patient access to own records, systematic training for health providers in consultation skills that help engage patients.

### **We will measure success by:**

1. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
2. A 15% reduction in A&E admissions; a 20% reduction in emergency admissions and a 14% reduction in elective admissions.
3. Employment of people with Long Term Conditions
4. Increase the amount of people who are self reporting an increase in their health related quality of life for people with long term conditions/social-care
5. Palliative and end of life care, increase the number of people actively supported during their end of life care.

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

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

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

### **This is what we will do:**

1. Promoting independence and ensuring the right care and support is available to prevent crisis
2. Awareness raising and access to good quality information
3. Working with the voluntary sector, other provider, carers and families to reduce the social isolation of people with mental health issues
4. Ensuring we have robust audit processes around mental health e.g. suicide prevention.

### **We will measure success by:**

1. Improving rates of recognition and diagnosis in Kent and get people into the right services when they need them
2. Ensuring more people with mental ill health are recovering
3. Ensuring more people with mental ill health have good physical health
4. Ensuring more people with mental ill health have a positive experience of care and support
5. Ensuring more people with mental ill health are supported in employment and/or education
6. Reduction in people reporting feeling socially isolated
7. Employment of people with mental illness/those in contact with secondary mental health services.

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

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

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

### **This is what we will do:**

1. Improving accommodation and hospital care
2. Working with the voluntary sector, other providers, carers and families to reduce the social isolation of people with dementia
3. Awareness raising and access to good quality information
4. Working with partners to develop dementia friendly facilities and communities in Kent.
5. Delivering the Integrated Dementia Plan
6. Developing an integrated model of care

### **We will measure success by:**

1. Improving the rates of diagnosis in Kent to at least 60% of expected levels (currently 39%) and get people into the right services when they need them
2. Early intervention to reduce care home placements and hospital admission
3. Dementia: effectiveness of post diagnosis care in sustaining independence and improving quality of life.

## What happens next:

In order to achieve our stated priorities as seen in the approach we take and the outcomes we achieve we will also ensure that we:

- Engage with the community via Healthwatch and other engagement mechanisms
- Halt the widening of health inequality gaps both within and between communities and improving healthy life expectancy
- Focus on prevention and the individual taking more responsibility for their own health and care
- Provide good quality joined up support and care to people with long term conditions, mental ill health and Dementia; preventing unnecessary hospital admissions. By care we mean both health and social care
- Reduce premature deaths by the key killers including: Cancers and respiratory diseases
- Integrate 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.

Key to this will be having the right decision makers, making timely decisions based on accurate data about health needs at both a Kent and local level. The Kent Health and Wellbeing Board will have oversight of all the health, care and public health activity across Kent. This is important role will be supported by a series of local Health and wellbeing boards who will determine the local context, by which they will achieve an improvement in the health of the population. These local health and wellbeing boards will use the Joint Health and Wellbeing Strategy to help determine their local health and care priorities and will then work to commission the right services to achieve this.

This strategy has been designed to cover 2013 – 2014. During 2013 work will begin to develop a more comprehensive three year Joint Health and Wellbeing Strategy, which will outline the key health, care and public health needs for Kent until 2017 and what we will do tackle them.





