

# Kent Health and Wellbeing Strategy

## Report on the Engagement Exercise conducted in 2012 to inform the development of Kent Health and Wellbeing Strategy

### Summary of Response from Engagement Questionnaire

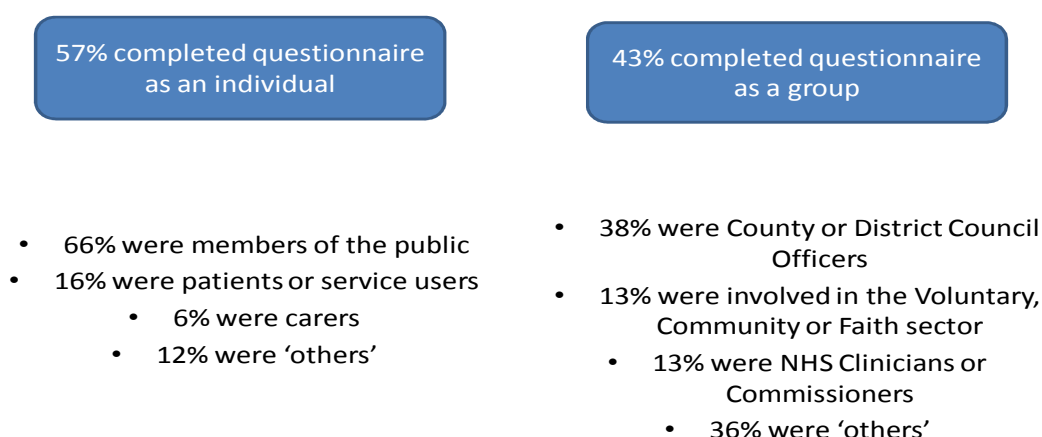
#### 1. Background

#### 2. Methodology and who responded

The engagement document was distributed during November through a broad range of channels. Responses were invited to an enclosed questionnaire.

This document represents a summary of the responses from the 58 completed questionnaires received. In addition, it incorporates feedback received via email or letter during the engagement period.

The 58 respondents to the questionnaire were made up as follows:

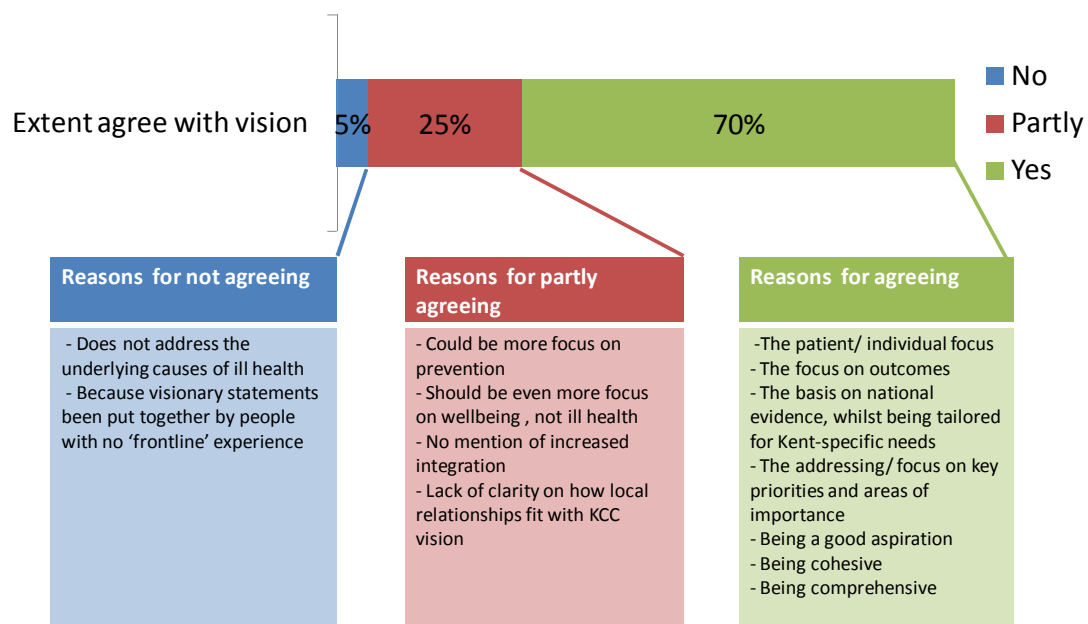


#### 3. Summary Results

### 3.1. Reactions to the Vision

When asked about the extent of agreement with the overall vision most (70%) are in agreement. The majority of the remainder are in part agreement (25%) with only 5% saying they do not agree with the vision put forward (see chart below).

## Reactions to overall vision



When asked for the reasons for their positive response to the vision the answers given in descending order of importance were:

- The patient/ individual focus
  - The focus on outcomes
  - The basis on national evidence, whilst being tailored for Kent-specific needs
  - The addressing/ focus on key priorities and areas of importance
  - Being a good aspiration
  - Being cohesive
  - Being comprehensive
- The following comments illustrate these responses:

*"Clear easy to understand statement putting individual at the centre of approach"*

*"It is important that you take into account the client's views and that they are at the heart of the decision making process (I am thinking of young people, vulnerable adults, the elderly) who may feel that things are being done to them. What professionals and friends and family think is a good experience the client may not".*

*“Support the need to improve health outcomes in particular and to look at all areas that support healthy lifestyles and which will improve health outcomes”.*

*“The vision is sufficiently comprehensive as to take most health issues into account”.*

*“The vision provides a clear focus on areas of importance, in particular on improving health outcomes”.*

*“This follows national evidence and trends but geared to the profile of the Kent population”.*

*“This is a good aspiration”.*

*“We believe that a cohesive strategy, across all of the interested parties is required to ensure meaningful outcomes”*

*“Well set out and key priorities addressed”.*

- However, there were comments which stressed that the vision, however positive, would need to be actioned effectively in order to deliver any of its promises:

*“As a vision I don't believe that anyone would really say that the statement isn't correct. I am far more interested in the actions of putting those ideals in place”.*

- There are also those who would like to see a **greater emphasis** upon certain elements within the vision; these include the focus on prevention, the focus on wellbeing rather than ill health, the focus on health outcomes. The comments below are illustrative:

*“I think there could be mention of narrowing health inequalities and focusing on prevention rather than cure”.*

*“Improving health outcomes should be the main focus from which the other aspects follow”*

*“People seem to think they have to be unwell, would be good if we could focus on well being rather than ill health”.*

- Others would like to see **additional elements** brought into the vision, for example; access to care, delivery of integrated care, a holistic approach, coverage of all patient life-stages. The responses below explain some of these responses in more detail:

*“The provision of care is only successful if there is good access to care and we believe this should be highlighted at the beginning of this strategy”*

*“There's no mention of improving the co-ordination of care through integrated care - a key function of the HWBB”*

*“I would like to see a commitment to a more holistic approach to health and wellbeing, where the individual is acknowledged to be part of a family unit and services are provided to support not just the person with a health condition but all those impacted by this, i.e. the whole family unit, including anyone providing unpaid care and support”.*

*“The vision could perhaps include – ‘improve the public's experience, accessibility and greater understanding of health and social care’”.*

- Very few respondents (3 in total) said they did not agree with the vision and of those that did the most popular reason given was that the statement did not reference the underlying causes of ill health:

*"It does not tackle the underlying causes of ill health, low education attainment, poor housing, poverty, unemployment and barely addresses access to all services".*

- One person responded negatively to the vision for the following reason:

*"I take exception to visionary statements being made by people who do not work in health and social care i.e. who are not at the frontline of delivery and from what I can see has relatively little experience of working within health and social care".*

### **3.2. Suggested changes to the vision.**

When asked what they would like to see changed about the vision, the responses offered were wide-ranging. They are detailed below:

*"More help with mental health"*

*"Accountabilities by managers made very specific to ensure quality is not compromised"*

*"Our vision in Kent is to deliver better co-ordinated quality care, improve health outcomes, improve the public's experience of integrated health and social care services and ensure that the individual is at the heart of everything we do".*

*"Could it be about the individual being at the heart and involved in everything we do?"*

*"There is no reference to addressing the needs of LGBT patients or public, or acknowledgment of inequalities faced by gay, lesbian, bisexual or trans individuals. There is significant evidence that LGBT people are at higher risk across a range of health and wellbeing contexts, and face disproportionate inequalities in terms of access and provision of appropriate services. We would recommend that these inequalities are recognised within the Strategy".*

*"Outcome 1: We recommend that in reference to focus points, inequalities are specifically addressed with regards to LGBT and questioning young people, particularly with regards to risk taking behaviour"*

*"Outcome 4: We recommend that there should be specific focus on tackling inequalities within mental health, acknowledging and addressing disproportionate mental health issues within LGBT community and improving access and quality of services for LGBT individuals".*

*"Give sufficient information to users on self help to reduce the need to keep unnecessary calls on the various providers".*

*"Improvement with communication between hospital and doctors and then communication between the Doctor and patient. which fall down when the hospitals do not respond to a doctor's letter of request".*

*"It must become considerably wider in focus and drop the emphasis on individual behaviour - time to stop victim blaming".*

*"It would be useful to add a specific reference to mental health. This would support the aspirations set out in the strategy".*

*"It would be useful to add a vision of what improvement in these areas looks like, and how it will help to address health inequalities".*

*"May be it should be not to ensure that the individual... but "to restate that the council, health and social care providers both voluntary and statutory acknowledges and reinforces that the individual is at the centre of all that is done".*

*"Maybe something about the individual's views taken into account"*

*"Need to include information on how you are going to get the voluntary sector involved and how you will support this"*

*"No private money to be used, this is our NHS not a money making for the Private Sector".*

*"Not really , just make it as inclusive as possible"*

*"Partnership working to address the social determinants of health should be included".*

*"Prevent ill health and accidents"*

*"Services delivered easily accessible, close to home"*

*"Suggestion: Aims to create a healthy environment that is the best for patients and fantastic to work for....."*

*"The approach may need adapting to meet the needs of those with learning disabilities"*

*"The best quality - researched care".*

*"The original NHS pledge: 'from cradle to grave' appended at the end".*

*"The vision is well presented - there is a need to build on this to develop the more substantive actions to implement the plan & improve health outcomes".*

*"The vision should somehow include the importance of individual and community well-being as key element of preventative and palliative health care".*

*"The vision statement should also include Wellbeing"*

*"The vision statement should be rephrased to put improved health outcomes first".*

*"There are quite a few general statements. I am unsure how this is being costed. I am aware the NHS has to achieve almost unachievable savings and am not clear how this affects Council provision of services".*

*"To communicate and engage with individuals in a meaningful way, that is workable and effective".*

*“Under the dementia heading: ensure that the quality of care that people with dementia receive is of a good standard”*

*“We assume that ensuring the individual is at the heart of everything we do means working beyond organisational boundaries, in a spirit of co-operation and with an emphasis on co-ordinated pathways of care. Perhaps a phrase could be added to emphasise the need for health and social services to work in an increasingly co-ordinated way”.*

*“We would suggest more emphasis on 'engagement' so as to promote the importance of prevention and increased ownership by the individual of their health and wellbeing profile”.*

*“I would like to see a commitment to provide first class care for the elderly and to radically improve care for people, whatever their age, with mental health issues”.*

### **3.3. Health and Wellbeing Strategy Priorities**

We can see from the table below that when asked to evaluate the four possible Health and Wellbeing Strategy Priorities the strength of agreement was high for all, but particularly so for Priorities 4 and 3.

## **Health and Wellbeing Strategy Priorities**

Priority	% saying strongly agree	% saying Agree
1. Tackle key health issues where Kent is performing worse than the England average	57%	38%
2. Tackle health inequalities	65%	25%
3. Tackle the gaps in provision and quality	70%	23%
4. Transform services to improve outcomes, patient experience and value for money	74%	23%

When asked if there were priorities they would like to see added, and if so what they could replace, a broad range of responses were given. Those mentioned by more than one person involved:

- A greater emphasis on prevention/ health promotion/ healthy living

*“Where possible healthy living should be strongly promoted as it has a massive effect on the health of the populace”*

*“The idea of promoting 'prevention' should be a cornerstone of any strategy going forward”.*

- The merging of statements 1 and 2

*“Priorities 1&2 appear to be very similar and perhaps could be merged to allow for another, different focus. The priorities as outlined in the strategy seem to be mainly in respect of physical health – there is little about mental health promotion. Whilst good physical health clearly impacts on emotional wellbeing, I feel it is important that we tackle both mental and physical health issues in tandem”.*

*“Could merge Priorities 1 and 2. New priority to tackle the single biggest issue facing the health and social care economy, that of Long Term Conditions. This is the biggest challenge faced over the next 10 years and it needs to be a priority”.*

- The inclusion of specific conditions, e.g. long term conditions generally, diabetes, mental health.

*“Raise the mental health agenda in Kent”*

*“Ensure end of life experience is not sublimated to the poor relation of treatment both in hospitals and the community”*

*“Ensure Mental Health is recognised as very important - ‘No Health without Mental Health’”.*

- The mention of wider causal factors, e.g. poverty, poor housing.

*“Replace Priority 1 with: ‘Link up and support and agenda that work towards tackling wider social and environmental factors that impact on health and well-being - such as access to quality green space, air quality, climate change, etc.’”*

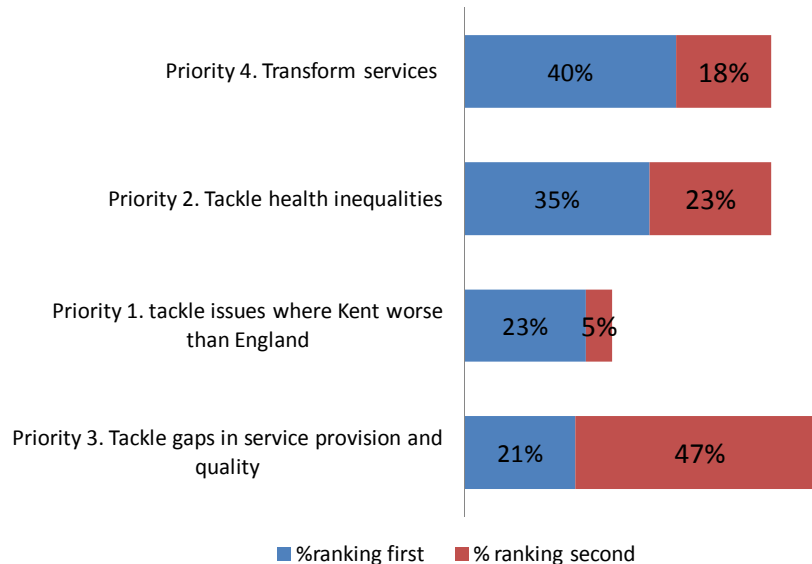
*“Improve availability and standard of housing”.*

### **3.4. Rank order of proposed priorities in order of importance**

Respondents were asked to place the Health and Wellbeing priorities in rank order of importance, in order to try and elicit greater discrimination between them.

We can see from the chart below that Priority 4 is ranked number one most often, by 40% of respondents, followed closely by Priority 2, ranked first by 35%. The order, however, is slightly different when we take into consideration being ranked in the top two and when we consider the priorities being ranked first or second, Priority 3 comes to the fore.

# Ranking of priorities



The comments below are illustrative of the reasons given for the rank order choices made in relation to the four Health and Wellbeing Strategy priorities.

**Priority 1:** Tackle key health issues where Kent is performing worse than the England average.

*"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".*

*"The opportunities to affect local outcomes are more relevant than the "macro" issues of service provision and patient experience".*

**Priority 2:** Tackle health inequalities

*"If we tackle health inequalities we will be addressing all priorities".*

*"Health inequalities make the biggest difference to outcomes".*

*"A difficult task given the importance of all of the priorities. We believe that priority 2 is the foundation for a long term strategy that will have a lasting impact".*

*"Unless 1 and 2 are tackled, continued poor performance will continue to impact on the overall health of the nation in future years (obesity leading to increases in other illnesses and conditions. I also think that prevention work needs to be emphasised in tackling priority 1"*

**Priority 3:** Tackle the gaps in provision and quality.



*“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”*

*“Tackling gaps in provision and quality will lead to reduced health inequalities. Better outcomes for patients and improves Kent's health outcomes”.*

*“Evidence shows health inequalities to be increasing and priority should be given to slowing and ultimately reversing this trend. To effectively tackle health inequalities requires that gaps in provision and quality are filled and consequently requires that priority be given to this. Whilst we should be aware of our performance in relation to national averages, we should not be driven by this and should give priority to tackling those issues of most importance and relevance to communities in Kent”.*

*“Access to and quality of service provision is a top priority first as it will release the necessary savings that can be reinvested into priorities focusing on wider determinants of health improving health inequalities”*

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

*“Each of the priorities are clearly important. However, Priority 4 was ranked as the most important priority as it underpins the other three priorities; health outcomes, health inequalities and gaps in provision and quality can all be improved by enhancing services and in turn ensuring an improved patient experience. For this reason it needs to be clear what services will form the bases of priority 4.*

*Tackling health inequalities was ranked second as it is a strategic aim for xxxxx Borough Council within the corporate plan and forms the bases of the work the council currently completes in partnership with the PCT (public health). Priority 1 was ranked third as it is vital to improved Kent's outcomes where we are currently performing below average, however within this priority, sub-Kent performance also needs to be taken into consideration as some boroughs may have a particular health issue in their area that could be masked when taken into a Kent context”.*

*“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”.*

*“Need to do 4 before any of others possible”*

*“Priority 4 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”.*

*“If you improve outcomes and patient experience you have probably gone a long way to achieving the other priorities”.*

- A number of respondents took the opportunity to explain how difficult they found it to rank the priorities at all:

*“The priorities are all critically important for the improvement of health through a multi-agency and multi- disciplinary approach. The prioritisation might be informed better via a joint health impact assessment that would demonstrate which priority actions are most effective and can be facilitated best by a multi-agency Health and Wellbeing Board”.*

*“The priorities are not exclusive; they are complementary and cannot be separated”.*

*“It is impossible to prioritise. They should all be addressed”.*

### 3.5. Health and Wellbeing Strategy Outcomes

Having evaluated the Health and Wellbeing Strategy priorities, respondents were then asked to consider the Health and Wellbeing Strategy outcomes.

From the table below we see that the vast majority of respondents agreed with each of the outcomes as a means of measuring success. Between 81%-95% either agreed or agreed strongly that this was the case for each outcome, with the highest overall agreement figures being achieved for Outcome 3 and 4.

## Health and Wellbeing Strategy Outcomes

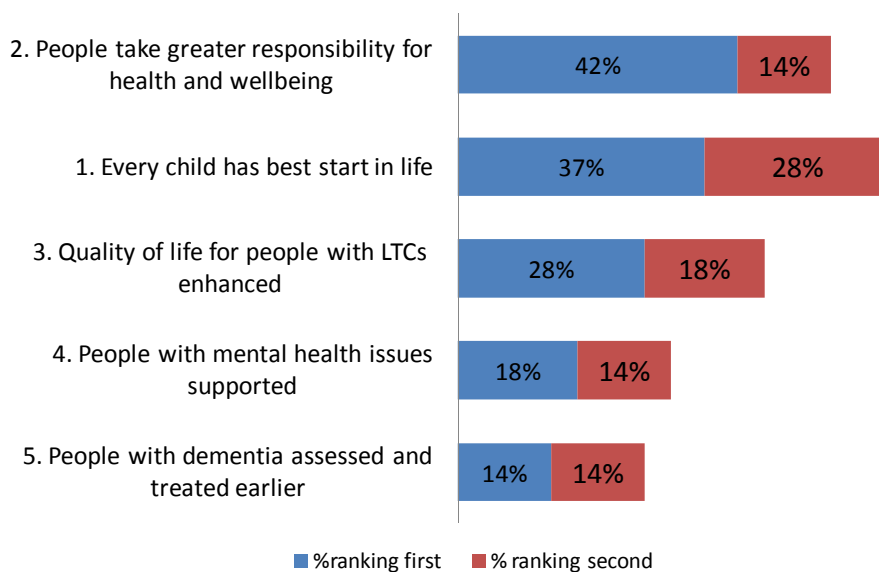
Outcomes	% saying strongly agree as a means of measuring success	% saying strongly agree or agree as a means of measuring success
1. Every Child has the best start in life	63%	89%
2. People are taking greater responsibility for their health and wellbeing	56%	81%
3. The quality of life for people with long term conditions is enhanced and they have access to good quality care and support	63%	95%
4. People with mental ill health are supported to live well	58%	95%
5. People with dementia are assessed and treated earlier	60%	91%

The emphasis changes slightly when the outcomes are rank ordered, with outcome 1 and 2 being ranked first by most respondents.

1. Every Child has the best start in life
2. People are taking greater responsibility for their health and wellbeing

3. The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
4. People with mental ill health are supported to live well
5. People with dementia are assessed and treated earlier

## Ranking of outcomes



The comments below are illustrative of the reasons given for the rank order choices made in relation to the five Health and Wellbeing Strategy outcomes.

### **Outcome 1.** Every Child has the best start in life

*“Best start in life may ensure best outcome so 1 should be 1<sup>st</sup>”.*

*“Child health and wellbeing is crucial to later better health and success and infant mortality is linked directly to poverty and deprivation”.*

*“In terms of investment, I believe that outcome 1 and 2 are the most important - if we can get families with young children to take a greater responsibility for their health and well-being 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 five) in terms of health outcomes, using experts in their fields. The Children's Centre staff cannot do it all - there has to be real partnership working with midwives, health visitors as well as colleagues in the voluntary sector and private sector, such as trained counsellors and nutritionists”.*

**Outcome 2.** People are taking greater responsibility for their health and wellbeing

*"2 Is a given. The financial resources available will not match expectations. People need to take control and live healthily. 1. A good start is important as research has shown that people who have a good start in life usually adopt this throughout their life. 3. Having a long-term condition must be horrid. To have to endure this must be helped by good quality provision and care. 5. Early diagnosis can help sufferers cope with life and help to take actions to delay the condition. 4. Last only because the others seem slightly more important".*

*"I think outcome 2 is a lovely statement but I would like to see how you would successfully measure this outcome. The same could be said for both 1 and 3. Outcomes 4 and 5 can be measured more easily I would say".*

*"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 priority will have the greatest impact on the other four priorities".*

*"Above all to help stop increased expense and demand on hospitals and for prescriptions etc, people need to take more responsibility for their lifestyle choices rather than expect the NHS/social services to pick up the pieces that could have been avoided. In this way more resources will be available to tackle the other priority areas identified".*

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

*"Those with long term conditions deserve support because otherwise they are left to live a miserable existence. Taking responsibility is also important but below my first choice as the long term sick may not have had any choice in acquiring their condition".*

**Outcome 4.** People with mental ill health are supported to live well

*"Children have many supports existing whereas some of the others are neglected, such as failure to diagnose earlier those suffering from dementia and the disproportionately low resource on those with mental health issues".*

**Outcome 5.** People with dementia are assessed and treated earlier

*"We would like to see 4 and 5 become one 'people with mental illness issues or dementia are assessed and treated earlier and supported to live well'. A fifth outcome would be added 'to improve care and outcomes for older people'. The majority of health costs are incurred in later years and there are some very significant issues relating to the care of older people including quality of care in homes, a bias against treatment based on age rather than suitability for treatment as well as end of life care issues.*

*Research shows that older people are often denied treatment on the basis of age rather than their ability to benefit from it. A culture change is required to support a change in attitudes across all services*

*and professionals and we believe this change would benefit from the clear direction from the Health and Wellbeing Board”.*

- As with the priorities a number of respondents commented that the ranking was very difficult, as all were important. In addition, comments were made about the challenge in comparing outcomes addressing very different sections of the population:

*“EVERY OUTCOME IS IMPORTANT. How do we prioritise when there are equal needs - we should not be discriminating”.*

*“I find it near impossible to rank these”.*

*“My interest in getting people to take more responsibility for their health is in line with my hope that by educating & encouraging people to be more pro-active in respect of health care - to understand more - to participate more - we might raise standards of health such that the moneys available could be used to mitigate situations/conditions which cannot be prevented or cured other than by medical intervention.*

*Obviously giving a child the best start in life - should include encouraging parents - on behalf of their children - to take more interest in good nutrition, exercise - and a generally more healthy life style .*

*My particular area of interest is actually in patient 'after' care - both post-operatively - and where a patient suffers from long-term conditions. There is at present a good deal of concealed suffering coming about because of the relative poverty of practical caring services - poor interface between the medical ( diagnostic/treatment) services and caring service provision - lack of joined up thinking and incoherent care information. This is a crying area of need. It is actually shameful what is going on privately in individual households as they struggle to cope with illness with relatively little support”.*

*“I believe they are all of equal importance. The ranking is based on freeing up resources better to deal with outcomes”.*

*“There is insufficient focus on universalism. It is not enough to target particular groups there is a need to recognise that health services are for all”.*

*“While all these outcomes are relevant they need to be applied in perspective to the whole population pyramid”.*

- When asked about outcomes that they would like to see added, the range of responses given is shown below:

*“A significant gap is a stated improvement in health inequalities across the county”*

*“Actively engaged with agendas that are working towards improving community and individual wellbeing”.*

*“Are you including those with Learning Disabilities like Autism in outcome 3? (this is not very clear)”*

*"An outcome of better Kent population lifestyles must be added here"*

*"Emergency treatment is increased for those injured in public areas to reduce demands on ambulance service and A&E"*

*"Feedback to improve the service and identify issues. All encounters with medical professionals should be evaluated by the end user. It should be possible to accurately evidence good and bad practice. E.g. Experience of A and E, always putting patients in hospitals in incontinence pads instead of putting them on a commode regularly".*

*"I suggest that something should be added specific to support for the elderly. Outcome 3 could be changed by adding "and the elderly" after "conditions".*

*"I would like these outcomes to be placed in their respective areas in the population pyramid"*

*"If tackling inequalities is a priority, it should also be reflected/transferred into an Outcome or at the very least specified across all current outcomes".*

*"Improvement on communications. As a cancer patient I have had to change hospitals due to the way I was informed I had prostate cancer"*

*"More help and resources for the elderly".*

*"More training for GPs on mental health"*

*"No, however it is important to note the headings used to describe the outcomes are not measurable outcomes and are more statements of intent. Even within each outcome within the strategy, some outcomes listed are not measureable and the document does not make it clear how the outcomes listed (measurable or un-measurable) link with each of the National Outcomes Frameworks in detail. Not an outcome as such but what is the answer to the large number of people who will not take responsibility and their lifestyle choices result in their long term condition?"*

*"Outcome 3 should be changed - it's not just about quality of life. The outcome should be that people with LTCs experience quality, co-ordinated care and are better able to self manage their LTC so that they can live full and independent lives. Could be linked (but not merged to Outcome 2 as that also relates to the general population)".*

*"Could merge 4 and 5 together as both relate to mental health. Should have an outcome in there that relates to supporting carers".*

*"People are given easy access to services, close to home and where people live"*

*"Reduced waiting times in A & E"*

*"There is a concern where issues like domestic abuse sit: this may be a "community safety" issue but it has serious and frequently overlooked health impacts as well".*

*"There is nothing you couldn't agree with but potentially many of the areas need strengthening in terms of outcomes. What we will focus on may not always resonate with the public in terms of 'what it means for me'".*

*"I would like to see something specific around social inclusion - minority groups. There are specific health inequality issues that relate to BME and LGBT communities that are not addressed. I could not*

*see an Equality Impact Assessment to support the document?”*

*“There is limited information about end of life care and what we will do”.*

*“The terms such as lifestyle choices also need a definition, I understand what we mean but not everyone will”.*

*“We would like to see 4 and 5 become one 'people with mental illness issues or dementia are assessed and treated earlier and supported to live well'. A fifth outcome would be added 'to improve care and outcomes for older people'. The majority of health costs are incurred in later years and there are some very significant issues relating to the care of older people including quality of care in homes, a bias against treatment based on age rather than suitability for treatment as well as end of life care issues. research shows that older people are often denied treatment on the basis of age rather than their ability to benefit from it. A culture change is required to support a change in attitudes across all services and professionals and we believe this change would benefit from the clear direction from the Health and Wellbeing Board”.*

*“We would suggest some specific strategy aimed at Teenage Conception and Diabetes”.*

*“What about vulnerable groups”*

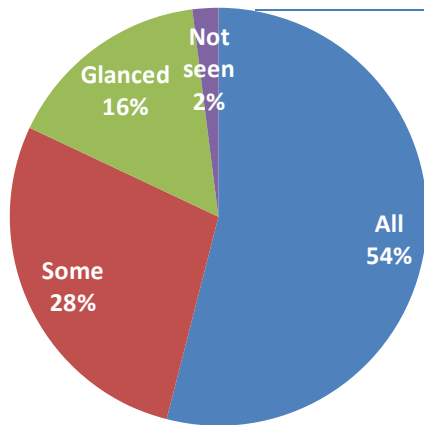
### **3.6. The Health and Wellbeing Strategy Engagement Document**

The majority (82%) of respondents to the questionnaire had read at least some of the Health and Wellbeing Strategy Engagement document in detail, most of these (54%) having read all of it in detail.

One half of those who had read or glanced through the document had found it useful and the vast majority of the remainder had found it useful in parts.

# The Health and Wellbeing Strategy Engagement Document

Extent of reading



Yes, it was useful - 51%

Parts were useful - 47%

No, it wasn't useful - 2%



## **4. Additional non-survey response to the Engagement document**

In addition to the responses gathered via the questionnaires, a number of groups (CCGs, Borough and County Councils) and a small number of individuals responded to the engagement document via email and letter.

The content of these responses very largely mirrors that gathered via the questionnaire, albeit in greater detail and from a position of greater knowledge (for the CCGs, Borough and County Council representatives in particular).

Below is a summary of the main points contained in this correspondence, the full responses (anonymised where appropriate) are appended to this report:

### **Clinical Commissioning Groups**

CCGs were generally supportive and welcomed the focus on mental health and long term conditions.

Areas where greater focus or emphasis was requested included:

- Universalism – clarity that health services are for all
- The integration of health and social care
- Recognition that everyone doesn't have the same opportunities, or ability, to access health services
- Regarding the dynamics of health inequalities
- The role that the voluntary sector can and should play

There was also a strong desire articulated for the development of quantifiable indicators of success. This is illustrated by the following comment:

*"I would like to suggest some improvements. Our board felt that there need to be more specifics in each of the five areas, based upon clearly defined and mutually understood data so that the CCG, providers and KCC HWB can hold each other to account for delivery against these specifics".*

### **Borough and County Council**

KCC representatives were keen to see a 'wider and more specific reference' made to the social and environmental issues which impact health and which can lead to a greater focus upon prevention:

- Poor housing/ living conditions
- Employment status
- Level of involvement in outdoor activities

Interested parties within Borough Councils mentioned a desire to see even greater emphasis upon the following conditions:

- Dementia
- Long term conditions

## **Appendix 1 – The Questionnaire**

# Draft Kent Joint Health and Wellbeing Strategy

## Engagement Survey

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

### 1. Our Vision

Our vision in Kent is to deliver better quality care, improve health outcomes, improve the public's experience of health and social care services and ensure that the individual is at the heart of everything we do.

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

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ Don't know

***What was the reason for your answer?***

***Is there anything you would like to see added to the vision?***

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

### 2. Health and Wellbeing Strategy Priorities

The draft strategy identifies the following four priorities for Kent.

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

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
<b>Priority 1:</b> Tackle key health issues where Kent is performing worse than the England average.					
<b>Priority 2:</b> Tackle health inequalities					
<b>Priority 3:</b> Tackle the gaps in provision and quality.					
<b>Priority 4:</b> Transform services to improve outcomes, patient experience and value for money.					

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

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

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

***Please give your reasons below:***

### 3. Health and Wellbeing Strategy Outcomes

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

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

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

<b>Outcome</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree or disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
<b>Outcome 1:</b> Every Child has the best start in life					
<b>Outcome 2:</b> People are taking greater responsibility for their health and wellbeing					
<b>Outcome 3:</b> The quality of life for people with long term conditions is enhanced and they have access to good quality care and support					
<b>Outcome 4:</b> People with mental ill health issues are supported to live well					
<b>Outcome 5:</b> People with dementia are assessed and treated earlier					

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

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

***Please give your reasons below:***

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

#### **4. Other comments**

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

1. ☐ I have read it all in detail
2. ☐ I have read some of it in detail
3. ☐ I have only really glanced through it
4. ☐ I haven't seen the document
5. ☐ Don't know

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

***Did you find the document useful?***

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ Don't know

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

## **Appendix 2. Non- survey response to the engagement document**

## **Non- survey response to the engagement document**

### **Clinical Commissioning Groups**

#### **1. Ashford CCG – Officer's Response**

Thank you for giving us the opportunity to respond to the consultation on the Health and Wellbeing Strategy. We recognise that this is work in progress but a lot more work needs to be done on such a strategy, once the Health and Wellbeing Board has full statutory effect and that the CCG receives formal authorisation

Delivery of any strategy requires an effective partnership architecture. The H&W Board has done well to recognise the complexity of Kent and thus the need to devolve. However the impact of the proposed arrangements for partnerships is, as yet, not sufficiently coherent and may get in the way of effective delivery. A more developed strategy needs to be a co-production between all commissioner stakeholders, especially involving CCGs

There are some specific points as regards stated health policy:

- There is insufficient focus on universalism. It is not enough to target particular groups there is a need to recognise that health services are for all.
- There is no acceptance in health that Children's Centres should deliver integrated health and social care to high risk vulnerable families as their prime purpose. This is currently the matter of on-going dialogue within the Children's Centre Working Group. Health services would wish to assure that the prime object of Children's Centres would be the universal offer to all children regardless of whether they come from vulnerable families or not. The NHS is charged with making major investment into health visitor services for that very purpose (which has the personal oversight of the Prime Minister). Children's Centres should not become places for problem families because that will detract from their whole purpose.
- Whilst people should take more responsibility for their health and wellbeing the strategy doesn't recognise that not everyone has the same fortune in life. It is unreasonable to use the same standards for those who are not in work or whose lives contain a disproportionate element of chaos and disruption.
- For the same reason the strategy underplays the dynamics of health inequalities as driven by the social determinants of health. Having a Kent Health Inequalities Action Plan is too little purpose unless it is embedded in a Health & Well Being Strategy. Unlike local government, CCGs having statutory obligation to address inequalities in health and will be called to account annually for their performance in this regard to the NHS Commissioning Board.
- Reference to mental health and specifically to the National (not Kent) "Live It Well" programme is welcome. However there will be a challenge to resource this and to sustain it.
- A focus on long term conditions is welcome. Clearly much work needs to be undertaken to provide clarity in terms of objectives for this element of the strategy including how all agencies can work better together.
- The strategy underplays the role of the voluntary sector in supporting the delivery of all five objectives



- A lot of work needs to be done developing quantifiable indicators of success which are meaningful locally and can support delivery. The strategy correctly emphasises the relevant Outcomes Frameworks. However these will be produced nationally and we may wish to consider developing more immediate indicators to enable the monitoring of progress between the publication periods that will be specified in the Outcomes methodology.

For all the above issues the general direction of travel is one which in principle this CCG can support. We are with local stakeholders from both the local professional community and representatives of local organisations developing a five year plan. There is a lot of concurrence between the planned aspirations of the CCG and the direction of travel being developed for a Kent Health & Well Being strategy.



Dr Roger Pinnock  
Chair

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## 2. West Kent CCG

I am writing to formally accept the JHWS. If I may, I would like to suggest some improvements. Our board felt that there need to be more specifics in each of the five areas, based upon clearly defined and mutually understood data so that the CCG, providers and KCC HWB can hold each other to account for delivery against these specifics. It may be that the JSNA is as yet not comprehensive enough in terms of the breadth of illness it covers to properly inform the strategy. It feels a little public health orientated at the moment and perhaps could be more general in terms of predicting demand.

Dr. B. Bowes  
Chair

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## 3.

This is looking good

As per the strategy, we need to raise the profile of the need to transform services whilst recognising local flexibility regarding implementation

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## **Kent Joint Health and Wellbeing Strategy Outcomes for Kent Response to consultation**

We would like to make a few general points and illustrate these by reference to certain details within the strategy and hope this will be constructive. We believe that at this juncture there is a great opportunity to ensure that more integrated working between the NHS and local authorities can address and improve the underlying determinants of health. We welcome the fact that the strategy notes the importance of environment and living/working conditions in determining health and wellbeing.

Our suggestions:

1. The strategy should place less emphasis on health service improvements as a means of improving health and wellbeing but address and target underlying causes. So in the Forward second paragraph:

"This document builds on many years of joint working between local government and health, which have delivered improvements in services leading to improvements in people's health"

We suggest instead:

"This document builds on many years of joint working between local government and health, which have delivered improvements in services *contributing* to improvements in people's health"

2. We note the challenge of a forecast population growth combined with a greater number of older people against a relatively static budget and wonder why the underlying risk to service sustainability is not addressed more directly. Clearly the emphasis on prevention and personal responsibility in the strategy will help but it needs to be very carefully targeted to deliver financial savings.
3. Where Kent is falling below the national average in some areas it might be helpful to have some understanding of the root cause of this so the actions can be linked. For example is there a link between high obesity levels and our transport infrastructure? Active travel initiatives are being planned and promoted across the county so this link could be more specific. Other initiatives such as the outdoor gym movement have made impacts on obesity levels elsewhere without direct health service involvement. With regards to healthy eating Kent has many opportunities to improve this due to our rich natural environment ideally suited to growing fruit and vegetables. More public engagement in this is planned, for example in Sheppey, with positive impacts on activity levels, local employment and affordability of fresh food.
4. We would hope to see some reference to the excellent work done by the air quality health network to improve air quality as this has direct relevance to reducing premature deaths, particularly respiratory and cardiovascular disease as well as some cancers. As there is now an air quality indicator in the Public Health Outcome framework and our current performance in some parts of Kent is worse than the national average this is an area where more work will need to be done.
5. We consider that some of the outcomes described on page 10 are in fact process measures e.g. "people are taking responsibility for their health and wellbeing". A measureable outcome for this action would be "fewer people die or suffer morbidity from preventable illness related to lifestyle choices". Perhaps the measure could be based on an assessment of disability free life years for which there is a robust methodology?
6. We are concerned on page 10 by the sentence "*Halting the widening of health inequality gaps both within and between communities and improving healthy life expectancy*" which contrast with the objective in Kent's Health inequalities Action Plan *Mind the Gap*: "We will transform health inequalities in Kent *by reducing the gap* in health status between our richest and poorest communities"
7. We believe that given the impact of the environment on health and wellbeing, the risks of harm from flooding, heat waves and other impacts of climate change and the benefits to mental health from contact with the natural environment it is regrettable that there is little mention in the priorities of the joint work being done within the Kent Environment strategy. Some of this work impacts very directly on health and wellbeing, for example the use of the Green Deal partnership to create affordable warmth for vulnerable people and improve housing stock.
8. On page 9 the statement "We also need to focus on doing the right things well. In other words, commissioning the right services that improve health as well as

delivering value for money.” While not disagreeing with this we wondered if this might be more appropriate from a commissioning body strategy such as one for a clinical commissioning group.

9. We were surprised to see no reference to working closely with schools and higher education, particularly in relation to children’s health, healthy eating and obesity. Similarly no reference of Health Impact Assessments for planners and those involved in designing and improving the built environment might be a missed opportunity, particularly with regard to mental health and tackling inequalities.

In summary we think the strategy would be stronger and have more long term impact on health and well-being if the aims were more holistic and focussed on the underlying determinants of health. Conversely the outcomes chosen need to be specific and measureable. It might help achieve this if reference is made particularly to the Public Health Outcomes Framework and ensure the outcomes chosen are consistent with it and monitored via it. We would both be happy to contribute further if that would be helpful to the shadow board.

Malti Varshney, Consultant in Public Health, Kent  
Caroline Jessel, Medical Adviser and Sustainability Lead, NHS Kent and Medway

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## **Maidstone Borough Council**

Communities Overview and Scrutiny Committee

Response to the draft Kent Joint Health and Wellbeing Strategy

21st November 2012

On 21st November 2011 the Communities Overview and Scrutiny Committee at Maidstone Borough Council invited Andrew Scott-Clark, Director of Health Improvement (Public Health) and Malti Varshney, Lead Public Health consultant for Maidstone district, to its meeting. The Committee received a presentation and interviewed Mr Scott-Clark and Mrs Varshney in relation to the draft Health and Wellbeing Strategy under consultation.

Members of the Committee agreed to make individual responses via the online questionnaire. In addition the Communities Overview and Scrutiny Committee would like to raise the following points in its open response:

- The draft strategy refers to an aging population but omits those in long term care or in need of long term care. This Committee understands the national strategy of prevention and the desired outcomes which would enable patients to manage long term conditions. It is vital that those in long term care or in need of long term care can continue to be cared for in their own homes. It is vital this is addressed in the final version of the strategy; and
  - This Committee’s membership, through its ward member and wider experience, feels strongly that there is an obvious gap in mental health provisions. In order for this to be addressed there must be an improved emphasis within this strategy on mental health services. This must be maintained in future versions of this document to continue to drive the commissioning of ongoing mental health services.
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## Individual responses (themes)

1.

Agreement with most of it.

Concern expressed about the rebuild of Buckland Hospital and access. No availability for parking on site and only VERY short term parking in surrounding roads. Or is a Hospital Bus service from town proposed. Or a car park on the Whitfield Industrial Estate.

If these options are not possible then the whole rebuild is a waste of public money and the Health and Wellbeing Strategy will then not apply to the people of Dover/Deal as people will still be unable to access services.

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2.

Overall a good strategy, well written and clearly presented.

Patient choice: should also emphasise the value of patients being able to choose between different providers, as a way of driving up standards. It would help if patients could choose between GPs – e.g. one who offers better out-of-hours provision or additional services. there should be readily available information about facilities offered by each provider, with customer reviews.

Managing demand: there should be more about the difficulties health services will face in meeting future demand as it escalates, due to ageing population, availability of increasingly expensive and advanced treatments and demand increasing as more made available. The strategy should address how growing demand will be managed.

Needs of special groups: more could be included for those with particular needs, e.g. prisoners (high mental health needs); ethnic minorities (e.g. prevalence of diabetes type 2 in people of South Asian descent)

Raising standards of care: the strategy could spell out the need to raise standards and how these will be achieved – in primary and secondary care

Emergency ambulance services: nothing about these services in the strategy despite their important role in the shift to community care

Managing the transition from secondary care to a focus on primary care: it should refer to studies showing how shift to primary-care is likely to produce better health outcomes, at lower cost, with greater user satisfaction. Patients with chronic conditions account for two-thirds of NHS bed days yet better primary and community care could avoid unnecessary and expensive bed days. Set out the objective of putting more resources into primary care. Give a target figure for the percentage of the local health budget that will eventually go into primary and secondary care

## Scanned responses



The Consultation Team  
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**Kent Countryside Access Forum**  
c/o Kent County Council  
Countryside Access Service  
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Ask for: Benjamin Collins  
Your Ref:  
Our Ref: KCAF 121118  
Date: 18<sup>th</sup> November 2012

Dear Sir

### Joint Health and Well-being Strategy Consultation

With reference to your Consultation on the Joint Health and Well-being Strategy for the people of Kent, this response is made on behalf of the Kent Countryside Access Forum (KCAF). The KCAF is a statutory, independent body made up of volunteers from the local community who represent landowners and land managers (both public and private), access users (such as walkers, cyclists, horse riders, carriage drivers, motorized vehicle users) and other interests (such as health and conservation, access for those with disabilities, the police, parish councils). The purpose of the KCAF is to advise KCC (in particular the Countryside Access Service - CAS) and other relevant organisations on the management, enhancement and promotion of Kent's Public Rights of Way (PRoW) and green spaces for the benefit of the people of Kent and visitors to the County.

The Kent Countryside Access Forum supports the development of a connected network of shared use routes as a means of improving the availability and enjoyment of Kent's PRoW network and green spaces by the public. The KCAF supports shared use routes wherever possible as 'best value' practice, allowing a wide range of people to experience the countryside in a variety of different ways. The KCAF has particular regard to those users who are vulnerable to road traffic (walkers, cyclists, equestrians) and who would benefit most from a connected safe off-road network.

The KCAF recognizes and wholeheartedly supports the positive impact that good access to and opportunity for enjoyment of the Kent countryside has on the health and well-being of the people of Kent and visitors to the county. Spending time in the Kent countryside, using Public Rights of Way, public woodlands and green spaces can have a huge benefit for a person's physical health, fitness and mental well-being. It can help develop social relationships, encourage new friendships and foster a sense of community and identity with the landscape and County.

Access to the Kent countryside is available to people of all ages, male and female, from small children to the elderly, and to all abilities, including those with physical and mental disabilities; it can often be undertaken at virtually no cost and can be experienced alone, with family or friends, in guided groups or as part of organized activities. The chance to volunteer to help with care and management of the Kent countryside and its wildlife brings many benefits, including the satisfaction of 'putting something back', achieving a goal, learning new skills and making new friends. The opportunity to get away from noise and pressures of the urban environment and leave problems behind for a time should not be underestimated. Experiencing the beauty and tranquility of parts of the Kent countryside can be a hugely uplifting experience, the imprint of which remains long after returning home.

We urge that, as a part of your laudable efforts to improve the health, fitness and well-being of the people of Kent, you consider the many positive benefits of encouraging access to and enjoyment of the Kent countryside. At comparatively low cost, it also represents good value for money. The Countryside Access Service (CAS) of Kent County Council can provide information on the many opportunities available for countryside access, as well as supplying references to the numerous studies carried out that link health, fitness and well-being with time spent enjoying countryside activities.

Yours faithfully

A handwritten signature in blue ink, reading 'A. Beecham'.

Anne Beecham  
Chairman  
Kent Countryside Access Forum

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

The strategy should explore, explain and seek solutions to the social and environmental elements that impact on wider determinants of health and not over look these preventative measures.

The following extract is taken from the White Paper "The Natural Choice"

*"There is increasing interest in the impact of outdoor environments on health and wellbeing. Several reviews, including Sir Michael Marmot's independent review of health inequalities, Fair Society, Healthy Lives, point to the potential of natural environments to improve mental and physical health. A study in the Lancet showed that proximity to green spaces was associated with reduced health inequalities.*

*Access to nearby attractive public green space and footpaths is likely to increase levels of walking, one of the simplest forms of physical activity that most can enjoy. Studies show that patients recovering from operations are likely to stay in hospital for less time and need less powerful painkillers if they look out onto a natural scene from their hospital bed."*

It is noted that the proposed Kent draft has similar objectives to those outlined in the Marmot Study; however appears to have more prescriptive outcomes set for more specific conditions.

It seems the Kent strategy has made an omission in failing to support National Policy, and ignoring the significant evidence in respect of the value of quality access provision and green space to delivering health and well-being.

Marmot Study Objectives;

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

The final 4 objectives from the study appear to be completely omitted from the local strategy. To be more consistent with the National strategies the inclusion of outcomes that deliver quality access, active lives and green space and environment must be included. There are significant opportunities available in Kent to deliver quality active lifestyles, preventative and curative health care and these must be captured.

KCC's Countryside Access Service has an excellent track record in providing opportunities for the above. Established partnerships, both internal and external have provided low cost opportunities and demonstrable participation in encouraging daily exercise, delivered with, by and for local communities. The Service would welcome the opportunity to assist in the development and delivery of elements to the delivery of this strategy.