

---

**By:** Roger Gough, Cabinet Member for Education and Health Reform  
**To:** Kent Health and Wellbeing Board 28<sup>th</sup> May 2014  
**Subject:** **Kent Health and Wellbeing Strategy**  
**Classification:** Unrestricted

---

### **Summary**

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

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

## **1. Introduction**

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

### **The Priorities:**

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

### **Relevant priority outcomes:**

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

**The Approaches:**

- Integrated Commissioning
- Integrated Provision
- Person Centred

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

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

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

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

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

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

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

## **2. Communication and Engagement**

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

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

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

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

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

### **3. Links to other documents**

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

### **4. Measurement and Metrics**

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

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

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

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

### **5. Review and Monitoring of Progress**

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

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

## **6. KCC Committee cycle**

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

Health Overview and Scrutiny	<b>18th July 2014</b>
------------------------------	-----------------------

*Cabinet committees:*

Children's Social Care and Health	<b>9th July 2014</b>
-----------------------------------	----------------------

Adult Social care and Health	<b>11th July 2014</b>
------------------------------	-----------------------

Education and Young People's Services	<b>23rd July 2014</b>
---------------------------------------	-----------------------

## **7. Recommendations**

The Kent Health and Wellbeing Board is asked to agree:

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

### **Appendices:**

Strategy Development Workshop: Issues

Communications and engagement plan

### **Background Documents**

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

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

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

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

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

**Contact details**

Mark Lemon – Strategic Business Advisor – Health

[Mark.lemon@kent.gov.uk](mailto:Mark.lemon@kent.gov.uk)

01622 696252

Malti Varshney – Consultant in Public Health

[Malti.varshney@kent.gov.uk](mailto:Malti.varshney@kent.gov.uk)

0300 3335919

Wayne Gough – Business Planning and Strategy Manager

[Wayne.gough@kent.gov.uk](mailto:Wayne.gough@kent.gov.uk)

01622 221960

Tristan Godfrey – Policy Manager (Health)

[Tristan.godfrey@kent.gov.uk](mailto:Tristan.godfrey@kent.gov.uk)

01622 694270