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

To: Kent Health Overview and Scrutiny Committee

Date: 18th July 2014

Subject: **Kent Health and Wellbeing Strategy and local Health and Wellbeing Boards**

Classification: Unrestricted

Summary

The Joint Health and Wellbeing Strategy

The Health Overview and Scrutiny Committee has requested a report concerning progress of the Joint Health and Wellbeing Strategy and the local Health and Wellbeing Boards.

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. An initial 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 due for renewal with a revised version for agreement at the Kent Health and Wellbeing Board on 16th July. 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. The revised version of the strategy has taken into account feedback from stakeholders workshop which highlighted a clearer strategic alignment across the system; the identification of priorities and their connection with outcomes; the need to be more specific about children's issues and a clear statement of the case for change.

As a result of some of the key changes to the revised strategy it has clearer links with the Better Care Fund providing a strategic platform for change across the system - a revision to the wording of Outcome 5 to reflect holistic support for people with dementia and the stronger connections between outcomes and priorities.

The revised version also takes into account the views of Kent residents about the changes they would expect such as: timely access to support; and improvements to professional communication. Additionally, the revised

proposed strategy introduces an increased emphasis on key groups of vulnerable children and young people within Outcome 1.

The initial draft of the revised strategy has been well received and the general approach and structure of the strategy has been welcomed.

Suggestions for changes to the text have been incorporated where appropriate.

The revised strategy as presented to the Kent Health and Wellbeing Board on the 16th July is attached.

Local Health and Wellbeing Boards

The local Health and Wellbeing Boards based on the boundaries of the Clinical Commissioning Groups have been operating in Shadow and fully established form for over a year. They have been establishing themselves and organising their work programmes to complement the work of the Kent Health and Wellbeing Board whilst recognising the specific priorities of their own populations.

1. Introduction

(a) The original Health and Wellbeing Strategy was 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, and are supported to 'live well'.

The Approaches:

- Integrated Commissioning
- Integrated Provision

- Person Centred

(b) In revising 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 was 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. For these reasons it was agreed that the original 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.

(c) The revised 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.

(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 purposely 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.

(e) The three approaches highlighted in the strategy 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.

(f) 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 were put together in Outcome 1. The revised strategy introduces an increased emphasis on key groups of vulnerable children and young people.

(g) The revised strategy was discussed at the Kent Health and Wellbeing Board at its meeting of the 28 May 2014. The Board agreed that the draft be published for public comment until 27 June with responses incorporated into a final draft of the strategy for presentation to the Kent Health and Wellbeing Board on 16th July. Also included in the final draft will be comments from the

Health and Wellbeing Board discussion relating to a greater emphasis on the patient experience and quality of care. The links to the JSNA are also more explicit.

2. Communication and Engagement

(a) Engagement and communication 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. From all these meetings there has been general agreement to the approach for developing the new strategy, subject to a full engagement 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 a 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 public engagement 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 final 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 November 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 engagement plan will include the development of key messages.

(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.

(e) To date the revised strategy has been warmly welcomed by the professional organisations that have responded. Following the publication of the draft revised strategy we received 13 e-mail responses that contained a number of suggestions as to how the document could be improved. All of these have

been carefully considered and the majority have been reflected in the final version attached.

3. Main amendments to first draft

(a) The suggestions received have led to the revision of Outcome 4 – People with mental health issues are supported to “live well”. There is also an increased emphasis on wellbeing as opposed to a more purely “health” perspective.

(b) A number of respondents highlighted the need for the strategy to be delivered at a local level and the need for existing local plans (Mind the Gap – Inequalities Action Plan, CCG, Public Health and others’ commissioning plans) to reflect the strategy. Local action plans would also allow for local priorities to be adopted in the implementation of the strategy. The issue of availability of resources to achieve proper implementation has also been raised.

(c) The need to be more explicit about the CAMHS service being consistent across the county has been raised and incorporated into the final version. Other measures and metrics have been refined further.

(d) We received some comments about the inequalities that arise from some specific conditions such as HIV and also specific groups such as Gypsies and Travellers. No specific amendments have been made on the basis of these as the strategy refers to inequalities more generally and these specific issues should be covered in the inequality action plans for the relevant area.

4. Links to other documents

(a) The Joint Health and Wellbeing Strategy shows a direct link to the priorities 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.

(b) While the Strategy has been based on priorities identified in the JSNA, there will inevitably be key needs for specific populations at a local level, which are not explicitly set out in the Strategy. However, the principles set out in the Strategy can be applied to the development of policies and plans across areas falling under the wider determinants of health, such as housing, or dealing with specific population groups, such as gypsies and travellers, and there is an expectation that the Strategy would be used to inform these.

5. Measurement and Metrics

(a) The initial strategy contained a number of measures that were designed to demonstrate whether progress was 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 was a mixture of performance indicators and measurement of activity, and some measures were very aspirational and not easily quantifiable.

(b) These issues were considered by a wide range of stakeholders at a 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 revised strategy has incorporated some of these measures to promote greater consistency.

6. Local Action

(a) Another intention for the revised 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.

(b) It is very difficult for any strategy to provide answers at district, Clinical Commissioning Group and health/care economy (north, east and west) levels. Therefore, 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.

7. Review and Monitoring of Progress

Ongoing monitoring of the indicators associated with the strategy will be provided through the regular assurance report to the Kent Health and Wellbeing Board.

8. KCC Committee cycle

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

Health Overview and Scrutiny	18th July 2014
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Cabinet committees:

Children's Social Care and Health	9th July 2014
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Adult Social Care and Health	11th July 2014
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Education and Young People's Services	23rd July 2014
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9. Local Health and Wellbeing Boards

(a) The local Health and Wellbeing Boards were established on the boundaries of the seven Clinical commissioning Groups as formal sub-committees of the Kent Health and Wellbeing Board. South East Coastal Board is the longest established having been part of the initial early adopter

programme for Health and Wellbeing Boards along with the Kent Board. The others have been set up since and have been operating in shadow and then formally constituted form and meeting in public for just over a year.

(b) The local boards are designed to bring together the CCGs, KCC, District Councils and Healthwatch to consider the health and wellbeing priorities of the local populations. The boards reflect the different geographies of the CCGs and their constituent members and each will include a varying number of District Authorities as there is limited co-terminosity.

(c) As with the Kent board there is no delegated decision making or budgetary responsibility to the local boards. Agreements at the local boards are subject to confirmation from the governing bodies of the member organisations.

(d) The local boards have developed in broadly similar fashion. This has involved gaining an in-depth understanding of the health needs of their populations and the priorities that ensue. A number of boards have then chosen to follow the approach of the Kent Health and Wellbeing Board in considering the five outcomes of the Health and Wellbeing Strategy and their application to local circumstances in turn. This has often been scheduled to allow the local issues to be discussed in preparation for the Kent level board meetings on these issues.

(e) The other main subjects that the local boards have considered include:

- The local commissioning plans of the CCGs and KCC – social care and public health;
- The Better Care Fund plans and the potential local implications for services; and
- Issues referred from the Kent Health and Wellbeing Board such as Falls and Health Inequalities

(f) The local boards will also be asked by the Kent Board to ensure that the latest Health and Wellbeing Strategy is properly reflected in the plans of the organisations involved and to demonstrate how the strategy will be used to engage the public in the ongoing debate about how services will be redesigned locally to meet the challenges of the Better Care Fund and wider integration agenda.

10. 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

CCG Commissioning Plans - report to the Kent Health and Wellbeing Board 26 March 2014

Kent Health and Wellbeing Strategy – report to the Kent Health and Wellbeing Board 28th May 2014.

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