

## DRAFT: Canterbury Health and Wellbeing Action Plan

The Kent Health and Wellbeing Strategy sets out 4 priorities. Each priority has 5 outcome areas.

Priority 1 – Tackle Key Health Issues where Kent is performing worse than the England average

Priority 2 – Tackle health inequalities

Priority 3 – Tackle the gaps in service provision

Priority 4 – Transform services to improve outcomes, patient experience, and value for money

Outcome 1-Every child has the best start in life

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

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

Outcome 4-People with mental health issues are supported to 'live well'

Outcome 5-People with dementia are assessed and treated earlier, and are supported to live well

Outcome 1	Every child has the best start in life	
<b>1.1</b>	A reduction in the number of pregnant women who smoke at time of delivery	<p>Baby Clear programme is being delivered in acute trusts by midwives. There has been commitment from the CCG to get the midwifery services on board with the initiative. This will also be part of the Health Visitor role</p> <p>Baby Be Smoke free. A programme for teenage pregnant mums being piloted in Kent.</p> <p>Smoke free policy covering hospital grounds</p> <p>Work with Children Centres on the 'Smoke free home' agenda (PH)</p> <p>Smoke free parks and family spaces</p>

		KCC Public Health fund KCHT to deliver smoking cessation services to support those looking to quit smoking.
<b>1.2</b>	An increase in breastfeeding Initiation rates	<p>Best Beginning programme in birthing centres and acute trusts</p> <p>Breastfeeding friendly public venues/booths</p> <p>Part of HV role</p> <p>Breastfeeding is included in the targets for Midwives</p> <p>Encourage the uptake of Healthy Start scheme. (HIAP)</p> <p>Kent Baby Matters is newly commissioned (by KCC Public Health) to provide community infant feeding services. It has a strong focus on peer support to help increase initiation and continuance of breastfeeding. As part of this service there will be trained peer supporters on hospital wards and a 48 hour target to offer new mums (giving birth in Kent) peer support services.</p>
<b>1.3</b>	An increase in breastfeeding continuance 6-8 weeks	<p>Improving the quality of data recording and reporting by GPs</p> <p>Kent Baby Matters service will aim to increase the rates of breastfeeding but offering a range of community based interventions. Mainly delivered through Childrens Centres. They will work with GPs to improve the quality of the data.</p>
<b>1.4</b>	A reduction in conception rates for young women aged under 18 years old (rate per 1,000)	<p>Kent Teenage Pregnancy Strategy developed. Would require strong Leadership provided by the local HWBB</p> <p>CCG level H&amp;W action plans with SMART targets</p> <p>Integrated performance framework for the strategy at CCG and district level</p>
<b>1.5</b>	An improvement in MMR	Improving call and recall in GP practices

	vaccination uptake two doses (5 years old)	<p>Timely reporting of data</p> <p>Accurate information to parents to help them make an informed decision</p>
1.6	<p>An increase in school readiness: all children achieving a good level of development at the end of reception as a percentage of all eligible children</p>	<p>The 'Born to move' initiative is a Health Visitor led project to raise awareness of the importance of human interaction between parent /carer and infant or child to enable optimal development, physically &amp; emotionally.</p> <p>Health improvements are addressing inequalities from the start through a universal multi-agency project: 'Making everywhere as good as the best'. Make sure the whole team understand biological, social and psychological aspects of child health....up to date with neuroscience, with skills to promote positive parenting' <i>Transforming Community Services: Ambition, Action, Achievement</i> - Department of Health: 2011</p> <p>'Move from valuing what we measure to measuring what we value' to demonstrate improved outcomes.</p> <p>The project supports the five key stages in public health: starting well; developing well; living well; working well; ageing well.</p> <p><u>Long term outcomes of the project are:-</u></p> <ul style="list-style-type: none"> <li>• Increased vocabulary at 5 years predicts future success at GCSE and beyond, so improving educational attainment and communication skills.</li> <li>• Children develop positive attitudes towards physical activity – reducing childhood obesity levels. Avon longitudinal study identifies 8 risk factors in first year to target help where it is needed most.</li> <li>• Increased parent and carer participation and awareness of their vital role in helping children to achieve improved self-esteem, ability for social interaction and development of problem solving skills.</li> </ul>

		<p>In addition to this there is also a Health Visitor/School Nurses collaborative called 'Clean and Dry, and 'Ready for School' to improve school readiness.</p> <p>There us a range of Universal services offered in Children Centres for families with children</p>
<b>1.7</b>	A reduction in the proportion of 4-5 year olds with excess weight	<p>KCC responsible for commissioning the Mandatory programme weight and measurement programme for Yr R and Yr 6 (National Child Measurement Programme), this programme provided by KCHT School Nursing Team.</p> <p>KCHT Healthy Schools Team support local schools, healthy weight is a key element of this provision. Provision of programmes for children and families also provided by KCHT Health Improvement Team. Sports Partnership team at KCC provide many resources for schools to increase physical activity.</p> <p>Memorandum of Understanding under development between the Public Health team in KCC and Children's Centres which includes healthy weight and breastfeeding.</p> <p>KCC's walking bus scheme. Promote an increased number of dedicated cycle paths and lanes within Canterbury area. Promote development of a map of cycle parking areas across the district. (HIAP)</p>
<b>1.8</b>	A reduction in the proportion of 10-11 year olds with excess weight	<p>Mandatory programme to weight and measure Yr R and Yr 6 (National Child Measurement Programme), KCC commissions KCHT School Nursing Team to do this.</p> <p>KCHT Healthy Schools Team support local schools, healthy weight is a key element of this provision. Provision of programmes for children and families also provided by KCHT Health Improvement Team. Sports Partnership team</p>

		<p>at KCC provide many resources for schools to increase physical activity.</p> <p>As part of the re-badging of public health funding to children's centre there is a Memorandum of Understanding under development which includes healthy weight and breastfeeding.</p> <p>KCC's walking bus scheme. Promote an increased number of dedicated cycle paths and lanes within Canterbury area. Promote development of a map of cycle parking areas across the district. (HIAP)</p>
<p><b>1.9</b></p>	<p>An increase in the proportion of SEN assessments within 26 weeks</p>	<p>KCC has published a Strategy to improve the outcomes for Kent's children and young people with SEN and those who are disabled (SEND and create at least 275 additional places for pupils with autism (ASD) or behavioural, emotional and social needs (BESN), increasing the number of Kent special school places and establishing new specialist resourced provision (SRP) within our schools, alongside investment in the skills of school staff creating capacity across all schools. The benefits will include greater choice for parents and a reduction in the number of children placed outside the maintained sector in county. We have steadily increased the number of assessments completed within 26 weeks, however the Children &amp; Families Act, from September 2014, will require assessments to be completed within 20 weeks and we are introducing new systems to be compliant with the statutory changes.</p> <ul style="list-style-type: none"> <li>• Undertake a process analysis for the new assessment process and implement steps to deliver a 20 week completion timescale</li> <li>• Ensure all professionals engaged in the integrated assessments in each district are aware of revised timescales</li> <li>• Complete a review of paper based processes within the assessment procedures and identify areas where paperless working can minimise timescales and reduce administration in assessments</li> <li>• Evaluate the impact of the pilot for Local decision making for assessments, ensure it is encouraging school to school support and the</li> </ul>

		<p>delivery of Core Standards</p> <ul style="list-style-type: none"> <li>• Identify and test systems for robust monitoring and timely access to High Needs Funding (HNF) as an alternative to assessment.</li> <li>• Analyse trends in assessments requests and compare with HNF requests</li> </ul>
<p><b>1.10</b></p>	<p>A reduction in the number of Kent children with SEN placed in independent or out of county schools</p>	<ul style="list-style-type: none"> <li>• Implement a 3-year plan to increase specialist resourced provision (SRP) in mainstream</li> <li>• Develop Service Level Agreements for SRPs</li> <li>• Liaise with NHS therapy commissioners and NHS providers to ensure relevant services are in place in new mainstream provision</li> <li>• Ensure that SEN commissioning plans are included in the school capital programme</li> <li>• Implement the outcome from a review of Special school designations</li> <li>• Extend core standards to special schools</li> <li>• Review PEO impact and direct expertise to Kent schools and annual reviews</li> <li>• Introduce a Dynamic Procurement System (DPS) for out county placements</li> <li>• Develop robust systems for College placements and high needs funding</li> </ul>

		<ul style="list-style-type: none"> <li>• Ensure new commissioning arrangements for Warm Stone PRU are operating effectively</li> </ul>
<b>1.11</b>	A reduction in CAMHS average waiting times for routine assessment from referral	<p>The commissioners of CAMHS services (CCG) are working with Sussex Partnership to reconfigure services and drive up performance. This includes retention and deployment of staff. Performance is closely monitored by CCG ensuring all partners are aware of their responsibility for children's emotional wellbeing.</p> <p>At the whole system emotional and wellbeing summit and the Children's Health and wellbeing board has agreed to the development of new children and young people's emotional and wellbeing strategy and the development of a new model of service across all Tiers of activity by December 2014.</p> <p>The new agreed children's and young people emotional and wellbeing model will be embedded in new contract arrangements post Aug 2015, this is when the current SPFT, SLAM and Young Healthy Minds contracts end.</p> <p>A contract refresh for 2014/15 has been completed to capture the required performance improvements; this has included for the first time a contract CQUIN to improve transition arrangements between children's and adult services.</p>
<b>1.12</b>	A reduction in the number waiting for a routine treatment CAMHS	<p>The commissioners of CAMHS services (CCG) are working with Sussex Partnership to reconfigure services and drive up performance. This includes retention and deployment of staff. Performance is closely monitored by CCG ensuring all partners are aware of their responsibility for children's emotional wellbeing.</p>

		<p>At the whole system emotional and wellbeing summit and the Children's Health and wellbeing board has agreed to the development of new children and young people's emotional and wellbeing strategy and the development of a new model of service across all Tiers of activity by December 2014.</p> <p>The new agreed children's and young people emotional and wellbeing model will be embedded in new contract arrangements post Aug 2015, this is when the current SPFT, SLAM and Young Healthy Minds contracts end.</p> <p>A contract refresh for 2014/15 has been completed to capture the required performance improvements; this has included for the first time a contract CQUIN to improve transition arrangements between children's and adult services.</p>
<p><b>1.13</b></p>	<p>An appropriate CAMHS caseload, for patients open at any point during the month</p>	<p>The commissioners of CAMHS services (CCG) are working with Sussex Partnership to reconfigure services and drive up performance. This includes retention and deployment of staff. Performance is closely monitored by CCG ensuring all partners are aware of their responsibility for children and emotional wellbeing.</p> <p>At the whole system emotional and wellbeing summit and the Children's Health and wellbeing board has agreed to the development of new children and young people's emotional and wellbeing strategy and the development of a new model of service across all Tiers of activity by December 2014.</p> <p>The new agreed children's and young people emotional and wellbeing model will be embedded in new contract arrangements post Aug 2015, this is when the current SPFT, SLAM and Young Healthy Minds contracts end.</p>



		A contract refresh for 2014/15 has been completed to capture the required performance improvements; this has included for the first time a contract CQUIN to improve transition arrangements between children's and adult services.
<b>1.14</b>	A reduction in unplanned hospitalisation for asthma (primary diagnosis) people aged under 19 years old (rate per 100,000)	Through the 'Transformation Programme for Children and Young People' the rate of admission for asthma in < 19yr olds will be reduced.
<b>1.15</b>	A reduction in unplanned hospitalisation for diabetes (primary diagnosis) people aged under 19 years old (rate per 100,000)	Through the 'Transformation Programme for Children and Young People' the rate of admission for diabetes in <19yr olds will be reduced.
<b>1.16</b>	A reduction in unplanned hospitalisation for epilepsy (primary diagnosis) people aged under 19 years old (rate per 100,000)	Through the 'Transformation Programme for Children and Young People' the rate of admission for epilepsy in <19yr olds will be reduced.
<b>Outcome 2</b>	<b>Effective prevention of ill health by people taking greater responsibility for their health and wellbeing</b>	
<b>2.1</b>	An increase in Life Expectancy at Birth	Breast feeding services delivered by Kent Baby Matters through Children Centres  6-8 weeks health check  Immunisation  Antenatal screening programme

		<p>Public Health programmes to reduce smoking in pregnancy</p> <p>Post natal support to mother</p> <p>Increase the number of healthy births to families within Canterbury</p> <p>Sustain the drive to reduce teenage pregnancy in Canterbury.</p>
<b>2.2</b>	An increase in Healthy Life Expectancy	<p>KCC Public Health commission a range of health improvement services to help the population to live a longer and healthy life. These are largely provided by KCT and include Stop Smoking, Healthy Weight, Health Trainers, Health Walks.</p> <p>Public Health are leading on programmes to encourage as many primary aged school children in the borough, as possible, to use active travel to school. The project is running with some current target schools. It needs additional funding to be expanded into target areas of the borough. Due to the age of the children they are accompanied on the walk / cycle / scoot to school by parents or extended family members, increasing exercise by household, on a wholesale basis.</p> <p>Smoke free homes project.</p>
<b>2.3</b>	A reduction in the Slope Index for Health Inequalities	<p>Public Health are looking to develop a project to help support young people at risk of self-harm. The project will aim to link in closely with local schools, GPs and other relevant agencies (including in relation CAMHS and Young Healthy Minds). It is likely that the project will focus on supporting individual young people on a one-to-one basis. There may also be scope to work therapeutically with small groups of young people where this issue has been identified.</p>

		Public Health Commissioned programmes target interventions so to reduce health inequalities. For example by places services in more deprived wards.
<b>2.4</b>	A reduction in the proportion of adults with excess weight	<p>Fresh Start is delivered by the local pharmacy advisor and involves a weekly appointment to discuss a personal weight loss plan. The programme includes advice and support on healthy eating, recipes and meal ideas and beating the cravings.</p> <p>In addition KCC PH team also commission the Health Trainer programme which offers free, confidential one-to-one support, to help patients make positive lifestyle changes. The programme is active in the most deprived areas of Kent to reduce health inequalities. Up to six free sessions are offered to support, encouragement and practical assistance in local venues. Health Trainers work with individuals to establish what changes the person wishes to make, to develop a personalised behaviour change plan and to provide support and encouragement to enable them to achieve their goals.</p> <p>Issues that can be helped you with include: - accessing local services - physical activity - healthy eating - healthy weight - stopping smoking - alcohol/drugs concerns - reducing stress - sexual health concerns</p> <p>KCC Public Health currently commissions a Tier 3 service which can be accessed via the GP. 4healthyweight provides a multi-disciplinary team that is the gateway into Bariatric surgery for those who need it and a step down support service for patients post operatively This is delivered by the Bariatric Consultancy in Canterbury.</p>
<b>2.5</b>	An increase in the number of people quitting smoking via smoking cessation services	<p>KCHT offer smoking cessation services in Kent to help those looking to quit.</p> <p>This is an important measure to support the 4 week quit indicator, but there are additional measures that we should include to reduce the take up of smoking under a preventative approach and harm reduction initiatives. Eg:</p>

		<ul style="list-style-type: none"> <li>• Promote smoke-free acute and mental health hospitals (NICE PH48))</li> <li>• Support Smoke-free legislation (through standardised packaging of tobacco products and smoke free work vehicles etc.)</li> <li>• Support smokers to cut down to quit where they are not yet ready to quit abruptly (PH45)</li> <li>• Support educational approaches to reducing the risk of young people taking up smoking (through schools, youth settings etc) <b>(note: national target to reduce smoking prevalence of 15yr olds to 12% by 2015)</b></li> </ul> <p>There are also other potential indicators for smoking cessation services to record quit smoking rates at 12 weeks and for quits to be CO verified (rather than self reported).</p> <p>Another emerging issue is to support of people with learning disabilities and mental health issues to quit smoking or reduce their levels of smoking.</p> <p>Explicitly targeting take of stop smoking services and reducing smoking prevalence from routine and manual workers and areas of deprivation .</p>
2.6	An increase in the proportion of people receiving NHS Health Checks of the target number to be invited	<p>Increase outreach opportunities for those not accessing checks at GP practice.</p> <p>Increase awareness about the NHS Health Check across Kent through targeted marketing.</p>
2.7	A reduction in alcohol related admissions to hospital	Will be addressed via the Kent Alcohol strategy 2014-16. Each HWB area is requested to develop a local alcohol action plan to implement the Kent Alcohol Strategy 2014-16.
2.8	(Breast Cancer Screening) An increase in the proportion of eligible women screened adequately within the previous years on 31st March	The breast screening units send out regular reports to GP practices regarding screening uptake during the practice's screening round in order to make practices aware of who is attending or not, and to encourage informed choice and uptake. We are currently starting a piece of what to understand how practices use that information and identify how best to use it going forward.

<b>2.9</b>	(Cervical Cancer Screening) An increase in the proportion of eligible women screened adequately within the previous 3 years on 31st March	The breast screening units will start to send the Screening and Immunisation Team uptake data on each round so that in advance vans going to particular areas (especially those with low uptake historically), we can support and encourage practices to make use of promotional material to reach their eligible population.
<b>2.10</b>	A reduction in the rates of deaths attributable to smoking persons aged 35+ (rate per 100,000)	<p>KCHT offer smoking cessation services to those looking to quit.</p> <p>PH strategy to prevent young people from taking up smoking and also to increase the number of smokers quitting. Targeting areas of deprivation and routine and manual workers, people with mental health and learning disabilities.</p> <p>There are also specific indicators on mortality due to lung cancer which could be included (PHOF 51). Also could include PHOF 29: smoking related deaths (all ages) and COPD prevalence</p>
<b>2.11</b>	A reduction in the under-75 mortality rate from cancer (rate per 100,000)	Ashford, Canterbury and Coastal, South Kent Coast and Thanet Clinical Commissioning Groups and East Kent Hospitals University NHS Foundation Trust have developed a Cancer Recovery Plan to improve cancer care and reduce under 75 mortality from cancer.
<b>2.12</b>	A reduction in the under-75 mortality rate from respiratory disease (rate per 100,000)	<b>CCG/ Adult Social Care - KCC</b>
<b>Outcome 3</b>	<b>The quality of life for people with long term conditions is enhanced and they have access to good quality care and support.</b>	

<b>3.1</b>	An increase in clients with community based services who receive a personal budget and/or direct budget	<b>CCG/ Adult Social Care - KCC</b>
<b>3.2</b>	An increase in the number of people using telecare and telehealth technology	<p>This work has formed part of the Integrated Pioneer Programme and the Technology Enabled Care Services (TECS) agenda.</p> <p>The work has been concentrated on those individuals with complex co-morbidities under matrons caseload. And we have seen a significant increase in the use of Telehealth and Telecare across Kent. Current users for telehealth are approximately 500 at any one time and Telecare is currently being used by about 5,000 users.</p> <p>TECS is an identified work stream on the Pioneer Programme and we have a paper out for consultation regarding how the future TECS offer within Kent will look.</p>
<b>3.3</b>	An increase in the proportion of older people (65 and older) mostly at risk of long term care and hospital admission, who were still at home 91 days after discharge from hospital in reablement/ rehabilitation services	<b>CCG/ Adult Social Care - KCC</b>
<b>3.4</b>	A reduction in admissions to permanent residential care for older people	KCC
<b>3.5</b>	An increase in the percentage of	KCC has recently completed a pilot for people with a learning disability in order

	<p>adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family (Persons/Male/Female)</p>	<p>to ensure that they are able to live in their own homes for longer and also to ensure that they can become more independent. The final report is encouraging about the potential for the use of telecare for people with a learning disability and an implementation plan is being developed to ensure that the recommendations are acted on.</p> <p>The Pathways to Independence Project looks at enabling people with a learning disability to achieve increasing independence in their daily lives from creating confidence to enable people to travel independently to take part in voluntary work. This enablement projects aims to boost independence with the impact of enabling people with a learning disability to engage with their community and to stay at home for longer. Case studies can be found on KNeT on: <a href="http://knet/ourcouncil/Pages/SC-pathways-to-independence-case-studies.aspx">http://knet/ourcouncil/Pages/SC-pathways-to-independence-case-studies.aspx</a>.</p>
<b>3.6</b>	<p>An increase in the percentage of adults (age 18-69) who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support. (Persons/Male/Female)</p>	<p>% of people in settled accommodation (NI149) which KMPT have to report on as part of their dashboard the target is.</p>
<b>3.7</b>	<p>A reduction in the gap in the employment rate between those with a learning disability and the overall employment rate</p>	<p>The Pathways to Independence address this issue. In addition to this there is a lot of work that goes on through the Kent Learning Disability Partnership about employment. Through the 'What I Do Group', the Learning Disability Partnership has engaged with Kent Supported Employment who regularly attend meetings and provide information and advice to people with learning disabilities.</p>

		The Department of Work and Pensions has a member of staff who attends meetings of the Partnership Board. The What I Do Group has created a training DVD for Job Centre Plus staff which trains the staff in how to meet the needs of people with learning disabilities through longer appointments, having meetings in meeting rooms, being ready to help people with learning disabilities use the computers etc.
<b>3.8</b>	An increase in the early diagnosis of diabetes.	CCG
<b>3.9</b>	A reduction in the number of hip fractures for people aged 65 and over (rate per 100,000).	<p>Ashford and Canterbury CCG are working collaboratively in addressing falls amongst older adults aged 65 and over. Based on the Falls Framework which was agreed by the Kent Health and Wellbeing Board, a task and finish group has been set up as a cross organisational group to develop an effective proactive and re-active falls pathway across the localities of Ashford and Canterbury and Coastal.</p> <p>The group's aim is to implement recommendations in line with the Better Care Fund, development of the Community Networks and the Integrated Urgent Care Centre (IUCC) and the Over 75 CQUIN, over 2014/15:</p> <p>The outcomes expected to be achieved is to reduce the rates of injury as a result of a fall in the over 65's by:</p> <ul style="list-style-type: none"> <li>i) Early identification of those likely to have a fall (e.g. medication reviews, housing issues)</li> <li>ii) Engaging with the community postural stability classes for continued care through therapeutic exercise classes to help reduce the likelihood of another fall.</li> </ul>
<b>Outcome 4</b>	<b>People with mental ill health issues are supported to 'live well'</b>	
<b>4.1</b>	An increased crisis response of	CCG



	A&E liaison within 2 hours – urgent	
<b>4.2</b>	An increased crisis response of A&E liaison, all urgent referrals to be seen within 24 hours	CCG
<b>4.3</b>	An increase in access to IAPT services	<p>CCGs are responsible for commissioning IAPT services and will be able to report on progress against national targets. HWBB partners can assist by letting the public and clients know that the services can be accessed directly or via their GP. For further information on how to access IAPT NHS funded talking therapies in primary care go to <a href="http://www.liveitwell.org.uk">www.liveitwell.org.uk</a>.</p> <p>KCC Public Health is promoting well-being in the general population through a mental wellbeing investment programme. This is themed around the ways to well-being and includes a wide range of interventions to help people well and increased access to IAPT services.)</p>
<b>4.4</b>	An increase in the number of adults receiving treatment for alcohol misuse	<p>Promoting well-being in the general population (eg IAPTS &amp; Six ways to well-being)</p> <p>Will be addressed via the Kent Alcohol strategy 2014-16. National measures: Kent sits in top quarter for achieving successful / completed treatment outcomes for alcohol treatment.</p> <p>Kent Drugs and Alcohol Team commissions services to support those with alcohol misuse</p>
<b>4.5</b>	An increase in the number of adults receiving treatment for drug misuse	<p>Will be addressed via the Target schedule (contract) based on successful completions</p> <p>Kent Drugs and Alcohol Team commissions services to support those with</p>

		drug misuse
<b>4.6</b>	A reduction in the number of people entering prison with substance dependence issues who are previously not known to community treatment	Nationally, this can't be measured and community data capture system is not aligned. New national measures have just been announced which is treatments completed. Local work is progressing to implement this new measure via a system to track referrals from community treatment to prisons and vice versa.
<b>4.7</b>	An increase in the successful completion and non-representation of opiate drug users leaving community substance misuse treatment	<p>Promoting well-being in the general population (eg IAPTS &amp; Six ways to well-being)</p> <p>Reducing the availability and lethality of suicide methods (eg Working with Network Rail re safety measures on the railway)</p> <p>The system was recently revised to a Recovery Treatment focus system which is very successful. National measures: Kent sits in top quarter for achieving successful / completed treatment outcomes for drug treatment. A working group is being established to address low service uptake for this cohort and alternative models are being scoped for those with addiction to prescription only medications and OTC.</p>
<b>4.8</b>	An increased employment rate among people with mental illness/those in contact with secondary mental health services	<p>This is a key target in the 'Live it Well Mental Health 'strategy for Kent. KCC and CCG are going out to consultation to decipher whether the strategy is fit for purpose and meets all priorities.</p> <p>There are a range of services for those with a Mental Health Diagnosis which are funded by KCC. Some of these aim to increase employment rates in this group. Visioning work is currently taking place to re-shape these services into a core mental health offer.</p>

<p><b>4.9</b></p>	<p>A reduction in the number of suicides (rate per 100,000)</p>	<p>Public Health are working with KMPT to reduce the risk of suicide in high risk groups by putting measures in place to support middle aged and older men</p> <p>Promoting wellbeing in the general population (eg IAPTS &amp; Six ways to well-being)</p> <p>Reducing the availability and lethality of suicide methods (eg Working with Network Rail re safety measures on the railway)</p> <p>Improving the reporting of suicide in the media</p> <p>Monitoring suicide statistics regularly</p>
<p><b>4.10</b></p>	<p>An increase in the percentage of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey</p>	<p>KCC-social care</p>
<p><b>4.11</b></p>	<p>An increase in the percentage of adult carers who have as much social contact at they would like according to the Personal Social Services Carers survey</p>	<p>KCC-social care</p>
<p><b>4.12</b></p>	<p>An increase in the percentage of respondents who, according to the survey, are satisfied with their life, who are not feeling anxious, and who feel their life is worthwhile.</p>	<p>KCC-social care</p>

<b>Outcome 5</b>	<b>People with dementia are assessed and treated earlier and are supported to live well.</b>	
<b>5.1</b>	An increase in the reported number of patients with Dementia on GP registers as a percentage of estimated prevalence	CCG
<b>5.2</b>	A reduction in the rate of admissions to hospital for patients older than 64 years old with a secondary diagnosis of dementia, rate per 1000	CCG
<b>5.3</b>	A reduction in the rate of admissions to hospital for patients older than 74 years old with a secondary diagnosis of dementia, rate per 1000	CCG
<b>5.4</b>	A reduction in the total bed-days in hospital per population for patients older than 64 years old with a secondary diagnosis of dementia, rate per 1000	CCG
<b>5.5</b>	A reduction in the total bed-days in hospital per population for patients older than 64 years old with a secondary diagnosis of dementia, rate per 1000	CCG

<p><b>5.6</b></p>	<p>An increase in the proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who</p> <ul style="list-style-type: none"> <li>a. have been identified as potentially having dementia</li> <li>b. who have been identified as potentially having dementia, who are appropriately assessed</li> <li>c. who have been identified as potentially having dementia, who are appropriately assessed, referred on to specialist services in England (by trust)</li> </ul>	<p>CCG</p>
<p><b>5.7</b></p>	<p>A reduction in the proportion of people waiting to access Memory Services - waiting time to assessment with MAS.</p>	<p>CCG</p>
<p><b>5.8</b></p>	<p>An increase in the proportion of patients diagnosed with dementia whose care has been reviewed in the previous 15 months</p>	<p>CCG</p>
<p><b>5.9</b></p>	<p>A reduction in care home placements</p>	<p>CCG</p>