

This report identifies the strands of each element of the Kent Health and Wellbeing strategy and then attempts to describe which Commissioning Body is responsible for each strand. The advantage of this approach is that it keeps the focus on the strategy rather than on the various provisions that are being made as a result of each commissioner's plans. The disadvantage is that there is as yet incomplete mapping of strategic need to effective services, although some outcomes are now being measured at CCG HWB level. Dashboards to display this mapping need further refinement comprehensively to demonstrate where services are adequate or not.

A particular concern for HWBs is where many commissioners have a role, for example in childhood obesity. There is a risk that by being everyone's problem, a subject such as childhood obesity will not be strongly led, commissioned or delivered.

Every child has the best start in life

Subject	CCG	PH	NHSE	KCC	Districts and Boroughs
Maternal smoking		√			
Breast feeding rates		√			√
Increasing physical activity rates					√
Childhood Obesity	√	√	√	√	√
CAMHS service access and quality	√				
Access to Childcare				√	√
Speech and Language services	√				
Community based services	√			√	

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

Subject	CCG	PH	NHSE	KCC	Districts and Boroughs
Reducing the proportion of adults with excess weight		√			√
Increasing the number of NHS Health Checks		√			
Communities conducive to Health and Wellbeing including work, housing and leisure					√
Equality of access and provision for people with learning difficulties	√		√	√	√
Identifying and treating individuals in the gap between observed and predicted prevalence	√	√	√		

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

Subject	CCG	PH	NHSE	KCC	Districts and Boroughs
Increased identification of and support for people with learning difficulties to live independently	•			•	
Earlier diagnosis of diabetes	•		•		
Reduced number of falls and thus hip fractures	•				•
Helping older people to live at home longer	•		•	•	•
Improving self care and citizens ability to access services directly	•	•	•	•	•
Improved capacity and capability of out of hospital services	•		•	•	•

People with mental ill health issues are supported to “live well”

Subject	CCG	PH	NHSE	KCC	Districts and Boroughs
IAPT	•				
Drugs and Alcohol services		•			
Re-ablement of people with mental illness				•	•
Reductions in social isolation and loneliness					•
Improvement of resilience for residents of vulnerable communities					•
Improved access to services for vulnerable groups	•	•	•	•	•
Improve provision as patients move from child/adolescent to adult mental health services	•				
Increase rates of recovery in primary	•		•		

care					
Places of safety	•			•	

People with dementia are assessed and treated earlier and are supported to “live well”

Subject	CCG	PH	NHSE	KCC	Districts and Boroughs
Increase rates of diagnosis to be closer to predicted prevalence rates, including groups at high risk	•		•		
Upskill the workforce	•		•	•	
Make services easier for people with dementia to use	•	•	•	•	•
Make communities easier for people with dementia to live in				•	•
Improved system response for patients with dementia who are in crisis	•			•	
Improve carer support	•		•	•	