# Making the Kent Joint Health and Wellbeing Strategy a local strategy for Ashford

The 12-month strategy is a starting point for a partnership approach to improve health and care services whilst reducing health inequalities.

Good health and wellbeing is fundamental to living a full and productive life. Although Ashford has a good overall standard of health and wellbeing, this hides some poorer health and differences in life expectancy.

The purpose of this document is to give an overview and to focus on the issues we need to tackle together.

## Our Mission and Values

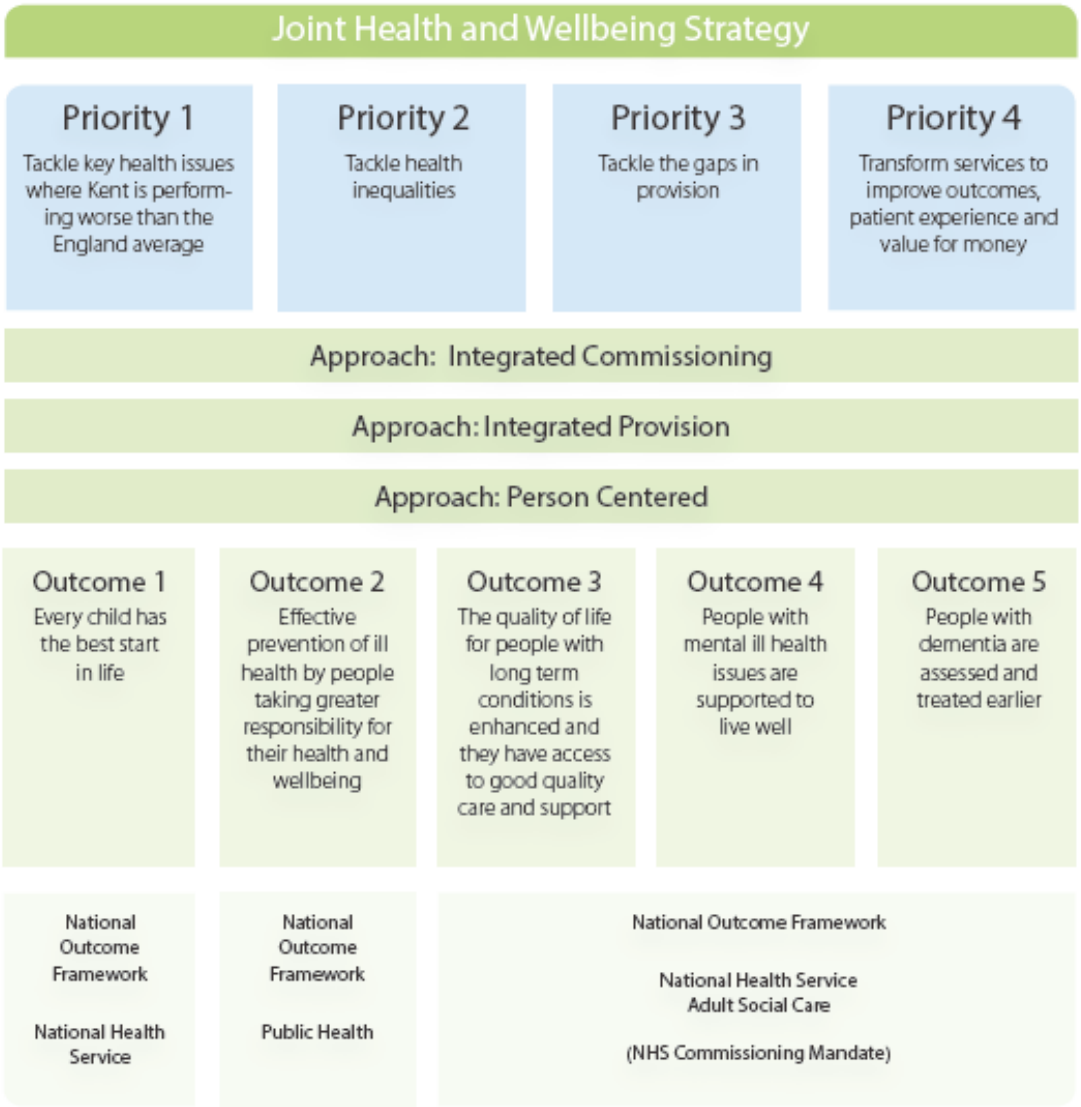
Our Mission for Ashford Health and Wellbeing Board is:
To improve the health and well-being of the population of Ashford by successfully engaging local GPs and working in partnership with patients, Ashford Borough Council, Public Health and other key stakeholders, to develop plans to improve outcomes.

Our values are:

**Listen**: listening to people, being responsive and ensuring their thoughts and needs shape the commissioning decisions and striving to ensure all patients have the best possible experience of services.
**Collaborate**: Best care is delivered when working together – clinicians, patients, stakeholders and all sections of the community.
**Be open to change:** As the needs of people and patients change we need to ensure considerations of high quality and value for money are paramount.
**Be realistic about the challenge ahead:** We know that with the increasing demands on services there will be a need to deliver sustainable services within the limits of financial resources.

The following diagram (See Figure 1) illustrates the key elements of the Kent Joint Health and Wellbeing Strategy.

**Figure – Key Elements of Kent Joint Health and Wellbeing Strategy**




## Challenges that we face

Many factors affect our health and wellbeing; our environment, living conditions, genetic factors, economic circumstances, how we interact with our local community and the choices we make about our lifestyles.

## The evidence base

This document is based on data and evidence in the Kent Joint Strategic Needs Assessment, the Ashford Borough Health Profile (2011), The Kent health Inequalities Action Plan

Joint Strategic Needs Assessment
www.kmpho.nhs.uk/jsna

Ashford Health Profile 2011
Ashford Health Profile 2011

Kent Health Inequalities Action Plan: Mind the Gap
Mind the Gap

The joint Strategic Needs Assessment identified the following key priorities that need to be addressed:

- Improving the health of children in early years
- Improving lifestyle choices
- Preventing ill health and preventing existing health conditions from getting worse
- Shifting care closer to home and out of the hospital
- Tackling health inequalities

## Demographic pressures and health inequalities

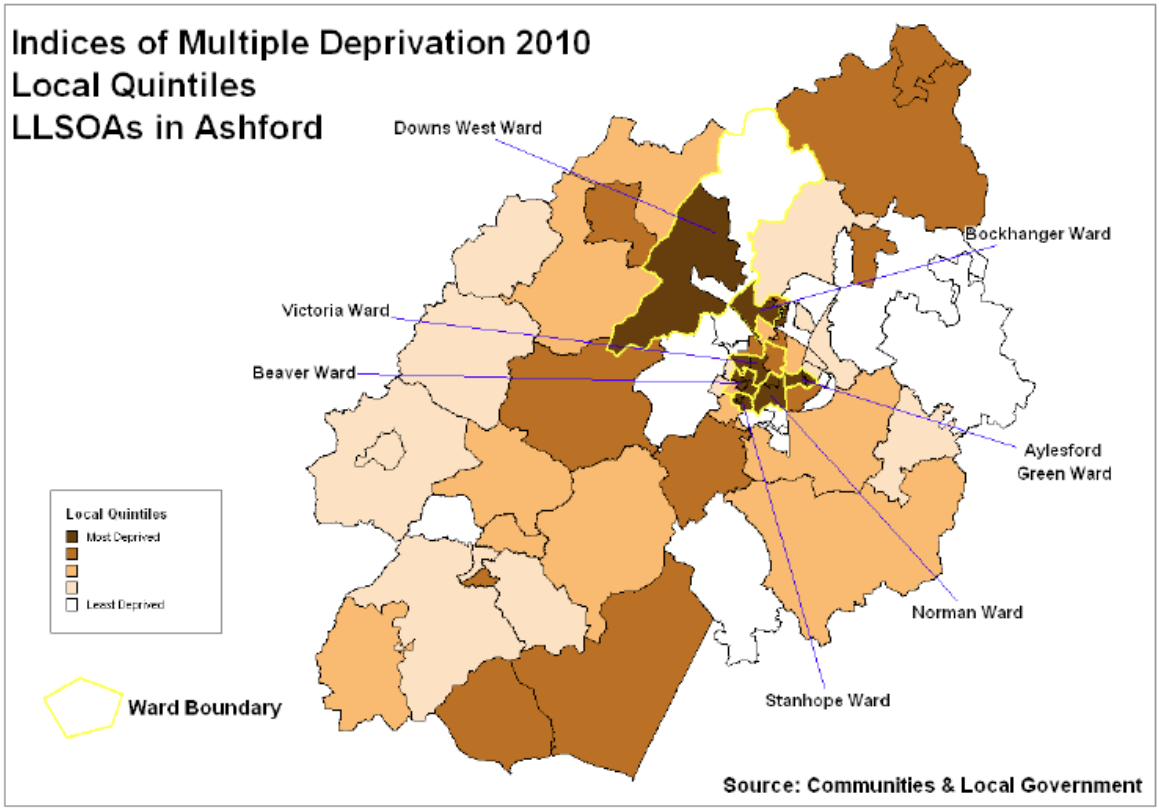
Ashford ranks I98 out f 326 in terms of the English Indices of Deprivation

### Table - Rank for Kent Districts

| Authority | ID 2010 score | National rank (out of 326) | South East Rank (out of 67) | KCC rank (out of 12) |
|---|---|---|---|---|
| Thanet | 28.47 | 49 | 2 | 1 |
| Shepway | 23.53 | 97 | 8 | 2 |
| Swale | 23.48 | 99 | 9 | 3 |
| Dover | 20.69 | 127 | 13 | 4 |
| Gravesham | 19.46 | 142 | 17 | 5 |
| Canterbury | 16.71 | 175 | 24 | 6 |
| Dartford | 16.71 | 175 | 24 | 7 |
| Ashford | 15.31 | 198 | 27 | 8 |
| Maidstone | 13.85 | 217 | 28 | 9 |
| Tunbridge Wells | 11.99 | 249 | 32 | 10 |
| Tonbridge and Malling | 10.49 | 268 | 37 | 11 |
| Sevenoaks | 10.49 | 276 | 40 | 12 |

Source: Indices of Deprivation 2010, Communities and Local Government
Based on average of LSOA scores
A rank of 1 is the most deprived

**Figure – Ashford ward IMD 2010**

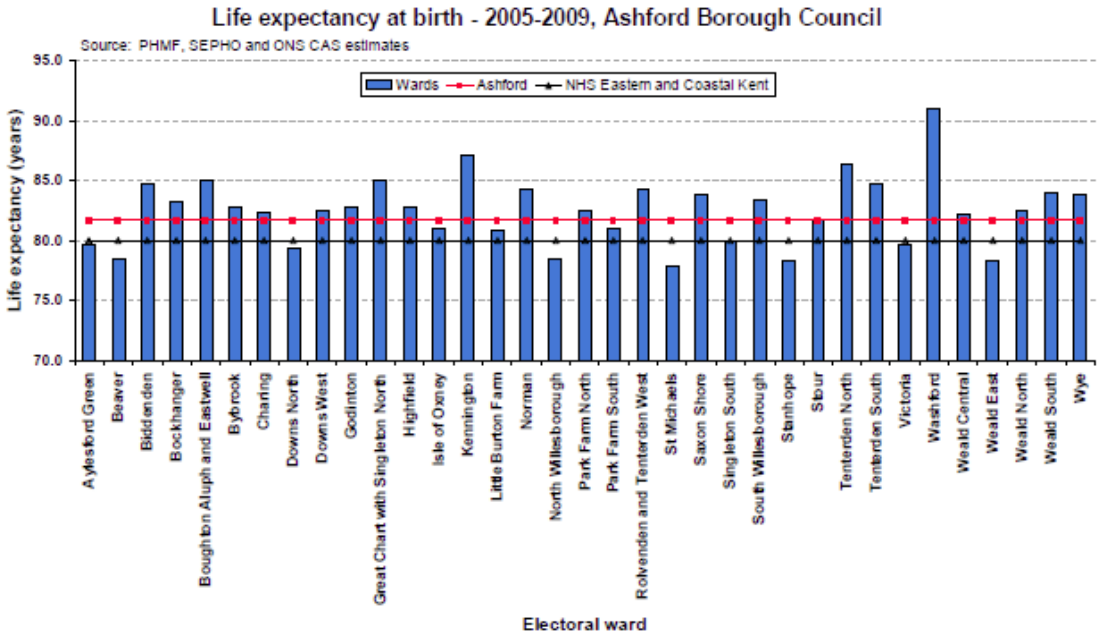



All of the seven wards in Ashford that are identified as being the most deprived are also the most deprived in the health and disability domain.

## Life expectancy

The average life expectancy in Ashford is 81.6 with females having a higher life expectancy at 82.9 compared to males at 80.3.

### Figure – Life expectancy at Birth

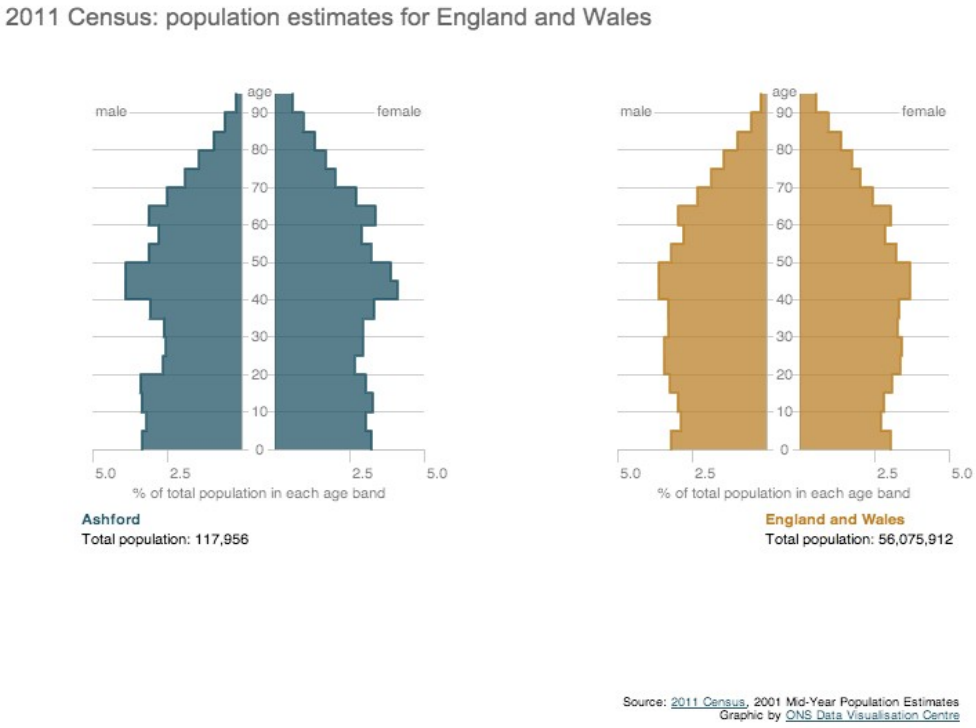



The graph above illustrates the pooled life expectancy at birth for electoral wards in Ashford. The lowest life expectancy figures are in the wards of St Michaels and Weald East, with the highest figures in Washford. The difference in the number of years between the highest and lowest life expectancy at birth is 13.1 years.

## Age profile

The resident population of Ashford comprises approximately 117,956
In comparison to the national profile, Ashford has a higher percentage of 14 yr olds, a smaller proportion of 15-35 yr olds with the majority aged between 35 and 50 yrs. There is also a higher proportion of over 60 yr olds than the national average.

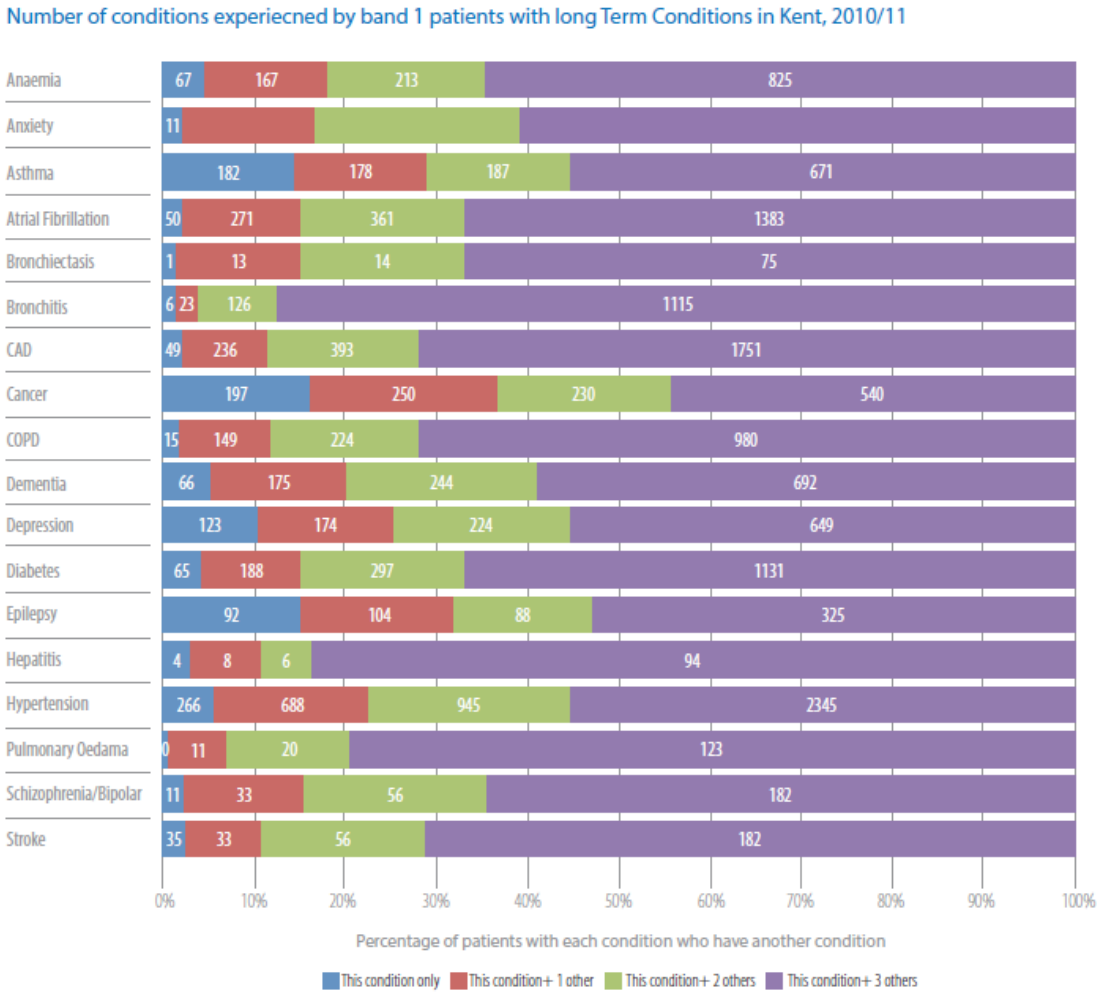
**Figure – Ashford age profile**




70% of Kent residents describe themselves as being in good health but 16.5% of Kent's population live with a limiting long-term illness, and in most cases they have multiple long-term conditions (See Figure 5). There needs to be a shift from treating individual illnesses to treating the whole person.

## Figure - Risk profile for Kent population in Band 1

The graph below shows that the top 0.5% (Band 1) of the Kent population who have been identified as having the highest risk of re-hospitalisation are patients who have at least 3 or more long term conditions, indicating that multi morbidity is the norm, not the exception. For example, only 5% of patients with dementia had only dementia, and only 1% of patients with COPD had only COPD.




# Health Summary for Ashford

The areas where Ashford is better than England Average are:

- Less deprivation
- Lower proportion of children in poverty
- Lower levels of violent crime
- Lower levels of long-term unemployment
- Less hospital stays for self-harm
- Lower levels of early deaths
- Better life expectancy in males and females

The areas where Ashford needs to do better are:

- Statutory homelessness

- Educational attainment
- Smoking in pregnancy
- Breastfeeding initiation
- Obese adults
- Levels of physical activity

To improve people's long term health we have to improve healthy lifestyles; encourage healthy eating, address the challenges of an ageing population; give every child the best start in life and enhance the quality of life of people with long-term health conditions, including mental health and dementia.

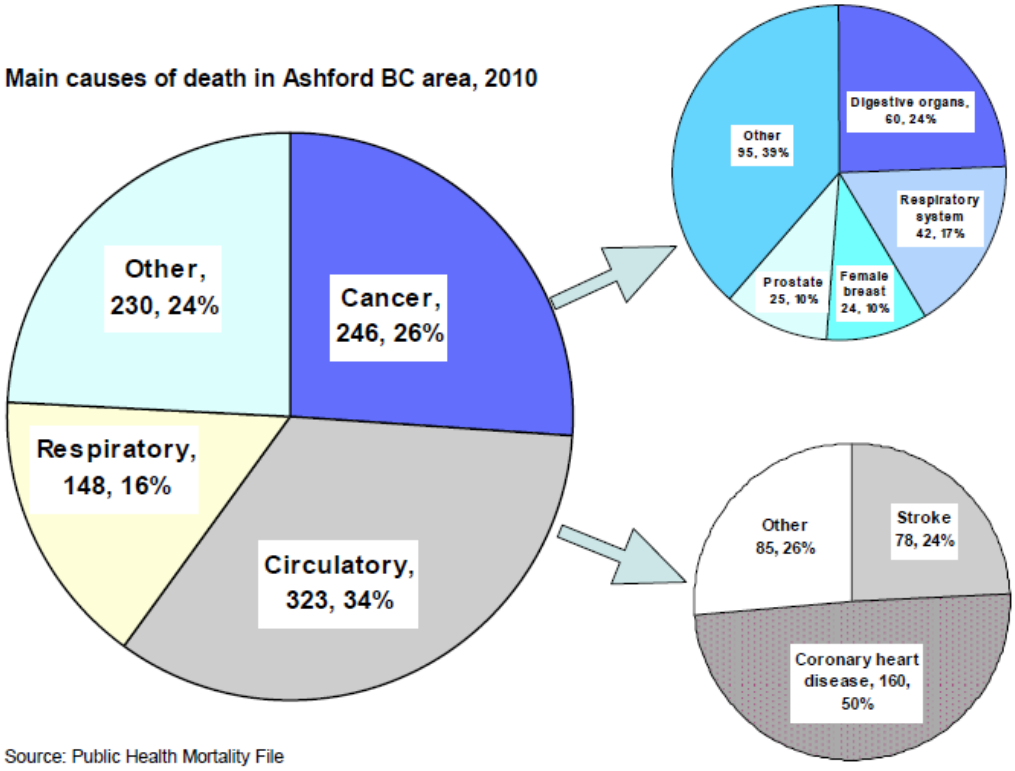
We will need a real focus on differences in outcomes. There needs to be greater effort focused on the wards with the greatest deprivation as these are also the wards with the poorest health outcomes. This will require us thinking how to improve the knowledge of local people about different diseases and how to prevent them, for example by encouraging more people to get active and eat healthily. Healthier choices need to become easier choices to make.

We will also need to address the wider determinants of ill health such as lifestyle, access to services, employment status and housing conditions. If these are tackled successfully they will have a significant long-term impact on the health of the people of Ashford.

## Preventable deaths

The pie chart (See Figure 6) illustrates the main four causes of death in Ashford in 2010. These remain largely unchanged. Taking a more proactive approach to health and care can reduce all of these health conditions.

**Figure – Main causes of death in Ashford**




To promote healthier lives for everyone in the borough of Ashford we will need to prioritise the areas we are doing less well.

- Tackle statutory homelessness, educational attainment, smoking in pregnancy, breastfeeding initiation, and adult obesity and physical activity levels
- Tackle health inequalities to improve health in the seven worst wards. This will mean looking at the gaps in provision in these areas and focusing on preventative work.

Our priorities will be delivered through the following approaches

- Integrated commissioning, leading to
- Integrated provision that is focused around the person

## Outcome 1

### Every child has the best start in life

Several of the areas where Ashford needs to do better will lead to improvements in outcome 1. These are:

- Statutory homelessness
- Educational attainment
- Smoking in pregnancy
- Breastfeeding initiation
- Improving levels of physical activity

What are our priorities for action?

Public health has commissioning intentions for:

- Tackling smoking in pregnancy
- Improving breastfeeding initiation
- Improving levels of physical activity

Reducing prevalence of smoking in pregnancy

a) An audit of Smoking at Time of Delivery (SATOD) activity is about to start. This will consider accuracy of data and self-reporting.

b) Redesign pathways and interventions with midwifery and cessation services including the roll out and continuing evaluation in Kent of the successful “Babyclear” programme.

c) Current costs to NHS in Kent of smoking in pregnancy by NICE modelling are estimated to be £2,486,875 pa.

Breastfeeding support is being commissioned as the prevalence of breastfeeding is a key area where Kent is under-performing against national statistics and it is therefore proposed to increase support services, focussing on key Districts and wards. For Ashford this will be an important priority.

The Healthy Club is contributing to efforts in improving the physical activity of individuals, families and children. The website supports the setting of objectives for individuals, families, and schools and enables tracking of success. There are further developments in the provision of information for professionals and information on the different activities available at a local level.

How will we measure our success?

We will initially see an increase in the prevalence of smoking at time of delivery as the reporting improves. In the longer term it is hoped that a focus

on smoking during pregnancy will lead to a decrease in the prevalence of smoking at time of delivery in Ashford.

An improvement in the prevalence of breastfeeding and its continuation amongst mothers in Ashford.

An increase in the numbers of people signed up to the Healthy Club and improvements in their rates of physical activity. It is hoped that this will also lead to decreased obesity levels.

## Outcome 2

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

Public health support to this agenda:

The main area that Ashford needs to improve in this area is adult obesity. Adult obesity levels can be improved through licence regulation of fast food outlets. The main focus of the work of public health in this area is through the commissioning of tier 3 weight management services. Continuing to give support to the healthy weight programmes and health improvement services provided by Kent Community Health Trust.

Public health is currently undertaking a review of adult healthy weight services across Kent. A care pathway has been developed that needs to be implemented in a systematic and consistent way. Historically, healthy weight services have differed and there are distinct variations between the approach across West Kent and East Kent. Once the review is completed it will enable an aligned and co-ordinated approach to be developed and commissioned.

A business plan for increasing the number of outdoor gyms across Kent has been agreed. Ashford has been proposed as one of the boroughs where an outdoor gym will take place.

The Healthy Living Pharmacy Programme is being invested in and rolled out across the county.  Community pharmacists will be empowered to tackle the prevention of ill-health and health improvement agenda with their clients. This programme will give them the tools to tackle, helping people to quit smoking, supporting people to have NHS health checks, making referrals to other services and providing support for sexual health issues.

More funding is being allocated to health trainers particularly in West Kent which has been under-funded in the past. Public health will be funding the health trainer strand that focuses on helping people to improve their lifestyles leading to the prevention of ill-health and facilitating people to take greater responsibility for their health and well-being.

Tobacco control and supporting people to quit will have increased funding. The strategy recognises the importance of helping smokers to quit but places emphasis on prevalence rates that will incorporate how to prevent young people taking up smoking, as well as teenage quit rates.

Other priorities in the public health outcomes framework will require action on tobacco use to be achieved. These include reducing rates of cardiovascular disease, cancer and respiratory disease as well as the overarching indicators of reducing inequalities in life expectancy and healthy life expectancy. Prioritising tobacco control programmes can therefore also contribute to the QIPP agenda.

Historically Kent has concentrated investment in services to help adults quit smoking. These have achieved significant success - last year (11/12) the Stop Smoking Services in Kent helped 9,314 people quit smoking at a cost of c. £3.3 million. However the agenda is now much wider and Kent has developed a Tobacco Control Strategy (Towards a Smokefree Generation) that addresses the use of tobacco across the Life-Course[1] and provides a coherent programme of interventions that address the local priorities for Kent. Critically we need to reduce the number of children that start smoking. The Kent strategy has a clear emphasis on engaging and empowering young people to avoid smoking.

Two programmes of work are currently being recommended nationally to address workplaces, the National Public Health Responsibility Deal and the Liverpool Workplace Health and Wellbeing Charter, which can be adapted and renamed locally. Public health is proposing a pilot for a workplace health and wellbeing project through commissioning district Councils and getting engagement with businesses through Environmental Health Officers and Food Safety Officers.

Kent County Council Business Engagement is also looking to develop a single point of access and one conversation with businesses to collate all initiatives and present them on a single website. The proposed Kent Healthy Business Award will provide an overarching framework that support business improvement and self-assess against national advice and guidelines and plan improvements. Themes that can be addressed include:

- Leadership
- Attendance management
- Health and safety
- Mental health and wellbeing
- Smoking
- Physical activity
- Healthy eating

1 Marmot (2010) Fair Society, Healthy Lives (The Marmot Review) 2010 www.ucl.ac.uk/marmotreview

- Alcohol and substance misuse

How will we measure success?

- Improvements in life-expectancy
- Reduction in mortality
- Reduction in smoking prevalence
- Increased levels of physical activity

## Outcome 3

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

We know that the population of Ashford is ageing and living longer adding to the significant financial and demand pressures; we will need to focus not just on adding years to life, but life to years. The support that public health give to this agenda is through the co-commissioning of health trainers who will support people with complex health needs to improve their lifestyles and lessen their reliance on secondary care services.

Commissioning of long-term conditions (LTC) is not effective because patients with multiple morbidities are not accounted for, but represent significant burden on hospital services including A&E. This requires a radical shift in the way it delivers care. Integrated care is increasingly being seen as part of the solution.

The national LTC model of care endorses 3 key principles, all of which needs to be implemented at pace and scale by CCGs to transform care services:

- Population risk stratification to identify patients with the highest risk of crises for multidisciplinary case management. Public health has been working with the KMHIS who run the local version of the King's Fund Model to use and apply risk stratification towards transforming integrated commissioning. Details of the analysis are located here www.kmpho.nhs.uk/jsna including a bespoke profile for Ashford CCG. Public health is also currently leading the local implementation of the Year of Care programme, of which Kent is now one of 8 early implementer sites nationally. Work is currently underway with CCGs to test-proof a new currency / tariff which will lead to formation of integrated health and social care risk adjusted capitation budgets
- Care coordination through functionally integrated generic care teams at a practice / neighbourhood level comprising all relevant health and social agencies to provide joined up and personalised services. This is now a Direct Enhanced Service for primary care introduced by NHS England. Public Health has been supporting the Kent Health and Social Care

Integration Programme, which, over the last two years has implemented mainstream proactive multidisciplinary team working to enable anticipatory care planning targeted at patients at future risk of crisis and rehospitalisation.

- Empowering patients to maximise self-care, self-management and choice, through access to their medical records, co-production of their care plan leading to delivery of coordinated interventions and targeted care. Public health provides valuable support through the co-commissioning of health trainers who will support people with complex health needs to improve their lifestyles and lessen their reliance on secondary care services by signposting them to services already available in the community provided by the third/voluntary sector particularly in the areas for falls prevention, dementia support for carers and end of life. It is currently exploring with adult social care to understand synergies between health trainers and care navigators and opportunities for joint commissioning of both services.

Success will be measured by a number of key milestones and outcomes*)*:

*Structure*

- Creation of new commissioning contracting models to mainstream national LTC Model of care approach
- Formation of virtual neighbourhood practice based integrated teams through the HASCIP, particularly involving, community health, mental health, social care and hospital specialists.
- Concomitant transformation of health and social service capacities (eg. reduction of hospital beds) to ensure sustain new integrated care model approach

*Process*

- Increase in primary care based targeted MDT meetings and case conferences as recommended by the national DES.
- Increase in number of anticipatory care plans using prescribed format agreed by HASCIP which will describe definitive community based measures for crisis prevention and crisis resolution.

*Outcomes*

If the LTC model of care is implemented at pace and scale, targeted towards the top 5% of at risk population identified proactively through risk stratification, roughly speaking, it is expected:

- A reduction of up to 25% of unscheduled admissions and > 30% non-elective bed days
- Reduction in hospital mortality by about ~10%

## Outcome 4

## People with mental ill health issues are supported to 'live well'

Public Health is working with other directorates in KCC, local partners and the public to prevent mental illness and promote positive mental health. *Live it Well* Kent's mental health and wellbeing strategy gives priority to promoting wellbeing as a cost effective preventative intervention to keep people well. The wellbeing approach focuses on holistic wellbeing and emphasises strengths and abilities and offers a positive alternative to illness and disability.

What are our priorities for action?

Public health is investing in areas of greatest need and will be campaigning using the six dimensions of the Wheel of Wellbeing (Body, Mind, Spirit, People, Place and Planet) developed by the South London and Maudsley NHS Foundation Trust.

The themes of this work follow:

- Asset based community development
- Wellbeing in communities
- Campaigns
- Training and suicide prevention

There will be 12 interventions - the first nine of which - are being funded by Public Health

1. Resilience and asset mapping research
2. MindFull pilot for schools
3. Wellbeing campaign resources
4. Workforce wellbeing support
5. Live-it-well website
6. Men's sheds
7. Community care and resilience wellbeing hubs in libraries
8. Young people asset mapping
9. Mental health awareness training
10. Community development programmes
11. Parenting – families and schools support
12. Tackling isolation in priority communities

How will we measure success?

A reduction in suicide
Increased reported wellbeing

Increased access to IAPT services

## Outcome 5

## People with dementia are assessed and treated earlier

The number of people with dementia is expected to treble nationally in the next 30 years. Currently the average QOF prevalence rate for dementia in Kent is 37% as of 2011 estimates, still far below the expected prevalence of 1.2% based on national rates. In Ashford CCG the QOF prevalence is 30% equating to approximately 455 people. The Protecting Older People Prevention Information system suggests there should be almost 1700 people with dementia by 2015. Any targets for improving diagnosis rates should be developed based on these estimates.

Research suggests that dementia is rarely seen in patients as a single long -term condition and usually accompanied by other co morbidities. In Kent, the top 0.5% of high-risk population showed only 5% of patients with dementia had only dementia (shown in diagram above).

While a number of multi agency initiatives are currently underway to improve diagnosis rates for dementia, Public Health suggests that this outcome be linked with outcome 3. Implementation of the LTC model of care will also support this by way of identifying and assessing persons at risk through an MDT approach. The rationale behind this is that, in light of emerging rise and importance of multiple morbidities, the at risk population for dementia i.e. Complex frail elderly > 65 yrs will be also at risk for falls and fractures and end of life and therefore a multidisciplinary approach to assessment and management is required.