Ashford Health and Wellbeing Board Priorities

1. Purpose of the paper

The purpose of the paper is to generate discussion to identify priorities for the Ashford Health and Wellbeing Board that will lead to health improvement and reduce health inequalities in the coming years.

2. Introduction

The drivers for change leading to the development of the priorities and an action plan for Ashford Health & Wellbeing Board are as following:

- Kent Health and Wellbeing Strategy
- NHS Five Year Forward View
- Public Health Outcomes Framework
- Right Care
- Demographics
- Health inequalities

2.1. Kent Health and Wellbeing Strategy

The five year vision for Kent County Council outlined in the Health and Wellbeing Strategy highlights five strategic outcomes:

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

2.2. The five Year Forward View

The Five Year Forward View states that the The NHS has dramatically improved over the past fifteen years. But quality of care can be variable, preventable illness is widespread, health inequalities deep-rooted. There are particular challenges in areas such as mental health, cancer and support for frail older patients. Any actions require new partnerships with local communities, local authorities and employers. The future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.

2.3. Public Health Outcomes Framework

The Public Health Outcomes Framework Healthy lives, healthy people: Improving outcomes and supporting transparency sets out a vision for public health, desired

outcomes and the indicators that will help in understanding how well public health is being improved and protected.

2.4. NHS Right Care

The primary objective for Right Care is to maximise value that the patient derives from their own care and treatment and the value the whole population derives from the investment in their healthcare.

2.5. Demographics

The population of elderly people in Ashford between 2016 to 2037 is going to gradually increase in numbers over the next two .This will require innovative service planning for the future in order to cope with the needs and demands of the older population.

2.6. Health inequalities

The health of the population of Kent has improved progressively over the years but the health gap between men and women has stayed the same. Less affluent people are much worst effected by ill health as compared to people who are affluent.

3. Discussion

Using the drivers for change outlined above the Health and Wellbeing Board can identify priorities to develop a vision. The vision for Ashford should be centred around “A Healthier Ashford’’ so that everyone in Ashford is born as healthy as possible, and lives a full, healthy, and happy life. That Ashford compares well with England and South East region and health inequalities across Ashford are reduced. To deliver the vision the Health and Wellbeing Board can consider adopting a life course approach:

- Starting Well
- Living Well
- Ageing Well

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8th Jan 2016

Ashford Health and Wellbeing Board
Priorities for Discussion

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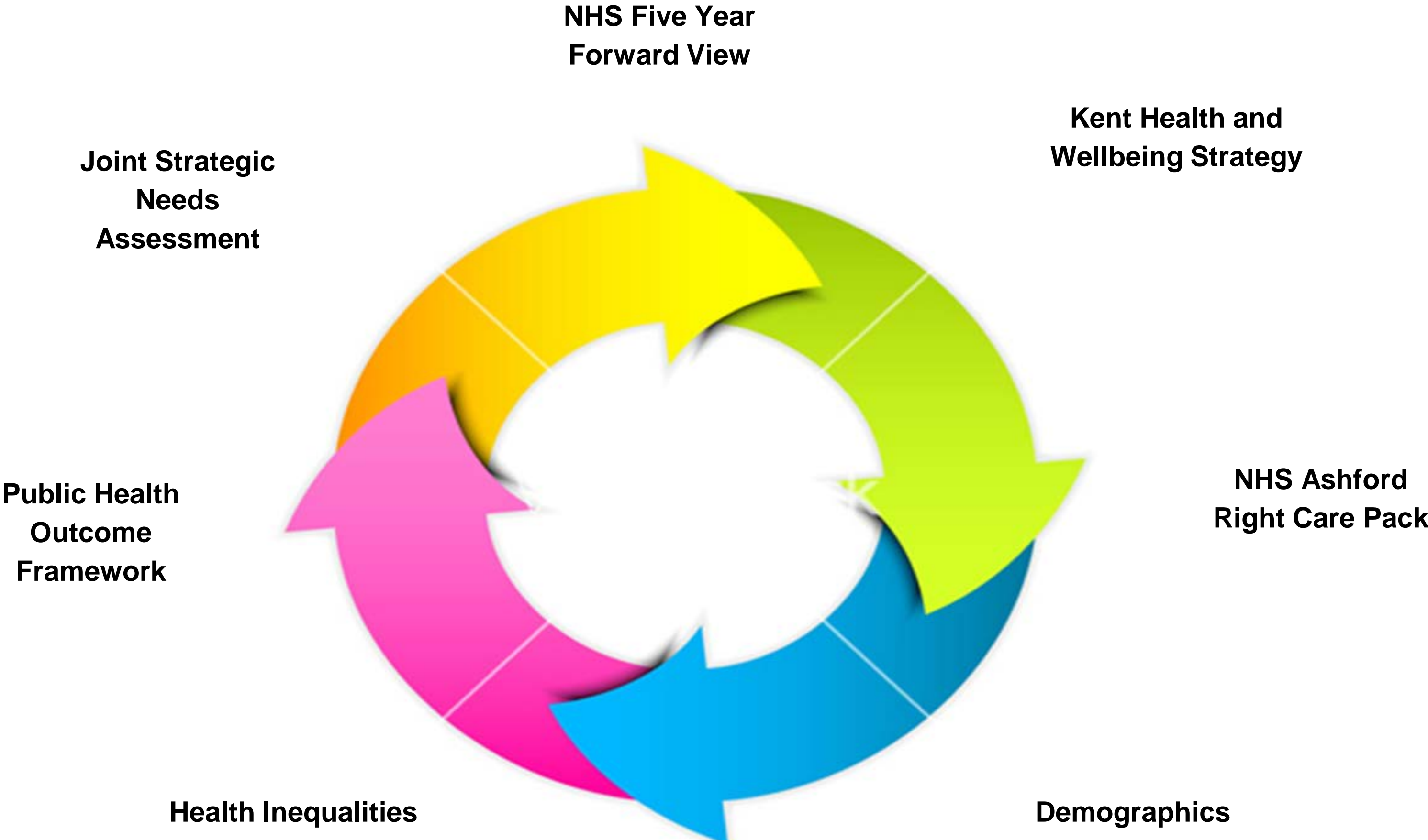
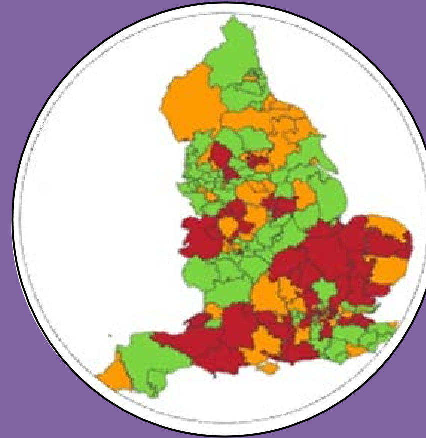
January 2016

Drivers for Change



Flu vaccination /pregnant women
Smoking at time of delivery
Breastfeeding
Childhood obesity
alcohol
Dementia
Health checks
CHD
Emergency admissions for 75+
Unplanned hospital admissions
Spend on vision, neurology, infectious diseases, skin, poisoning and endocrine adverse effects

Cancer
Stroke
Mental Health
Integration
Prevention
Reduce inequalities



CVD
Smoking
NHS Health Check
Homelessness
Violent crime
COPD
Chlamydia
Killed or seriously injured in RTA

Every child has the best start in life
People taking greater responsibility for their health and wellbeing
Long term conditions
Mental Health
Dementia

Reduce gaps in service, reduce inequalities and improve outcomes for patients

Resources used for identification of priorities

1. **Health and Wellbeing Strategy-Kent County Council**
2. **Public Health Outcomes Framework-Public Health England**
3. **Joint Strategic Needs Assessment-CCG, KCC, Voluntary Sector**
4. **NHS Ashford Right Care Pack-NHS England**

Kent
Joint Health and
Wellbeing
Strategy
Outcomes for Kent
2014 – 2017

Joint Health and Wellbeing Strategy

4 Priorities

Tackle Key Health Issues where Kent is **performing worse** than the England average

Tackle health **inequalities**

Tackle the **gaps** in service provision

Transform services to **improve outcomes**, patient experience, and value for money

5 Outcomes

Every child has the **best start** in life

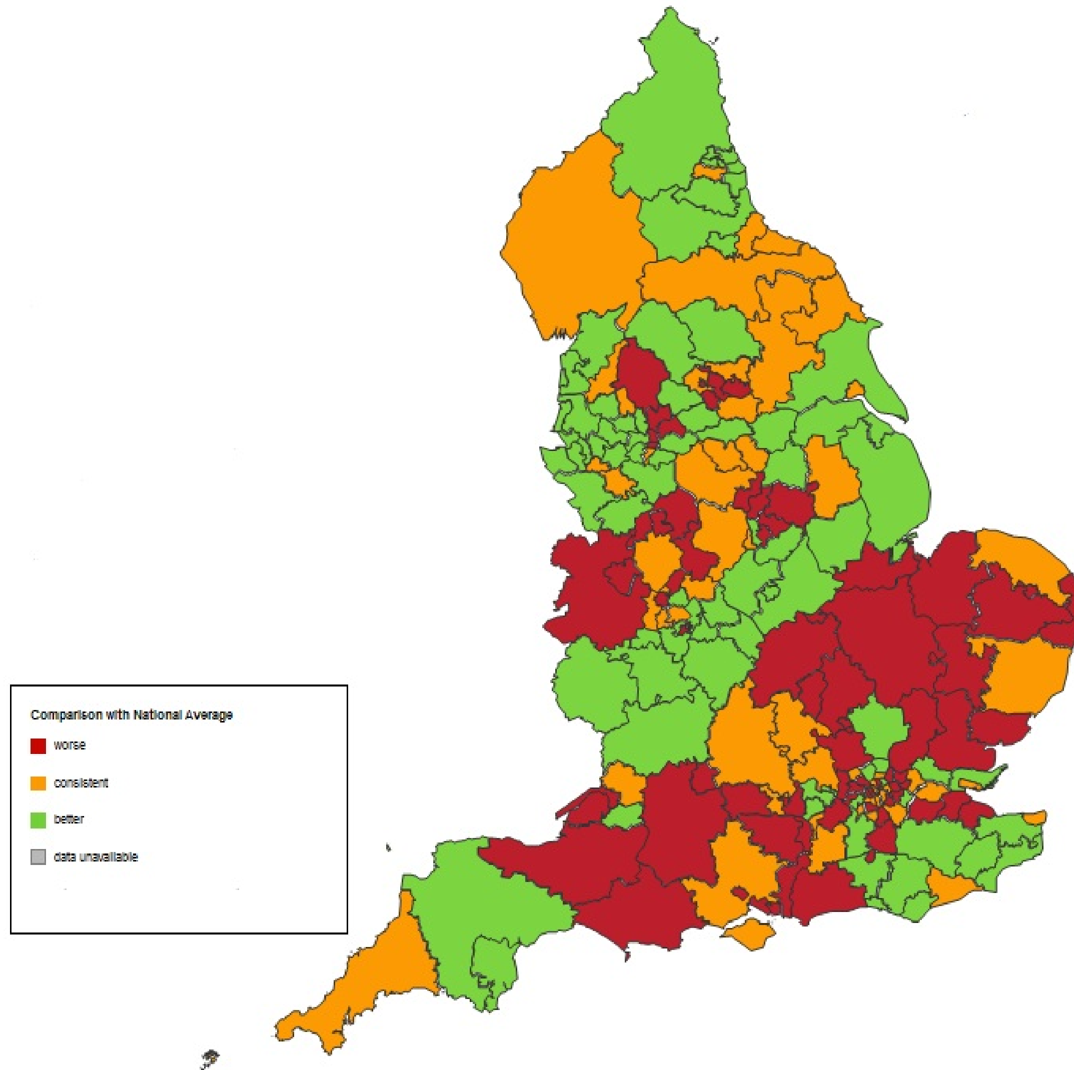
Effective **prevention** of ill health by people taking greater responsibility for their health and wellbeing

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

People with mental health issues are supported to **'live well'**

People with **dementia** are assessed and treated earlier, and are supported to live well

Public Health Outcomes Framework



1.Wider Determinants of Health

- Rate of people reported killed or seriously injured on the roads , all ages, per 100,000 resident population. Ashford 50 per 100,000

2. Health Profile

- Homelessness acceptance per 1000 households. Ashford 3.3 per 1000 households

- Crude rate of violence against the person, offences per 1000 population. Ashford 13.2 per 1000
- **3. Health Protection**
  Rate of Chlamydia detection per 100,000 young people aged 15-24 yrs. Ashford rate 1,368 per 100,000

- Late diagnosis of HIV-Ash 50%

4. CVD profiles

Cardio Vascular Disease: Hypertensive patients who were given lifestyle advice in the last 12 months. Ashford 68.3%

Smoking: Smoking status recorded in the last 24 months for people aged 15yrs+. Ashford performance at 84.4%

Smoking: Smokers aged 15+ with a record of an offer of support and treatment in the last 24 months. Ashford performance 80.8%

NHS Health Check: Cumulative percentage of eligible population aged 40-74 offered an NHS Health check who received an NHS health check. Ashford Performance 34.7%

5. Lung health profile

COPD patients with MRC dyspnoea score >=3 w oxygen saturation value (last 12 months) Ashford 88.7%

6. Health Improvement

- Breastfeeding initiation: percentage of mothers who breastfeed in the first forty eight hours of delivery. Ashford 71.3%
- Obesity: Percentage of adults classified as obese or overweight. Ashford 67.5%
- Smoking: Prevalence of smoking amongst people aged 18+. Ashford 26.4%
- Smoking: Prevalence of smoking amongst people aged 18+ from the routine and manual groups. Ashford 42.1%

KENT PUBLIC HEALTH OBSERVATORY

Joint Strategic Needs Assessment

1. Cancer

Most cancers in Ashford are being diagnosed at a late stage of disease and majority are presenting as emergency admissions as compared to England average

2. Stroke

Ashford CCG has a high prevalence of stroke and transient ischaemic attack and atrial fibrillation .

3. Mental Health

rate of people living with any neurotic disorder in Ashford, (124.1 per 1000 people) may be lower than the Kent and Medway district average. The projected increase in common mental disorders by 2020 in Ashford is actually the highest amongst all the Kent CCGs. The overall increase from 2013 to 2020 of common mental disorders amongst 18-64 year olds is projected to be 9.87%. This means addressing mental health need within the Ashford CCG community must be a priority.

4. Prevention

- Prevention to be included in all pathway work; both primary and secondary.
- Everybody's business thus Making Every Contact Count (MECC) a priority for all Commissioners

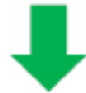
5. Integration

Integration between NHS, Adult Social Care and Public Health to prevent ill health and lifestyle diseases, and tackling their determinants

Reducing the gap in health life expectancy

6. Inequalities

Gap between most deprived and least deprived increasing


Gap between most deprived and least deprived falling

Gap between most deprived and least deprived unchanged

	Cancer		Circulatory disease		Respiratory disease		All other diseases		All causes	
CCG	75+	All ages	75+	All ages	75+	All ages	75+	All ages	75+	All ages
Ashford	↑	↑	↑	↑	↑	↑	↑	↑	↑	↓
C4	↑	↑	↓	↑	↑	↑	↑	↑	↑	↑
DGS	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
SKC	↑	↓	↓	↓	↑	↓	↑	↑	↑	↑
Swale	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
Thanet	↔	↔	↑	↑	↔	↓	↓	↓	↑	↑
West Kent	↔	↑	↔	↑	↓	↑	↑	↑	↑	↑
Kent	↑	↑	↔	↑	↑	↑	↑	↑	↑	↑

Public Health England

RightCare

NHS England

Commissioning for Value: Integrated care pathways

NHS Canterbury and Coastal CCG

February 2015

NHS England Publications Gateway ref: 03066

1.Maternity and Early Years Pathway

- Flu vaccination for pregnant women
- Smoking at time of delivery
- Breastfeeding initiation (within 48hrs)
- Breastfeeding at 6-8 weeks
- % of children 4-5 who are overweight or obese

2. Inpatient spend for those aged 75yrs +

- Spend on vision, neurology, infectious diseases, skin, poisoning and endocrine adverse effects
- Unplanned hospital admissions for chronic ambulatory care sensitive conditions.

3. Substance Misuse and Mental Health Pathways

- % of alcohol users treated who did not re-present within 6 months

4. Dementia

- Dementia diagnosis rate
- % of dementia patients who had a face to face review
- Rate of emergency admissions aged 65+ with dementia
- % of emergency admissions with dementia who stay 1 night or less

5. Long Term Conditions

- Reported to estimated prevalence of CHD
- Employment rate difference between those with LTC and all of those of working age
- Rate of emergency admissions aged 75+ with a stay in hospital of less than 24 hours
- Unplanned hospitalization of chronic ambulatory care sensitive conditions
- % of people aged 16+ classified as inactive
- % of people aged 40-74 receiving a health check

Proposal for Taking the Priorities forward

Children's Operational Group	Ashford CCG	Integrated Commissioning Group	Ashford District Council	Community Safety Partnership
Breastfeeding	Flu vaccination for pregnant women	Dementia	Homelessness	alcohol
Childhood obesity	Smoking at time of delivery	Integration	Obesity	Violent crime
Chlamydia	Health checks	Reducing inequalities	Smoking	Killed or seriously injured in RTA
	LTC			
	Emergency admissions for 75+			
	Smoking			
	Mental Health			
	Breastfeeding initiation			

Kent County Council
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