

Agenda Item No: 5

Report To: Ashford Health & Wellbeing Board

Date: 19 July 2017

Report Title: Update on Development of the Kent Health and Wellbeing Strategy 2018-2013

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Summary: The Kent Health and Wellbeing Strategy is currently being renewed. Since a draft was presented to the Board in April:

- there has been progress on developing the priorities and measures
- Stakeholder engagement events have taken place.

The outcomes of these activities are shared in this report.

Recommendations: The Board are asked to:-

Comment on the updated priorities table and on the proposed outcomes measures that have emerged following engagement with stakeholders and officers since the last meeting.

1. Purpose of the report

- 2.** This report is intended to update the Board on progress on the development of the Kent Health and Wellbeing Strategy originally tabled as a draft at the Board on 26th April 2017.

Activity since the last meeting

- 3. Informal Engagement:** Informal engagement has taken place to discuss the proposed priorities.

a) Engagement has included:

- A focus group with voluntary sector organisations to discuss outcomes for children and young people
- A focus group with voluntary sector organisations to discuss outcomes for older people
- A focus group with Healthwatch staff and volunteers to discuss the priorities
- Deep dive discussions with officers to explore issues relating to vulnerable children and also the wider determinants such as air quality, leisure, country parks, sport and physical activity

- Reports and discussions with 5 local health and wellbeing boards
- b) Some key themes that have emerged across the focus groups are:
- Parenting, especially support for young parents
 - Preparedness for school
 - Difficulty in navigating complex systems with information that is too much and not targeted
 - Supporting people of all ages with low level mental health and wellbeing issues
 - Supporting younger old people, newly retired to live life to the full and to plan for later life
 - Transport
 - Access and use of digital/internet
 - Modernising services so they are attractive to the next generation of older people
 - The benefits of volunteering and being engaged in your community to raise self-esteem, confidence and connectedness
 - People need to be working in the community to find and connect to people who will not access services themselves.
 - There are not yet many examples of integration

c) Local Health and Wellbeing Boards

Feedback from Local Health and Wellbeing Boards looked at the particular detail of the priorities table. The overall priorities were broadly welcomed and agreed. Summarised below are the main areas raised for further consideration.

System issue- how you ensure high level strategy gets delivered at a local level. How do local Boards feedback to influence planning and outcomes locally.

Preventative approach

- Include social isolation/ loneliness
- Measures shouldn't ask for reductions- such as reduction in diabetes diagnosis as more diagnosis is a good thing. Measures should not have targets but direction of travel.
- Financial situation and deprivation
- Reducing debt as possible measure?
- Improving housing standards

For Children and Young people-

- focus on best start in life-
- Add smoking in pregnancy
- Include a reference to teenage mothers/ teenage pregnancy.
- add alcohol admissions for young people
- add exclusion rates in school
- Nutrition in pregnancy
- Discussion about outcome that cyp with complex needs have good joined up care- should stay in and support better use of education, health and care plans

- Add particular reference to childhood obesity as so important
- Sexual health
- Long waits for speech and language therapy

Mental Health and Emotional wellbeing

- Discussion about outcome that more people with MH problems will recover as not everyone will recover. Suggested change to include that people are supported to live well with their conditions.
- Suggestion to look at 5 year forward view for MH to link to national targets as measures.
- Include transition
- ADHD/ autism
- Reference Headstart Programme- promoting emotional mental health and wellbeing at an early stage for children 10-16 happening in Kent
- Include reference to social isolation

Older people

- Housing reference should be focusing on warm homes disabled facilities grants that support independence

4. Outcomes Measures

An outcomes and measures subgroup has also been meeting to establish measures that will support the Board in overseeing the impact of activity linked to the strategy and the priorities. Three meetings have taken place to date.

5. Next Steps

- a) Following approval from the new chair of the Health and Wellbeing Board wider consultation should take place in July with the strategy posted on line for public comment.
- b) The Health and Wellbeing Strategy Steering group is meeting on 7th July to discuss the latest draft of the strategy and the priorities table which is also attached here for comment. The long list of potential measures is included in the priorities table and comment is also sought from this Board to develop a short list for presentation to the Kent Board.

6. Conclusion

Development of the strategy continues at pace in order to meet the September deadline for a final draft to be presented at the Kent Board.

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Table 1 : Priorities Table Draft dated July 5th 2017

<u>Priorities: What we want to achieve</u>	<u>WE want to see the following outcomes</u>	<u>Measures- to be developed though outcomes and measures sub group but could include:</u>
1. Embedding a preventative approach	<ul style="list-style-type: none"> • The gap in life expectancy across Kent will narrow. • More people (people means all people in this strategy- children and adults) will be physically active. • More people will be a healthy weight • More people will be physically active • More people will take up screening • Fewer people will start smoking • Reduction in Alcohol consumption • Housing is fit for purpose and poor housing should be addressed • Improved air quality • Communities take an active role in improving health and wellbeing, including volunteering 	<ul style="list-style-type: none"> • The number of days of moderate or higher air pollutants • Physically active adults: Inactive (less than 30 minutes) Fairly active (30-149 minutes) Active (150+Minutes) per week. • The proportion of adults with excess weight the proportion of people receiving a NHS Health Check of the eligible population • Alcohol related liver injury • the proportion of eligible women screened adequately in the breast cancer screening programme • the proportion of eligible women screened adequately in the cervical cancer screening programme • All cause all age mortality rates under 75 • The early diagnosis of diabetes – Recorded Diabetes (registered GP Practice aged 17+.) • the successful completion and non-re-presentation of opiate drug users leaving community substance misuse treatment services

<p>2. Improving children's health and wellbeing</p>	<ul style="list-style-type: none"> • More babies will be born healthy • More children will have stable family environments • Fewer women will smoke in pregnancy • More families, children and young people will have healthy behaviours • Mothers will be encouraged and supported to breastfeed if they wish to do so • Children and young people are safe • Vulnerable children are protected • Children and young people are in education, employment or training 	<ul style="list-style-type: none"> • Smoking rates at the time of delivery • Breastfeeding continuance 6-8 weeks • Teenage Mothers • MMR vaccination (2 years) one dose • Children in care immunisations • Proportion 4-5 year olds with excess weight • Proportion 10-11 year olds with excess weight • Rate of Child protection per 100,000 • Rate of Children in need per 100,000 • Fixed period exclusion for primary age children • Fixed period exclusion for secondary age children • Children killed or seriously injured on Kent roads • Children aged 16-18 Not in education, employment or training • Hospital admissions due to substance misuses- 15-24 years old
<p>3. Promoting good mental health and emotional wellbeing</p> <p>Positive mental health is a foundation of individual and community wellbeing. The communities in which we live, the local economy and the environment all impact on an individual's mental health.</p>	<ul style="list-style-type: none"> • More people (people means all people in this strategy - children and adults) will have good mental health • More people with mental health problems will recover or be supported to live well • More people with mental health problems will have good physical health. • Children and young people are supported with robust and timely mental health services 	<ul style="list-style-type: none"> • Average waiting times for mental health services • Number of new Children and young people under 18 receiving treatment in NHS funded community services in the reporting period • % of people using outdoor space for exercise/ health reasons • Hospital stays for self-harm • The percentage of adults who are receiving secondary mental health services on the care programme approach recorded as living

<p>(3 Cont..)</p> <p>We want to promote good mental health for the wider population, early intervention to support people with emerging mental health needs and effective treatment and support services for people with enduring mental health problems.</p>	<ul style="list-style-type: none"> • There is access to green spaces and things to do • People are supported into employment 	<p>independently, with or without support (aged 18-69 years.)</p> <ul style="list-style-type: none"> • Access to IAPT (Increasing Access to Psychological Therapies) services • The number of suicides (rate per 100,000) 3 year average • The percentage of respondents who according to the Annual Population survey have low satisfaction or low worthwhile
<p>4. People are supported to live well as they age and stay independent for as long as possible</p> <p>There is a growing number of older people in Kent with those over 85 years old predicted to increase significantly. This will have a major impact as this age group traditionally need more support from health and social care services as they age and become frail. They are also at greatest risk of isolation and of poor, inadequately heated housing, both of which can impact on health and wellbeing. Part of the challenge will be to make sure that the right services are in place so that they can remain independent for as long as possible.</p>	<ul style="list-style-type: none"> • Older adults will have a good experience of care and support • More adults with dementia will have access to care and support • Older adults will experience hospital admission only when needed and will be supported to return home as soon as possible • Older carers will be supported to live a fulfilling life outside caring • Housing is warm and risk of trips and falls reduced • Social isolation and loneliness is reduced • There is support for people with dementia and their carers • Older people will be supported to be physically active 	<ul style="list-style-type: none"> • The number of people using telecare and telehealth technology (ASC KCC) • The proportion of older people (65+) 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 • The reported number of dementia patients on GP registers as a percentage of estimated prevalence • The proportion of patients diagnosed with dementia whose care has been reviewed in the previous 15 months • Older people experience of social care- annual survey • Non elective admission rates Over 75 • Excess winter deaths • Carers survey • The population Flu vaccination coverage for those aged 65+.

<p>5. Reducing health inequalities</p> <p>Health inequalities refer to the avoidable differences in health status between individuals depending on their life circumstances. Our health is shaped by the conditions in which we are born, grow, live, work and age.</p>	<ul style="list-style-type: none"> • Health needs in Kent are disproportionately greater in the most deprived populations. Closing the 'health gap' will require a faster improvement in health in these areas, so moving forward we will need to better engage with these communities at a local level to improve both wellbeing and health outcomes • Take action through the wider partnership approach, between the County Council departments, District Councils, CCGs, healthcare providers, and community partners to address those issues that lead to health inequalities, including lifestyle choices 	<ul style="list-style-type: none"> • Take up of screening • Referrals to lifestyle services • Fuel poverty % number of households • Gap in attainment for CYP with FSM KS2-KS4 • Reducing the slope index for health inequalities Male (years) and Female (years)
<p>6. The system works well together to support people with good quality, person centred care</p> <p>Joined up, coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carer and family.</p>	<ul style="list-style-type: none"> • STP: workforce planning, integration and local care transformation through new models of care • People know where to go to find appropriate help • Better Care Fund supports integration and timely discharge from hospital • Making every contact count (MECC) • Pioneer- Esther model to support teams with person centred approaches • Increase in social prescribing • Carers are supported 	<ul style="list-style-type: none"> • Acute/Urgent Bed Occupancy Rate – Overnight (NHS England) • A&E Attendances within 4 hours (all) from arrival to admission, transfer or discharge (NHS England) • Delayed transfers of care shown by responsible organisation - social care or health.