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SOUTH KENT COAST HEALTH AND WELLBEING BOARD

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8 May 2017

Dear Member of the Health and Wellbeing Board

NOTICE IS HEREBY GIVEN THAT a meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** will be held in the HMS Brave Room at these Offices on Tuesday 16 May 2017 at 3.00 pm

Members of the public who require further information are asked to contact Rebecca Brough on (01304) 872304 or by e-mail at rebecca.brough@dover.gov.uk.

Yours sincerely

Chief Executive

South Kent Coast Health and Wellbeing Board Membership:

Member	Organisation
P A Watkins (Chairman)	Dover District Council
Dr J Chaudhuri (Vice-Chairman)	South Kent Coast Clinical Commissioning Group
P M Beresford	Dover District Council
K Benbow	South Kent Coast Clinical Commissioning Group
S S Chandler	Local Children's Partnership Group Representative
Ms C Fox	Community and Voluntary Sector Representative
J Hollingsbee	Shepway District Council
S Inett	Healthwatch Kent
M Lobban	Kent County Council
M Lyons	Shepway District Council
G Lymer	Kent County Council
J Mookherjee	Kent Public Health, Kent County Council

AGENDA

1 **ELECTION OF A CHAIRMAN**

The South Kent Coast Health and Wellbeing Board is required to elect a Chairman at the first meeting of the Board held on or after 1 April each year.

The term of office for the Chairman will be 1 April 2017 to 31 March 2018.

2 **APPOINTMENT OF A VICE-CHAIRMAN**

The South Kent Coast Health and Wellbeing Board is required to appoint a Vice-Chairman at the first meeting of the Board held on or after 1 April each year.

The term of office for the Vice-Chairman will be 1 April 2017 to 31 March 2018.

3 **APOLOGIES**

To receive any apologies for absence.

4 **APPOINTMENT OF SUBSTITUTE MEMBERS**

To note appointments of Substitute Members.

5 **DECLARATIONS OF INTEREST** (Page 4)

To receive any declarations of interest from Members in respect of business to be transacted on the agenda.

6 **MINUTES** (Pages 5 - 9)

To confirm the Minutes of the meeting of the Board held on 21 March 2017.

7 **MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD**

Any member of the Health and Wellbeing Board may request that an item be included on the agenda subject to it being relevant to the Terms of Reference of the Board and notice being provided to Democratic Services at Dover District Council (democraticservices@dover.gov.uk) at least 9 working days prior to the meeting.

8 **KENT SOCIAL CARE TRANSFORMATION UPDATE** (Pages 10 - 15)

To receive an update on Kent Social Care Transformation.

Presenter: *Mark Lobban, Director of Commissioning, Kent County Council*

9 **DRAFT KENT HEALTH AND WELLBEING STRATEGY 2018-2023** (Pages 16 - 40)

To consider the attached report.

Presenter: *Karen Cook, Policy and Relationships Adviser (Health), Kent County Council*

10 **KENT PUBLIC HEALTH UPDATE** (Pages 41 - 69)

To receive an update.

Presenter: *Jess Mookherjee, Consultant in Public Health, Kent County Council*

11 **URGENT BUSINESS ITEMS**

To consider any other items deemed by the Chairman to be urgent in accordance with the Local Government Act 1972 and the Terms of Reference. In such special cases the Chairman will state the reason for urgency and these will be recorded in the Minutes.

Access to Meetings and Information

- Members of the public are welcome to attend meetings of the Council, its Committees and Sub-Committees. You may remain present throughout them except during the consideration of exempt or confidential information.

- All meetings are held at the Council Offices, Whitfield unless otherwise indicated on the front page of the agenda. There is disabled access via the Council Chamber entrance and a disabled toilet is available in the foyer. In addition, there is a PA system and hearing loop within the Council Chamber.

- Agenda papers are published five clear working days before the meeting. Alternatively, a limited supply of agendas will be available at the meeting, free of charge, and all agendas, reports and minutes can be viewed and downloaded from our website www.dover.gov.uk. Minutes are normally published within five working days of each meeting. All agenda papers and minutes are available for public inspection for a period of six years from the date of the meeting.

- If you require any further information about the contents of this agenda or your right to gain access to information held by the Council please contact Rebecca Brough, Team Leader - Democratic Support, telephone: (01304) 872304 or email: rebecca.brough@dover.gov.uk for details.

Large print copies of this agenda can be supplied on request.

Declarations of Interest

Disclosable Pecuniary Interest (DPI)

Where a Member has a new or registered DPI in a matter under consideration they must disclose that they have an interest and, unless the Monitoring Officer has agreed in advance that the DPI is a 'Sensitive Interest', explain the nature of that interest at the meeting. The Member must withdraw from the meeting at the commencement of the consideration of any matter in which they have declared a DPI and must not participate in any discussion of, or vote taken on, the matter unless they have been granted a dispensation permitting them to do so. If during the consideration of any item a Member becomes aware that they have a DPI in the matter they should declare the interest immediately and, subject to any dispensations, withdraw from the meeting.

Other Significant Interest (OSI)

Where a Member is declaring an OSI they must also disclose the interest and explain the nature of the interest at the meeting. The Member must withdraw from the meeting at the commencement of the consideration of any matter in which they have declared a OSI and must not participate in any discussion of, or vote taken on, the matter unless they have been granted a dispensation to do so or the meeting is one at which members of the public are permitted to speak for the purpose of making representations, answering questions or giving evidence relating to the matter. In the latter case, the Member may only participate on the same basis as a member of the public and cannot participate in any discussion of, or vote taken on, the matter and must withdraw from the meeting in accordance with the Council's procedure rules.

Voluntary Announcement of Other Interests (VAOI)

Where a Member does not have either a DPI or OSI but is of the opinion that for transparency reasons alone s/he should make an announcement in respect of a matter under consideration, they can make a VAOI. A Member declaring a VAOI may still remain at the meeting and vote on the matter under consideration.

Note to the Code:

Situations in which a Member may wish to make a VAOI include membership of outside bodies that have made representations on agenda items; where a Member knows a person involved, but does not have a close association with that person; or where an item would affect the well-being of a Member, relative, close associate, employer, etc. but not his/her financial position. It should be emphasised that an effect on the financial position of a Member, relative, close associate, employer, etc OR an application made by a Member, relative, close associate, employer, etc would both probably constitute either an OSI or in some cases a DPI.

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Agenda Item No 6

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 21 March 2017 at 3.00 pm.

Present:

Chairman:	Councillor P A Watkins
Councillors:	Dr J Chaudhuri (Vice-Chairman in the Chair Min No.50 - 53) Councillor P M Beresford Ms K Benbow Councillor S S Chandler Ms C Fox Councillor J Hollingsbee Mr S Inett
Also Present:	Hilary Knight (South Kent Coast Clinical Commissioning Group) Mark Needham (Chief Officer, Integrated Accountable Care Organisation) Wendy Slater (Project Manager Integrated Commissioning South Kent Coast Clinical Commissioning Group)
Officers:	Head of Leadership Support Leadership Support Officer Team Leader – Democratic Support

43 APOLOGIES

Apologies for absence were received from Councillor M Lyons (Shepway District Council) and Councillor G Lymer (Kent County Council).

44 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointment.

45 DECLARATIONS OF INTEREST

There were no declarations of interest made by members of the Board.

46 MINUTES

It was agreed that the Minutes of the Board meeting held on 24 January 2017 be approved as a correct record and signed by the Chairman.

47 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

There were no items raised on notice by members of the Board.

48 PREVENTION, SELF-CARE AND HOUSING WORKSTREAMS UPDATE

The Board received an update on the Prevention, Self-Care and Housing work streams from Dr J Chaudhuri and Wendy Slater (Project Manager Integrated Commissioning South Kent Coast Clinical Commissioning Group).

Housing

Members were advised that South Kent Coast Clinical Commissioning Group was working with Dover District Council and Shepway District Council to identify opportunities to support people remaining independent at home, preventing avoidable hospital admissions and enabling people to be discharged more easily from hospital through the use of Disabled Facilities Grants (DFG) to help adapt properties. This also covered identifying needs assessments for falls.

A task and finish group led by EK Housing was preparing to address the issues raised including improving communications and raising awareness of available support services.

Shepway District Council was looking at bringing services together in a pilot area to speed up delivery and both district councils had commissioned work on private sector housing data.

Prevention and Self-Care

South Kent Coast Clinical Commissioning Group had been awarded the bid to deliver the Age UK Personalised Integrated Care Programme. This was a national programme to be administered locally. The Programme promoted independence and the prevention of avoidable hospital admissions for people with long term conditions. The programme had been launched in January 2017.

In respect of Care Navigation, ensuring that people received the support they needed at the right time underpinned South Kent Coast Clinical Commissioning Groups local care model. Work was underway to increase current resources in order to provide equitable access across the area and it was complemented it the work of the Age UK Personalised Integrated Care Programme.

The Public Health Priorities for South Kent Coast were focussed on healthy weight with opportunities to support early identification are being considered.

RESOLVED: That the update be noted.

49 DOVER DISTRICT COUNCIL LOCAL PLAN REVIEW PROCESS

The Principal Infrastructure and Delivery Officer and the Senior Planner presented the process for the Dover District Council Local Plan Review.

As part of the review it was recognised that the built and natural environment were

major determinants of health and that the design of the built environment and access to natural spaces had an influence on health and wellbeing. In addition, the National Planning Policy Framework required planners to take account of local health and wellbeing needs and strategies/service plans as part of the development of the Local Plan and there was a duty to co-operate in the making of the Local Plan on health issues.

Members of the Board were advised that from 1 April 2017, NHS England would be delegating responsibility for S106 agreements to local Clinical Commissioning Groups. As part of this South Kent Coast Clinical Commissioning Group was developing the resources to deal with these more proactively.

Councillor P A Watkins advised that there was the opportunity for South Kent Coast Clinical Commissioning Group to help Dover District Council and Shepway District Council identify where there were health needs.

The Board was advised that primary care funding was based on population rather than the number of dwellings in contrast to the housing growth numbers of the Councils.

In response to a question on the impact of space on physical and mental health, members were advised that the Council controlled this through setting a policy on housing density and minimum space standards.

It was intended that the establishment of good working relationships between planning and health and the sharing of information would provide evidence to justify planning outcomes.

RESOLVED: (a) That the presentation be noted.

(b) That officers from Shepway District Council provide a presentation on their Local Plan to a future meeting.

50 VARIATION TO THE ORDER OF THE AGENDA

The Chairman, Councillor P A Watkins, left the meeting and the Vice-Chairman assumed the Chairmanship.

A variation to the order of the agenda was announced to take the item on Maternal Smoking Cessation before the Local Care Update.

RESOLVED: That the order of the agenda be varied to take the item on Maternal Smoking Cessation as the next item of business.

51 MATERNAL SMOKING CESSATION

The Board received an update from Hilary Knight (South Kent Coast Clinical Commissioning Group) on Maternal Smoking Cessation.

The Improvement and Assessment Framework (IAF) provided information of the effectiveness of local commissioning of Maternity services enabling the South Kent

Coast Clinical Commissioning Group as well as other local health systems and communities to conduct self-assessments of their progress in respect of maternal smoking cessation and assisting improvement. As a result of this data NHS England offered the South Kent Coast Clinical Commissioning Group £75,000 in additional financial support for reducing smoking in pregnant women. The funding could be used for a range of measures such as

- Carbon monoxide monitors and consumables;
- Training for midwives (both in using the equipment and in better engaging with women on the issue of smoking cessation);
- Leadership, project management and administration; and
- Training to enable stop smoking services to make the most of referrals

The Board was advised that Kent County Council Public Health had also provided funding for a one year secondment for a Specialist Midwife in smoking cessation. This secondment would run until September 2017.

It was acknowledged that there were factors such as transport links and local topography that impacted on the accessibility of smoking cessation services.

RESOLVED: That the update be noted.

52 LOCAL CARE UPDATE

The Board received an update from Mark Needham, (Chief Officer, Integrated Accountable Care Organisation).

It was stated that the majority of the 30 practices in the South Kent Coast area had signed up to developing a single legal entity for the purpose of delivering more services collectively (Channel Healthcare Alliance). The Alliance would have the following benefits:

- It would give Primary Care one voice and enable it to organise more effectively and efficiently to manage demand and provide better care in the community;
- It would be better prepared in the event of any future practice closures driven partly by a combination of finance, workforce and/or performance issues;
- It would break the chain of more people going to hospital, resulting in exponential growth of hospital budgets and more limited growth in the funding of out of hospital services; and
- It would offer better recruitment and retention opportunities for clinical staff.

There were also plans to create four Primary Care Access Hubs in the South Kent Coast areas located in the three Community Hospitals (Deal, Buckland, Royal Victoria Hospital) and one most likely situated in the Oaklands Surgery in Hythe (with satellite branches for the Marshes). These would enable any patient to access any hub and receive the same level of high quality care on the same day.

Work undertaken had found that over 50% of the care provided by GPs for minor illness could be provided by another suitably qualified professional such as a Nurse practitioner, Mental Health Nurse or Physiotherapist.

A decision had been made to continue with the remaining 2 years of the contract with the Kent Community Health NHS Hospital Foundation Trust although a market engagement process was underway to identify what other providers could provide. The formal procurement process for a provider after the existing contract had expired was expected to start during 2017/18.

The Board discussed the role that community services could provide and the importance in ensuring that the public were aware of the changes.

RESOLVED: That the progress on local care and current thinking of the localities for future joint ventures / partners for community services be noted.

53 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 4.41 pm.

South Kent Coast Health & Wellbeing Board

16th May 2017

KCC is in it's third phase of transformation

Q4 2016

Assessment

Identify and quantify opportunities

Design

Refine opportunity, design and pilot new ways of working

Q2 / Q3 2017

Q4 + 2017

Implementation

Deliver the solution with local teams and realise benefit

Sustainability

Support teams to sustain the changes permanently

We are designing a new operating model to deliver our vision

Making a significant contribution to Local Care

		Pilot	Coverage
Supporting people to be healthy and independent	1 Care and support planning with care navigation and case management	Supporting Independence: Professional-led, outcomes-based homecare	
	2 Self-care and management	Promoting Wellbeing: Core offer, digital offer / self assessment	
	3 Healthy living environment	Promoting Wellbeing: Core offer	
Coordinated care for people who need it	4 Integrated health and social care into or coordinated close to the home	Supporting Independence: Professional-led, Outcomes-Based Homecare	
	5 Single point of access	Promoting Wellbeing: Front door / triage	
	6 Rapid Response	Promoting Independence: Discharge to assess / functional assessment	
	7 Discharge planning and reablement	Promoting Independence: Integrated rehab	
Supporting services	8 Access to expert opinion and timely access to diagnostics	N/A	

Programme Status

Legend: Fixed Date · On Track Milestone · At Risk Milestone · Slipped Milestone · Completed Milestone

Project	Work stream	Mar – Nov
Governance		PB 22/03; PB 26/04; EKDB – 11/5; PB 24/05; PB 28/06; PB 26/07; PB 23/08; PB 27/09; PB 25/10; PB 22/11
Promoting Wellbeing	Front Door / Triage	Detailed Planning (1); Design & Pilot setup (2, 3); Run Pilots (4, 5); Imp. Plan (6, 7)
Promoting Wellbeing	Core Offer/Care Nav	Detailed Planning (1); Design & Market Engagement (2); Service Specification & Contract Docs (6, 7); Procurement (Implementation – to end of Jan)
Promoting Wellbeing	Digital Offer	Detailed Planning (1); Options Appraisal; Plan TBC: Pending output of options appraisal
Promoting Independence	Integrated Rehab	Detailed Planning (1); Design & Pilot setup (2, 3); Run Pilots (4, 5); Implementation Planning (6, 7)
Promoting Independence	Urgent Care	Plan TBC
Promoting Independence	Dementia Enablement	Assessment; Plan TBC: Pending output of assessment
Supporting Independence	Outcomes Based H/C	Detailed Planning (1); Design & Pilot setup (2, 3); Run Pilots (4, 5); Implementation Planning (6, 7)
Supporting Independence	Extra Care Housing	Plan TBC: Project on-hold
Supporting Independence	SIS/Homecare	Detailed Planning (1); Interim Contract & Mobilisation (Homecare Contract 31/05); Market Analysis; SIS Contract 30/09; Contract Specification
KCC Internal	Safeguarding	Assessment; Detailed Planning (1); Plan TBC: Pending output of assessment
KCC Internal	Workforce	Detailed Planning (1); Baseline; Draft structure based on pilot outputs; Consult
KCC Internal	Complex Social Work	Detailed Planning/scoping (1); Design & Pilot setup (3); Run Pilots (2, 4, 5); Imp. Planning (6, 7)
KCC Internal	Purchasing	Detailed Planning (1); Embedded activity; Options Appraisal; Plan TBC: Pending output of options appraisal

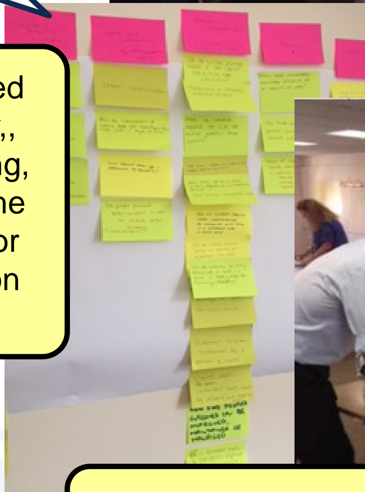
Type	Description	LH	Imp.	Impact Description	Action Plan
Risk	Successful completion of pilots requires significant commitment of operational resources from all partners. This may not be secured due to operational pressures	3	5	The OBHC and Integrated Rehab pilots will be most significantly impacted – the full future model will not be able to be tested, lowering confidence and quality of final solution.	1. Identify and raise resource requirements early to give maximum time to agree, backfill and mobilise 2. Ensure appropriate governance to enable escalation of requirements
Risk	Developing a model to be implemented across the county requires awareness and strategic engagement from all partners. This may not be achieved due to the number of partners involved and the pace of progress.	2	5	Design and implementation will be delayed or the models compromised without the right input from all partners.	1. Ensure and make use of appropriate governance to communicate details of the model and progress in design 2. Develop a communication and engagement plan for areas not involved in design

Design Highlights

Promoting Wellbeing

"More days like this please! It has increased my understanding of what the voluntary sector can do by so much!"

Design workshops have covered the ideal service user pathway,, questioning and decision making, the capacity and capability of the voluntary and community sector and are now moving to focus on setting up the Pilot.



Design workshops have covered referral and triage, outcome setting, care and support planning, the outcomes review process and are now moving to focus on setting up the Pilot.

Promoting Independence

[From ICT] *"I've never spoken to KEaH about a case before – but the workshops led me to start discussing how we can work together with our existing clients"*

Design workshops have covered service scope, functional assessment, referral routes, the model of care, KPIs and are now moving to focus on setting up the Pilot.

"The workshops have good representation, which is invaluable for the wide ranging discussion/planning we are doing"

Supporting Independence

To: **South Kent Coast Health and Wellbeing Board 16 May 2017**

Subject: **Draft Joint Kent Health and Wellbeing Strategy 2018-23**

Classification: Unrestricted

Summary: This paper introduces the outline draft of the Kent Joint Health and Wellbeing Strategy 2018-23 as discussed at the Kent Health and Wellbeing Board on 22nd March 2017. This strategy is a radical departure from previous strategies and has been produced in response to the challenge set by commissioners to more effectively support commissioning decision making.

1. Introduction

A radical approach to the Kent Joint Health and Wellbeing Strategy 2018-2013 was approved at the Kent Health and Wellbeing Board on November 23rd 2016. This new way of working was driven by the needs of commissioners who were asking for better guidance from the strategy and the Joint Strategic Needs Assessment (JSNA) to support them in their decision making.

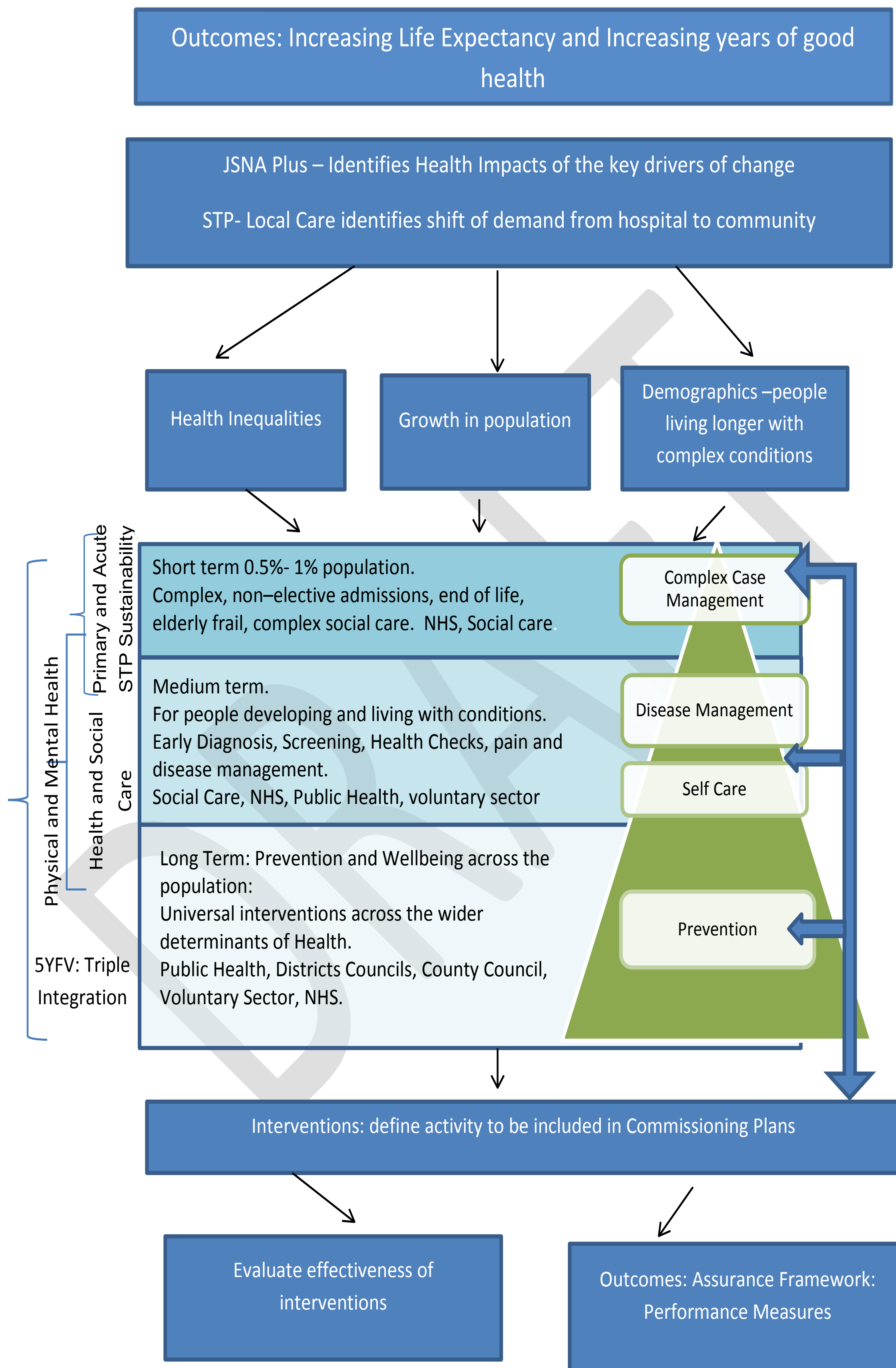
The Board's decision in November led to the development of both:

- a strategy that was presented as a draft outline on March 22nd, based on the model shown overleaf and
- a new methodology to the JSNA that includes the modelling of flow and capacity through the health and social care system with the opportunity to explore the impact of different commissioning and planning decisions on outcomes. This is called whole system dynamic modelling.

The draft strategy is attached (Appendix 1). A final version of the strategy is due to be presented to the Board in September.

2. The Strategy

The Strategy focuses on the Board's unique role as a statutory board to oversee the whole system and work through its partnership to increase the effectiveness of commissioning for the local population. The Board has a responsibility for the health of the whole population, from healthy people to those experiencing disability, chronic conditions, frailty and end of life. This is depicted in the pyramid of health population needs, shown below, which sets out this whole population approach and indicates how different organisations including those beyond health and social care can impact on the health and wellbeing of the population across all the segments of health need.



3. Priorities

The draft strategy was approved by the Board with the expectation that the priorities section would be a particular focus for development. More work has been done to describe the priorities coming from the JSNA and to identify those areas of health needs where Kent is either not performing well or where new initiatives need to be embedded. It is hoped that this section becomes the template from which Local Boards can extract their priority areas for action based on the needs of their local populations. The initial draft is attached at Appendix 2. This will be used as the basis for stakeholder and public engagement and discussion.

4. For Discussion

a) SKC Local Health and Wellbeing Board are asked to comment on the strategy, particularly the priorities section attached at Appendix 2.

Report Author:

Karen Cook
Policy and Relationships Adviser (Health)
Kent County Council
03000 415281
Karen.cook@kent.gov.uk

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Appendix 1

Draft Kent Joint Health and Wellbeing Strategy 2018-2023

Outline Draft for Health and Wellbeing Board March 2017

Note: This is a high level outline draft of the strategy to set out a new and radical approach for discussion.

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Authors: Karen Cook and Tristan Godfrey
Contact: karen.cook@kent.gov.uk

Foreword: Mr Gough

Introduction

Our vision is that everyone in Kent will have improved health and wellbeing and that inequalities in levels of health and wellbeing across the county will be reduced.

Our strategic aims for this strategy are to improve life expectancy and extend the number of years lived in good health.

Established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult social care, district councils and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the health needs of their local population and tackle inequalities in health. The Board is required by law to have a strategy in place that sets out how commissioners will be supported to plan and commission integrated services that meet the needs of their whole local community, in particular for the most vulnerable individuals and the groups with the worst health outcomes. Service providers, commissioners, district and borough councils and local voluntary and community organisations all have an important role to play in identifying and acting upon these local priorities.

The third Kent Joint Health and Wellbeing Strategy has been produced at a time of unprecedented national and local scrutiny of the health and social care system. The challenges are clear. Kent, like the rest of England, has an ageing population that will require long-term complex care. There will also be growth in our population through new housing development and with rising levels of ill health predicted due to unhealthy lifestyle behaviours there will be increasing demands on the system. This additional and growing need means that unless health and social care can be transformed the system will become unsustainable. At the same time both Public Health and Adult Social Care budgets are reducing whilst demand and expectations on public services are growing.

At a time of fast paced change the Health and Wellbeing Board (The Board) has developed this strategy as a road map to navigate through the challenges of the next five years and it is intended to be a starting point for action. The Board, working through its partnership arrangements is seeking new ways to come together and deliver differently to impact on health outcomes and, in addition, to give particular support and oversight to commissioning and the planning and delivery of services that focus on prevention, self-care and the social and economic root causes of poor health and wellbeing in our local communities.

This is because the health and well-being of individual people and local communities is affected by a wide range of factors. These factors can be outside of our control,

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such as gender or genetic make-up. Other factors exist which although are generally beyond the individual's control, can be improved upon with support from organisations such as the Government, Local Authorities and the NHS. These factors concern the environment, the economy, society and health as a whole and are generally interconnected with one another as shown in the model below.

The Determinants of Health (1992) Dahlgren and Whitehead

The Board is in a unique position to take a broad view on these wider determinants of health because of the statutory duties it has which include:

- Ensuring that a Joint Strategic Needs Assessment that identifies the health priorities for the population is produced
- Ensuring that a Joint Health and Wellbeing Strategy, based on the Joint Strategic Needs Assessment is produced
- Ensuring that the commissioning plans of the CCGs and Kent County Council (social care and public health) properly reflect the needs identified in the Joint Strategic Needs Assessment and the priorities within the Joint Health and Wellbeing Strategy
- Promoting the integration of Health and Social Care
- Ensuring the production of a pharmaceutical needs analysis

The wider role of the Board means it can reach beyond the health and social care system to achieve its overarching aims by focusing relentlessly on those things that will contribute to increasing life expectancy and extending the number of years that people live in good health. The end result must be a better quality of life, health and wellbeing, including mental wellbeing, for the people of Kent.

Aims of the Strategy

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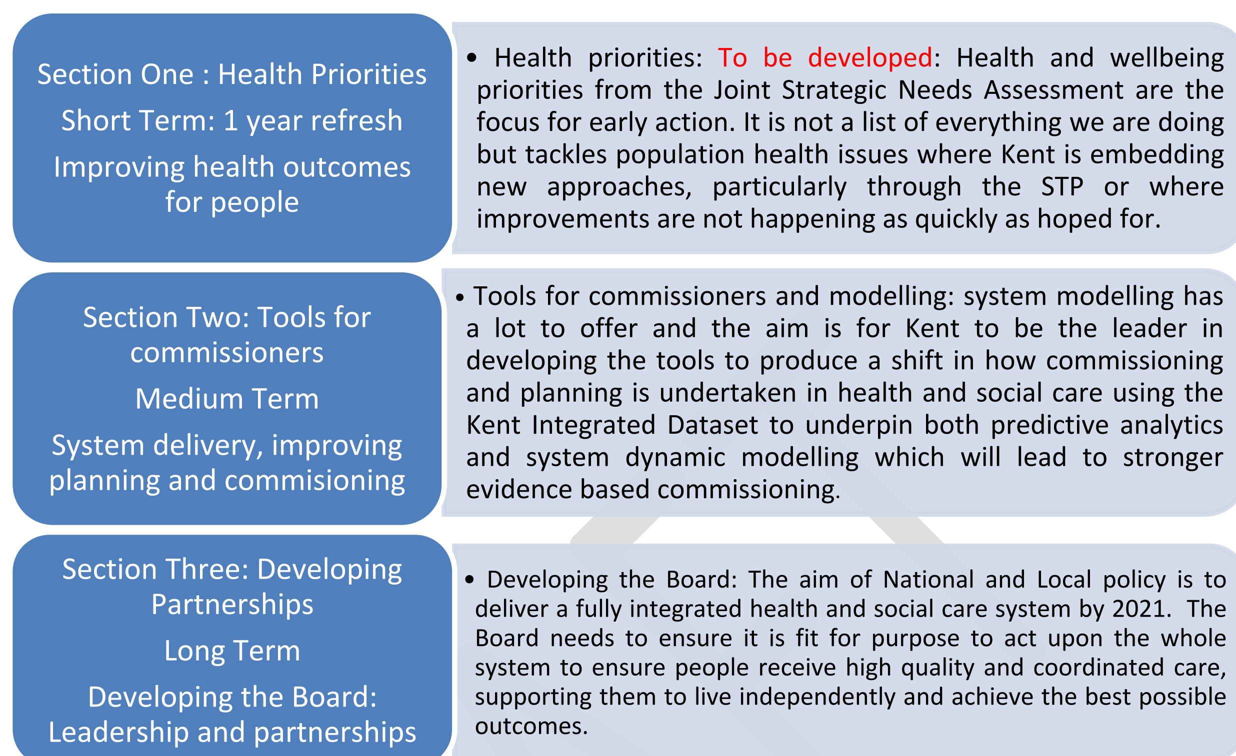
The Board has identified three areas for action over the next five years:



This approach addresses the Board's current challenges which include prioritising activity to improve the health outcomes of individuals, how to support the system to make better planning and commissioning decisions with reducing resources and how to make sure the Board is well placed to use its influence and partnership strengths to act on the whole system on behalf of local people.

The pyramid shown overleaf sets out the strategy as a model and shows where the activity of partnership organisations such as Districts, Voluntary Sector, Public Health, NHS and Social Care happens and how that activity can contribute to the health outcomes of the population. Looking at the system in this way has been recognised as the root of a successful model of integrated, cost effective care focussing on preventing ill health, disease management and keeping people out of hospital.

This population wide approach will take into account the health needs of everyone, including the mostly healthy right up to those people with chronic conditions, the elderly and extremely frail and those at the end of life. It will help to focus activity on identifying and supporting those most at risk in each segment of the population to prevent them from developing disease, progressing into greater ill health or into crisis.

This strategy does not replace existing commissioning plans, which will set out in much more detail the kinds of services being commissioned and where and how they

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will be delivered and the Health and Wellbeing Board will continue to consider all relevant commissioning strategies and plans to ensure that they have taken into account the priorities and approaches set out in this strategy. Appendix 1 shows how current plans and strategies across the County support the work of the Board and help it to deliver its strategic aims.

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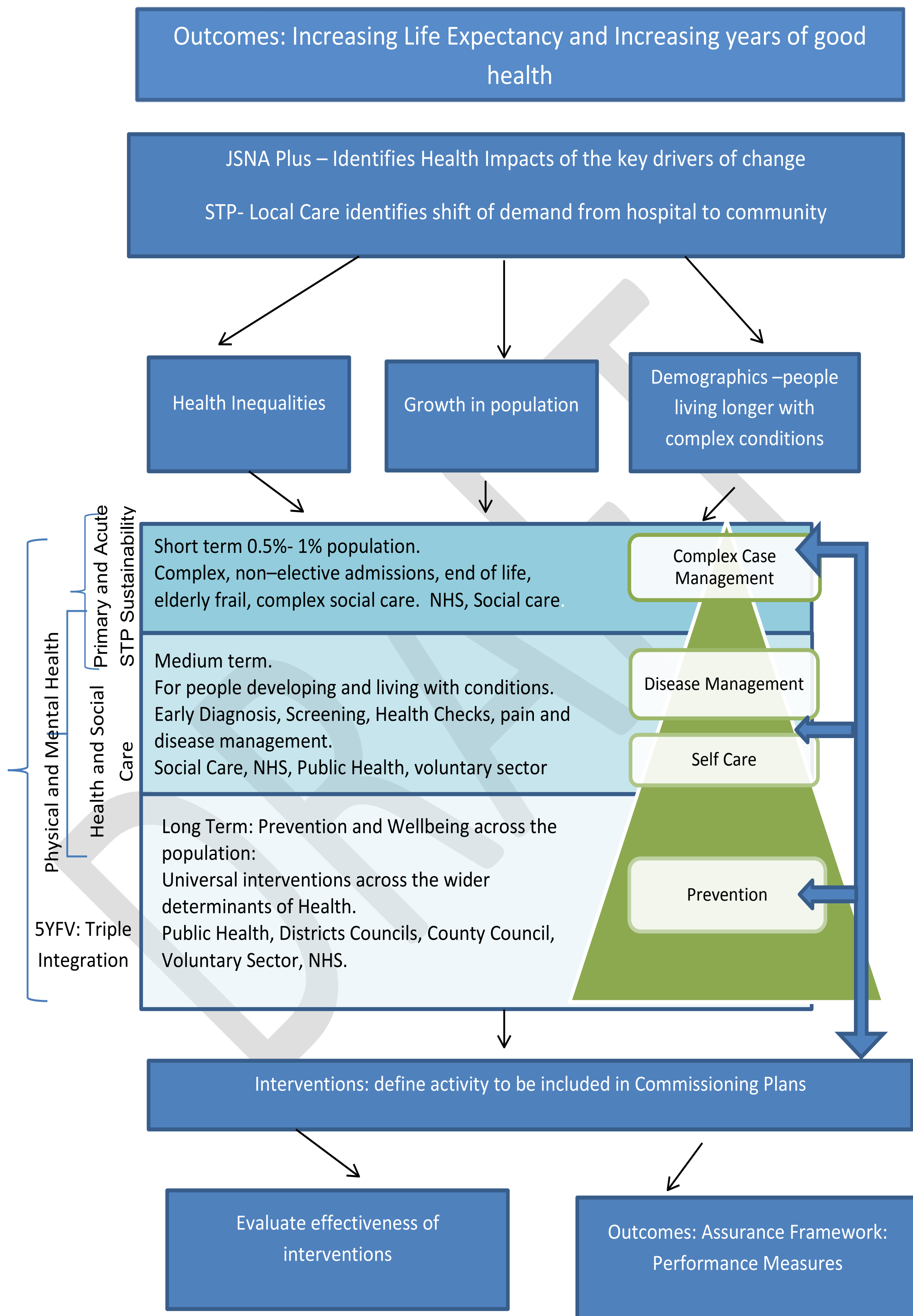
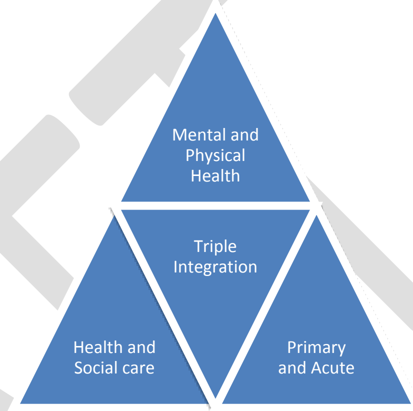
The Strategy as a Model



Context

The Health and Wellbeing Board will maintain its statutory duty to ensure that **all** planning and commissioning by Health and Social Care supports improvements in the health outcomes of the population, including the Sustainability and Transformation Plan and plans for integration.

Nationally, transformation of the NHS is being driven through a document called the Five Year Forward View which aims to redesign care by embracing a triple integration agenda which ends the separation of physical and mental health while combining health and social care and blurring the boundaries between primary and specialist care, something already begun by the vanguard sites.



In response to these challenges major change of NHS services at a local level is being managed through the Sustainability and Transformation Plan looking at the systems and structures of care delivery. At the time of writing the detail of the Plan for Kent is still being developed and consulted on.

a) Sustainability and Transformation Plan (STP), Integration and New Models of Care

STPs must demonstrate how new models of care will be developed and full integration of health and social care achieved by 2020. In this area the STP has been developed jointly with NHS, social care and public health leaders across Kent and Medway. The Kent and Medway plan is being developed to address the significant challenges in our area to provide a sustainable health and social care system, with many of the current providers of NHS services in special measures and a significant financial deficit by 2021 if we do nothing. At the same time *Your life, your well-being: A vision and strategy for adult social care* published in 2016 sets out how social care will transform to meet the challenges of growing demand and reducing budgets and how it will complement the STP and support the development of new models of care.

At the heart of this planning across both health and social care is the ambition to deliver more services locally and more conveniently either near or in someone's home, reducing the need to travel to hospital unless absolutely necessary, or to be in hospital longer than is needed. Widely available community based or *local care* is the key to moving services out of hospital with health and social care staff working together (integration) to support an individual with their health and care needs.

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Both the STP and Adult Social Care Vision are significant as they will support the Health and Wellbeing Board to deliver its statutory duty to promote integration. An important element of delivering integration is developing joint working arrangements – such as joint decision making structures, pooled or aligned budgets and shared staffing arrangements.

Encompass Multi- Speciality Community Provider Vanguard is a group of 16 GP practices in Whitstable, Faversham, Canterbury, Ash and Sandwich which are working together to provide more local services. This will mean that patients can receive more of their care from their local surgery, without the need to travel to hospital. Locally provided care includes minor injuries unit, diagnostics and screening, consultants conducting outpatients' clinics in the community and there are plans to extend into nursing care. The population size covered by these arrangements is now 170,000 people.

The Health and Wellbeing Board has been at the forefront of promoting integration through oversight of the local Integration Pioneer Programme and the Better Care Fund. Integration Pioneer continues to support the diverse and expanding range of new models of care that are significant in the development of the STP, such as the Encompass Multi-Speciality Community Provider Vanguard highlighted here.

The Better Care Fund (BCF) is a key driver for integration as it promotes the pooling of budgets and the development of joint initiatives by health and social care organisations designed to reduce demand for hospital services. Together with the Sustainability and Transformation Plans the BCF must be able to demonstrate how integration will be achieved and it will continue to be monitored by the Board.

Going forward the Board should have oversight of the new models of care and emerging governance and commissioning mechanisms to deliver triple integration. The Board will focus on local care and prevention workstreams of the STP to make sure that the activity prioritised as part of the STP will deliver improved outcomes and better understanding of costs. This would include oversight of the proposed Kent and Medway Integrated commissioning organisation, Accountable Care Organisations or MCPs.

b) People at the centre of everything we do

We know that working in partnership with people and communities leads to better health, better outcomes and better use of resources and so we must include people and communities in shaping the future of services. The People and Communities Board, one of the Five Year Forward View programme boards, has published six principles for engaging people and communities. These principles will underpin the approach of the Board and MUST be present in all the commissioning and planning we do across the system:

- Care and support is person-centred: personalised, coordinated, and empowering
- Services are created in partnership with citizens and communities
- Focus is on equality and narrowing inequality
- Carers are identified, supported and involved
- Voluntary, community and social enterprise, and housing sectors are involved as key partners and enablers
- Volunteering and social action are key enablers

The Board will also expect to see consideration to the national *I Statements* in all planning and commissioning strategies and in key performance indicators/measures to ensure that services are person centred and impacting successfully on an individual's outcomes.

I statements have been developed nationally with the Public and are an assertion about the feelings, beliefs and values of the person speaking. They are what people who frequently access health and social care services expect to feel and experience when it comes to personalised care and support. For example Person centred coordinated care means

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me"

Section One: Health Priorities

The aim of this strategy is to increase life expectancy and years lived in good health. Changes in such long term outcomes will take longer than the life of this strategy but the focus and actions highlighted here will contribute to changes in the health and behaviours of the population that are shown to be key factors in developing many preventable diseases and conditions that impact so negatively on our lives. For those that do develop long term conditions access to the right help and support to live with their conditions is paramount and as we age managing frailty and preparing for the end of life provides dignity and peace of mind for all, including family and friends who provide so much unpaid care.

The Joint Strategic Needs Assessment (JSNA) Overview Report for 2016[1] highlighted increasing growth, changing demographics and health inequalities as key drivers for future demands on services. We know that:

[1]Working Together to Keep Healthy, Joint Strategic Needs Assessment Overview Report: August 2016

- In the next 5 years (2017 to 2022) the KCC area population is forecast to grow by 95,300, a 6.1% increase. Of this number up to 12,000 will potentially be in the new town in Ebbsfleet, if development proceeds there as expected. [2]
- The number of people aged 65 and over is growing much faster (at 11.1%) than the population aged under 65 (at 4.9%).
- According to the 2011 census there were 257,100 people in the KCC population with a long term health problem or disability (17.6%) with 116,407 of these limited a lot by their condition. There were also 58,300 (4%) people stating that they were in bad health.
- The majority of deaths in Kent were caused by chronic conditions including cancer (28%), respiratory disease (16%), coronary heart disease (11%), stroke (9%) and other circulatory diseases (9%).
- Whilst health outcomes have been improving for Kent as a whole, the differences in these outcomes between affluent and deprived populations persist. Current data highlights this - whilst mortality rates are coming down, the gap between the most affluent and the most deprived has not changed over the last 10 years, suggesting that efforts to tackle health inequalities are not yet having an impact on mortality rates.
- Risky health behaviours and poorer outcomes correlate strongly with those living in deprived areas: obesity prevalence, smoking prevalence, teenage pregnancy rates, alcohol related disease, registered disease prevalence, to name a few.

The JSNA has highlighted cancer, heart disease, lung disease, diabetes, obesity and stroke as the main causes of early death and as having the most impact on the number of years lived in good health. Lifestyle choices such as smoking, drinking, exercise and diet have an impact on our likelihood to develop these conditions, so focus on early prevention is becoming increasingly important to reduce demand in a health and social care system that is already stretched and facing significant financial challenges. The JSNA Exception Report 2017 states that unless there is full engagement of health and social care commissioners, providers, voluntary sector and communities themselves in preventing avoidable disease and disability and in delaying the onset of age-related disability, both the health and social care system in Kent and Medway will continue to be under pressure.

The table below sets out the health and wellbeing outcomes the Board aspires to across the local population, and is mindful of, as it brings its influence to bear across the whole system. However we are already commissioning and delivering a range of interventions that will support us in tackling health inequalities and health needs across the County, focussed on improving access to services and targeting lifestyle factors such as obesity and smoking. Therefore we will develop analysis through the whole systems dynamic modelling tools to identify where to focus on a small number

2 KCC Housing Led Population forecast October 2016.

of priority issues where the Board can make a real difference through joint working and collective action. The priorities will allow for local variation and will be updated by the Board annually as the work from the new modelling tools begins to inform the JSNA Plus.

Strategic Gaps driven by the themes of triple integration and other health priorities identified by the JSNA have been identified for further development. These include:

- Local Care Offer reflecting activity prioritised as part of STP
- Multi Morbidity- More than one long term or chronic condition (integration of Acute and Primary including learning from Encompass Vanguard)
- Integration of Mental and Physical Health
- Prevention of ill health by targeting the main causes of death in the under 75s including prevention activity highlighted as part of STP
- Community assets and self-care
- Health Inequalities
- One health and social care system (integration of Health and Social Care)

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0-4	5-15	16- Working age	Retirement	Elderly frail
▪ Healthy pregnancy ▪ Safe delivery ▪ More breast fed babies ▪ Good parenting ▪ Vaccinated ▪ Healthy Diet ▪ Physically active ▪ Reaching their developmental milestones ▪ Safe ▪ Happy ▪ Ready for school ▪ Non-smoking environments	• Resilient • Physically active • Healthy Diet • Safe • Mentally well • Happy • Going to school • Preparing for Work • Non-smoking environments • Young Carers are recognised and supported	▪ Ready for work ▪ Opportunities (Jobs, further education, volunteering) available ▪ Informed about sexual health ▪ Non Smokers ▪ Healthy Weight ▪ Physically active ▪ Mentally well ▪ Engaged in society ▪ Planning for later life ▪ Those in a caring role are recognised and supported	▪ Healthy ▪ Physically active ▪ Non smokers ▪ Later life planning in place ▪ Tools to self-care ▪ Mentally well ▪ Socially engaged (not lonely) ▪ Engagement in activities including volunteering opportunities ▪ Carers are recognised and supported	▪ Independent for as long as possible ▪ Tools to self-care ▪ Can get help in a crisis ▪ Not lonely ▪ Access to people, places and things to do ▪ Safe ▪ Warm ▪ Living well with dementia ▪ Carers are recognised and supported
Recurring themes across life course: Being a carer, transition and planning for the next stage in life, connection to a community				
Environmental Factors: Enough Money, Clean Air, Green Space, Housing, Warmth, Transport, Things to do, choice and control				
▪ Setting life course ▪ Reduced need for cancer, diabetes, heart disease, stroke, mental health services later in life	▪ Reduced need for MH services ▪ Increase in children of a healthy weight ▪ Reduction in job seekers	▪ Economically vibrant place to live with productive workforce ▪ Reduced costs attached to cancer, diabetes, heart disease, stroke, mental health services ▪ Fewer GP appointments ▪ Reduced number of suicides	▪ Reduced costs attached to diabetes, cancer, heart disease, stroke, mental health services ▪ Fewer GP appointments	▪ Fewer emergency admissions ▪ Fewer falls ▪ Fewer GP appointments ▪ Reduced Care home admissions

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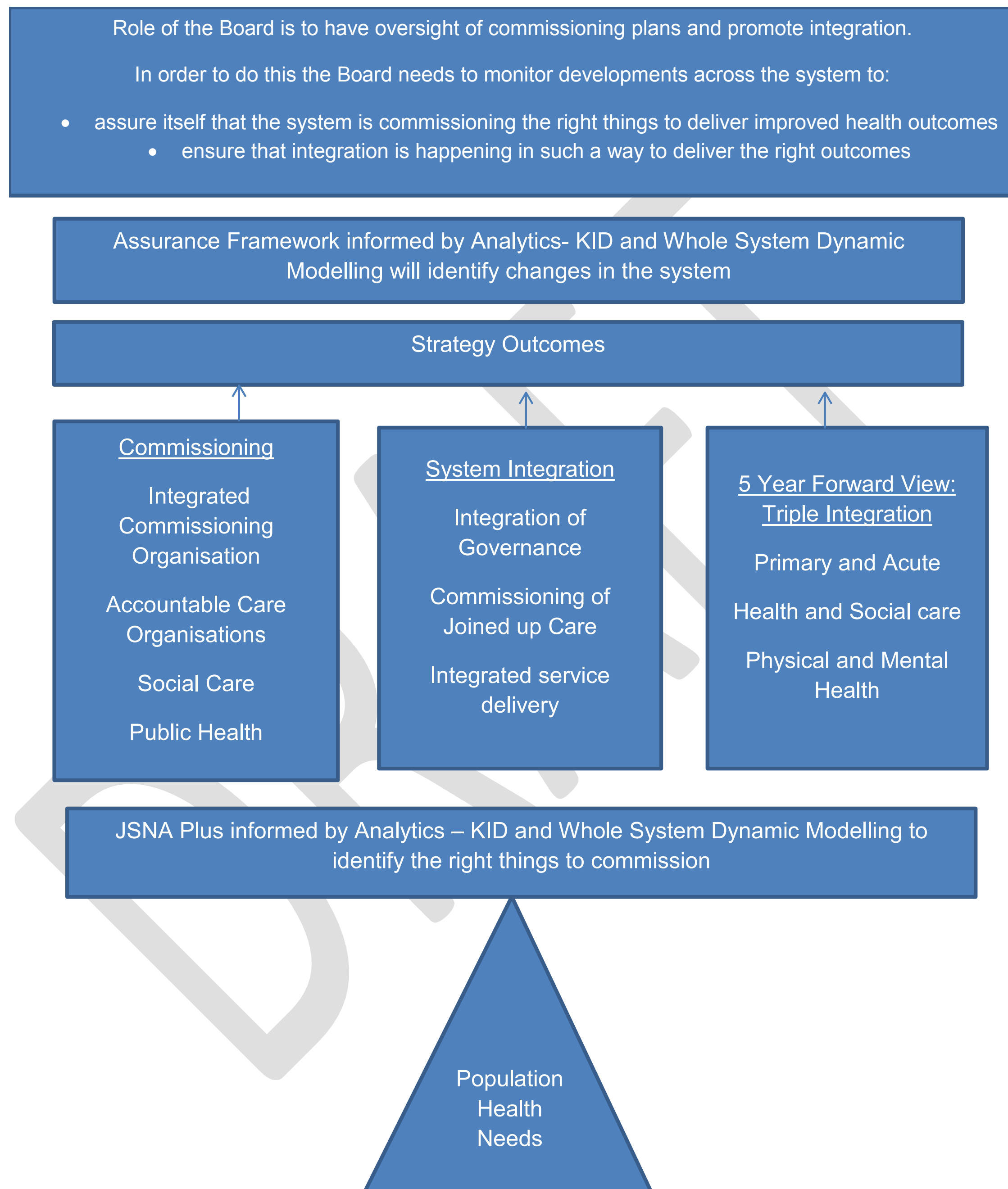
Draft Table: Outcomes for the Health and Wellbeing of the Kent Population

Section Two: Developing the Joint Strategic Needs Assessment: Tools for Commissioners



This diagram sets out how the Board should have oversight of the whole system as integrated commissioning develops. Commissioners will need support to explore and understand the needs of the population and how integrated commissioning can improve outcomes. The Board will need to have assurance that the right interventions have been commissioned and that health outcomes are improving.

In response to this challenge the Health and Wellbeing Board has decided to adopt a systems modelling methodology as part of the JSNA process, an approach that combines the best available evidence with the ability to explore future population health scenarios. This is a new approach where 'population health management', 'outcomes-based commissioning' and 'activated citizen' come together into an overall approach.

National thinking is also beginning to describe this move towards local learning health and care systems that allow localities to better "predict and prevent" as well as "diagnose and treat".[3] These new approaches require patient and population data to be used for supporting decision making and advanced analysis. The Kent Integrated Dataset puts Kent at the forefront of:

- Evidence-based commissioning
- Population-level trend and outcome analysis
- Integration and redesign of health and social care services
- Care pathway surveillance and optimisation
- Evaluation of investment / disinvestment strategies

The Kent Integrated Dataset links a wide range of data from Health and social care together for the first time providing the Board with valuable insight into the activity within the system and progress towards outcomes to provide greater monitoring, influence and assurance of commissioning plans.

To support the Board and commissioners we will develop the analytical and modelling capability across the system. This work will develop into a set of tools, the JSNA Plus, that will enhance the work taking place in the STP to give commissioners a mutually agreed evidence base through which to test different commissioning scenarios and make more informed and targeted decisions. This is called System Dynamic Modelling and Kent is poised to be the leader in developing and operating such tools to produce a shift in how commissioning and planning is undertaken in health and social care.

Section Three: Developing the Board

Health and Wellbeing Boards are increasingly seen as part of the internal governance and accountability arrangements for local health and care systems with an expectation that they will be involved in the development and sign-off of policies and strategies across a wide range of areas and of different scale and scope.

The Board must ensure it remains fit for purpose at a time of unprecedented change and within the context of the STP to ensure it can effectively carry out its statutory duties. The Board needs to act upon the whole system to ensure people receive

[3] Target Architecture: Draft Outputs from the Interoperability and Population Health Summit 21/12/16

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high quality and coordinated care that takes account of the opportunities presented by working in partnership to improve outcomes and target areas where progress is needed.

The STP is designed to have a significant impact on the progress of integration and will influence all aspects of health and social care. It provides the current framework for health and social care policy discussion. The Health and Wellbeing Board will continue to have the same statutory responsibilities that it currently has. The challenge for the Board as it goes forward will be to continue to fulfil its statutory duties and help ensure delivery of the STP. Through the Integration Pioneer, Better Care Fund, Sustainability and Transformation Plan and the hard work and initiative of many teams and individuals working across Kent, steady progress has already been made.
The emphasis now needs to shift from the activity of individual organisations with common outcomes as the goal, to all organisations operating as one system. The following sets out the steps required to complete the journey by the end of the strategy and put in place a sustainable framework for operating as one system. This will be done through the following strands of work:

- Ensuring alignment of Plans
- Commissioning Mechanisms
- Developing Strategic Relationship with Providers
- Reviewing Local Boards
- Reviewing Membership
- Local Data Partnership

Ensuring Alignment of Plans: The members of the Health and Wellbeing Board will use this strategy to guide their own plans, and exercise influence over the wider system helping to shape the strategies and initiatives that are being developed to respond to the challenges the County faces. However there is a limit to how much impact shared health and care plans can have. There is a need to align other strategies and plans across the whole system to the agreed health priorities for Kent, both to reduce the pressure on health and care budgets and make a bigger impact on the health of the population.
This relies on the willingness of partners such as Districts, and if possible of organisations in the wider system, such as the voluntary sector to consider and articulate health impacts in everything they do, seeking new ways to work together through wider partnerships to provide added value, reach and scope in tackling Kent's health priorities.

The Health and Wellbeing Board will maintain an overview of plans as part of its statutory duties to ensure alignment of commissioning plans of the CCGs, Public Health and Social Care to the health priorities of the population. It will also continue to extend this oversight across the wider system with the expectation that each

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strategy or plan will demonstrate how it will contribute to improving the health of the Kent population by impacting on the wider determinants and on the different population cohorts described in the pyramid diagram. As an example plans that are currently aligned to the health priorities of the Kent population are set out in Appendix 1.

Commissioning Mechanisms: Work on bringing commissioning activity together across health and social care is already well established in particular areas (notably children's health). The STP has given an added impetus to going further on a wider whole system basis and new models of commissioning are in development as part of the STP. There will be a need for the Board to have a strategic overview of this work, challenging and supporting commissioners to invest in the right things and bringing the wider partnership together to more effectively share resources. A Kent and Medway Integrated Commissioning Organisation has been proposed and it is important that the Board has a robust and effective relationship with that organisation and is able to give oversight of activities to ensure that they are in line with the Strategy and the JSNA.

Strategic Relationship with Providers: As commissioning activity becomes shared across commissioners from different organisations the role of providers and the expectations on them will need to be fully understood. The Health and Wellbeing Board will need to evolve to understand the market and how providers are meeting the needs of the public. Therefore there will be a case for establishing a more strategic relationship with providers.

Local Boards: The Local Health and Wellbeing Boards will be better placed than the Kent-wide Board to consider plans and strategies directly impacting the wider determinants of health. However the Board with Local Chairs may wish to review current arrangements and membership to ensure this structure can effectively impact on local decision making.

Membership: The combination of the work streams above may necessitate consideration of the membership of the Health and Wellbeing Board going forwards, including representation from Providers and the Voluntary Sector.

Local Data Partnership: A collaborative data-economy is essential if the Board is to meet its statutory obligations efficiently and effectively. This requires the harnessing of the collective power and expertise of various information teams to secure the data needed to inform evidence-based commissioning and service re-design.
A data governance board is to be established for the Kent Integrated Dataset led by KCC Public Health and Clinical Commissioning Groups in improving local information management and data quality by creating a collaborative Intelligence partnership to support local service planning, based on mutual trust and assurance. The board is expected to report directly to the Health and Wellbeing Board and will produce an informatics strategy for whole system planning and population health

analytics, and describe the resources, skills and datasets from respective organisations to enable the above opportunities to become a reality.

Conclusion

Whilst the overall health of Kent's population is good it is clear that we have some challenges ahead of us if we want to sustain this into the future. We need to think about how we provide support, care and treatment to our population to enable people to have long and fulfilling lives and, at the same time, live within our means. Key to this will be preventing people from becoming ill in the first place by encouraging, supporting and giving people the right tools to live positive, healthy lifestyles. We also need to ensure that we are making the best use of the assets we have by supporting commissioners to invest in the right things.

We know that lifestyle behaviours are important contributors to most preventable diseases and collectively impact on many long term illnesses. Thus, it is vital that we promote positive lifestyles particularly in our children and young people, if we are to reduce the numbers of people in Kent living with avoidable ill-health. Similarly, good mental health brings a wide range of benefits, including reduced health risk behaviour, reduced mortality and improvement in long term illness as well as improved educational outcomes and increased productivity at work.

Working with our communities to improve health is key to the success of this strategy, and in delivering the vision of a healthier population over the next five years.

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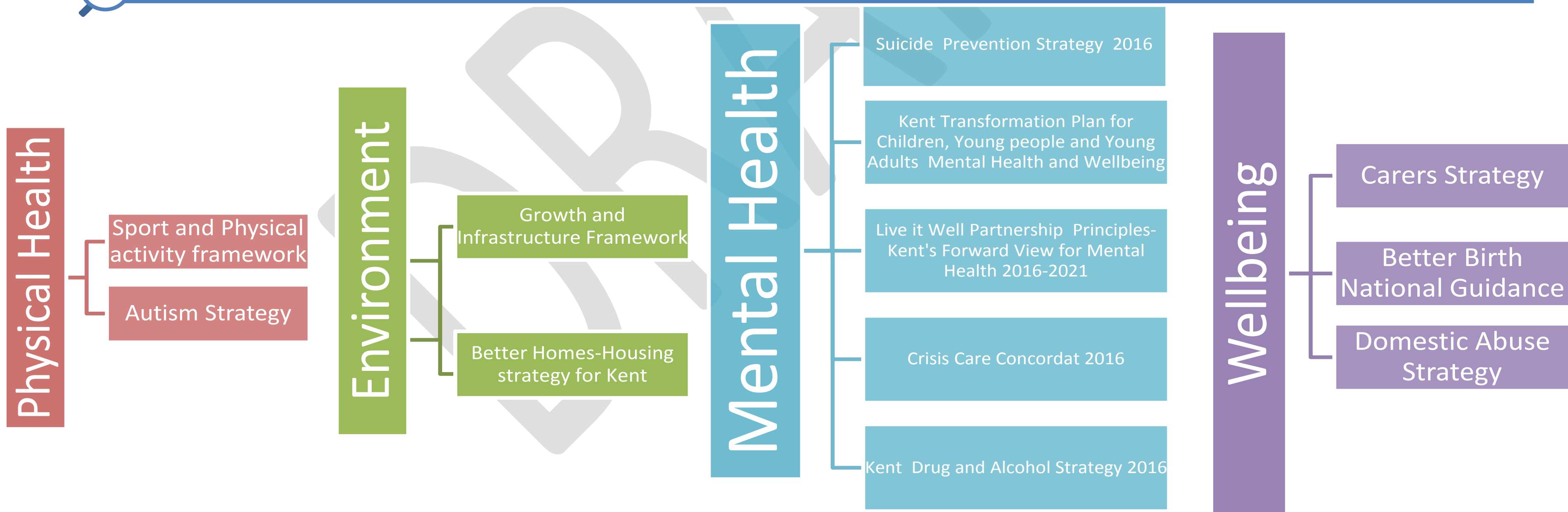
Appendix 1: Strategies and Plans that support the Health and Wellbeing Strategy

Overarching Strategies and Plans

- Sustainability and Transformation Plan: Transforming Health and Social Care in Kent and Medway
- Adult Social Care Vision Your Life Your Wellbeing
- CCG Annual Commissioning Plans
- Mind the Gap: Public Health Inequalities Strategy
- Children's and Adult's Social Care Commissioning Plans
- Children and Young People's Framework



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Appendix 2 Developing Kent's Health Priorities

Aims of the Strategy: Extended years lived in good health and extended life expectancy

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Priorities: What we want to achieve	***We want to see the following outcomes***	***Measures- to be developed though outcomes and measures sub group but could include:***
1. Developing a preventative approach We want to prevent ill-health and promote wellness, as well as spot potential problems as early as possible and ensure effective support for people. National and international evidence tells us that there is a clear link between social status, income and health, which creates a significant gap in life expectancy. Put simply people are healthy when they: Have a good start in life, reach their full potential and have control over their lives, have a healthy standard of living, have good jobs and working conditions, live in healthy and sustainable places and communities.	• 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 take up screening • Fewer people will start smoking and fewer women will smoke in pregnancy • Reduction in Alcohol consumption • Housing • Improved air quality • People engaged in their communities /volunteering	• Reduction in obesity across the population • Reduction in diabetes diagnosis • Reduction in death due to cancer in the U75 • Reduction in deaths due to cardiovascular (including coronary heart disease and stroke) diseases • Rate of alcohol related admissions to hospital
2. Improving children's health and wellbeing Improving children's health and wellbeing means giving every child the best start in life and supporting children and young people to achieve the best health and wellbeing outcomes possible. We can do this by supporting families from the very start, right through to children becoming adults, and giving additional support where this is needed.	• More babies will be born healthy • Children and young people with complex needs will have a good, 'joined up' experience of care and support • More families, children and young people will have healthy behaviours • Children and young people are safe	• Smoking in pregnancy • Breast feeding rates • Rate of domestic abuse incidents recorded by police • Looked after children health checks • Homeless young people • Number of accidents • Children and young people who are not engaged in education, employment or training
3. Promoting good mental health and emotional wellbeing	• More people (people means all people in this strategy - children and adults) will have good mental health	• Rate of access to Improving Access to Psychological Therapy (IAPT)/ talking therapies

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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. 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.	• More people with mental health problems will recover. • More people with mental health problems will have good physical health. • Children and young people are supported with robust and timely MH services	• Waiting times for CAMHS • The proportion of adults in contact with secondary mental health services in paid employment • Physical health checks for patients with a severe mental illness • Proportion of people feeling supported to manage their condition • Number of suicides
4. People are supported to live well as they age and stay independent for as long as possible The growing number of older people in Kent will have a major impact, as older people are more likely to experience disability and long-term conditions. Part of the challenge will be to make sure that the right services are in place so that older people can remain independent for as long as possible. The number of people over 85 years old is predicted to increase significantly. People over the age of 85 often need more support from health and social care services. They are also at greatest risk of isolation and of poor, inadequately heated housing, both of which can impact on health and wellbeing	• 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 • Social isolation and loneliness	• Rate of non-elective admissions • The proportion of people aged 65 and over who are still at home 91 days after discharge into rehabilitation • Overall satisfaction with their care and support of people using adult social care services • Estimated diagnosis rate for people with dementia • Carer reported quality of life • Telecare/health take up • Excess winter deaths
5. Reducing health inequalities	• Focus on the 88 poorest lower super output areas to improve the health of those living in those places • Industrialise those interventions that support people to adopt different lifestyle behaviours	• Narrow the gap in life expectancy between the richest and poorest • Reduce the difference in incidence of disease between the richest and poorest
6. The system works well together to support people in hospital and in the	• STP: workforce planning, integration and local care supports the health outcomes of	To be developed:

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community	the Health and Wellbeing strategy • 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 • Development of digital, universal care record	Delayed transfers of care GP appointments A and E visits

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South Kent Coast, Dover and Shepway: Public Health Priorities for 2017-8.

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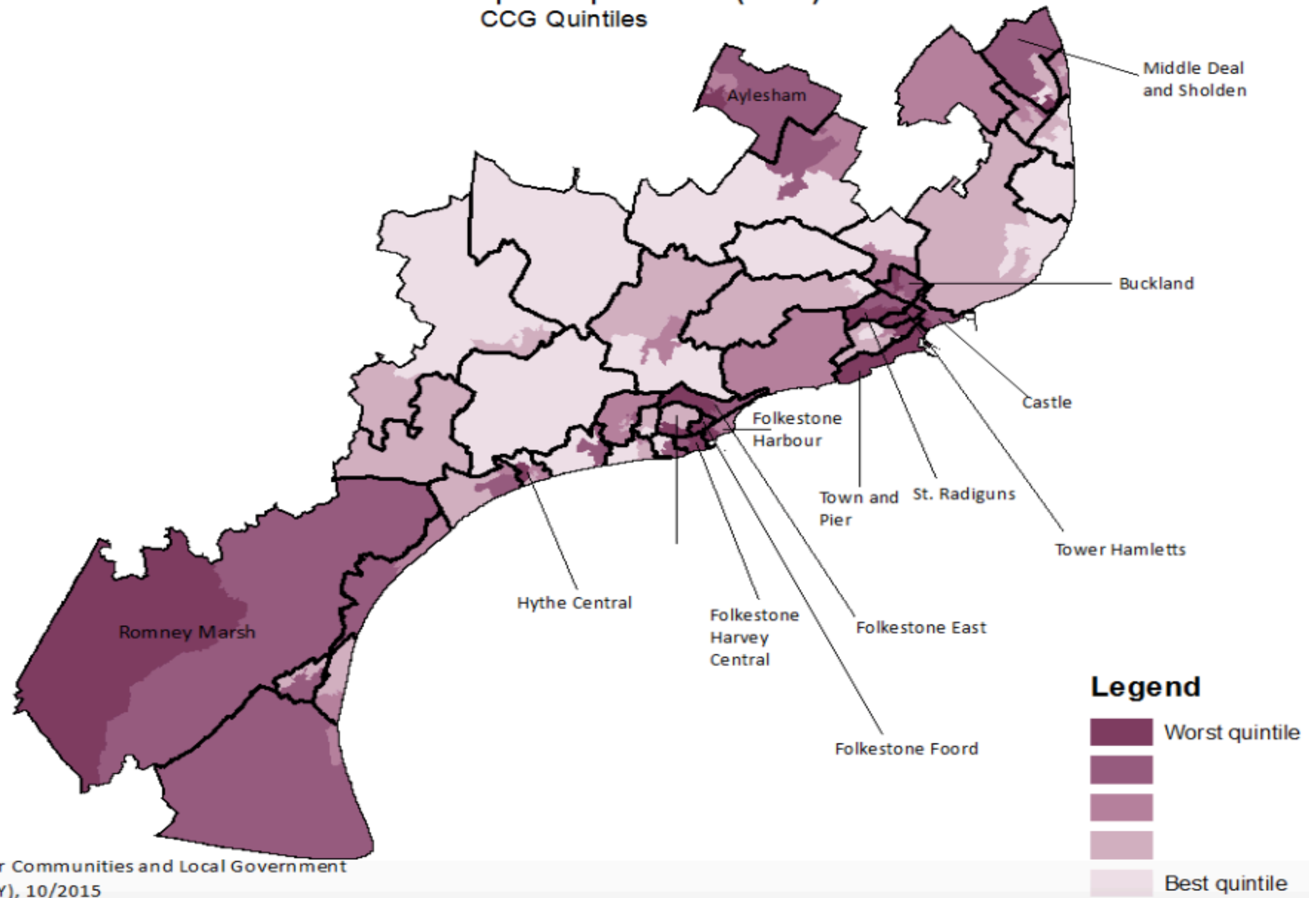
Still a High Degree of Socio-economic Deprivation across South Kent Coast CCG



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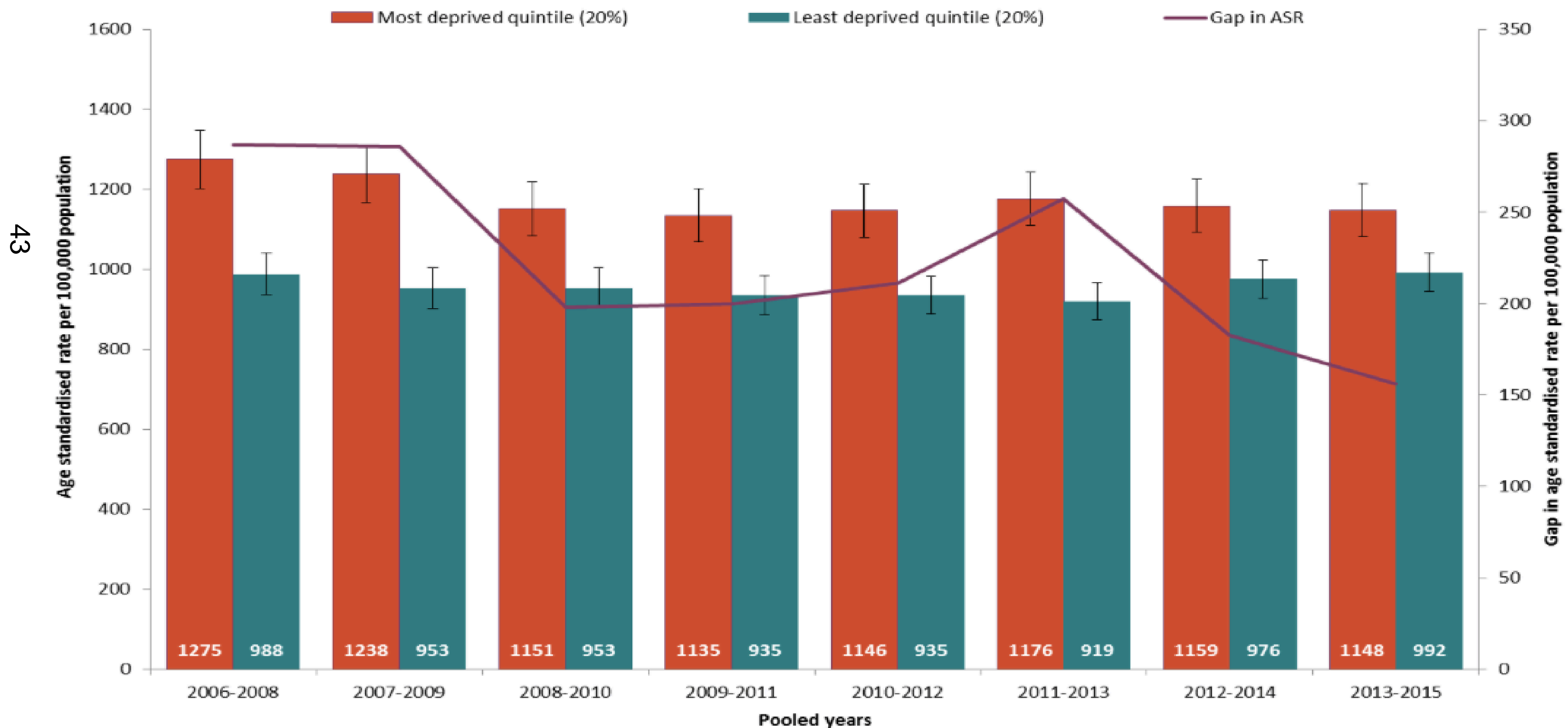
The Health Inequalities Gap for 'All Age All Cause Mortality' is reducing



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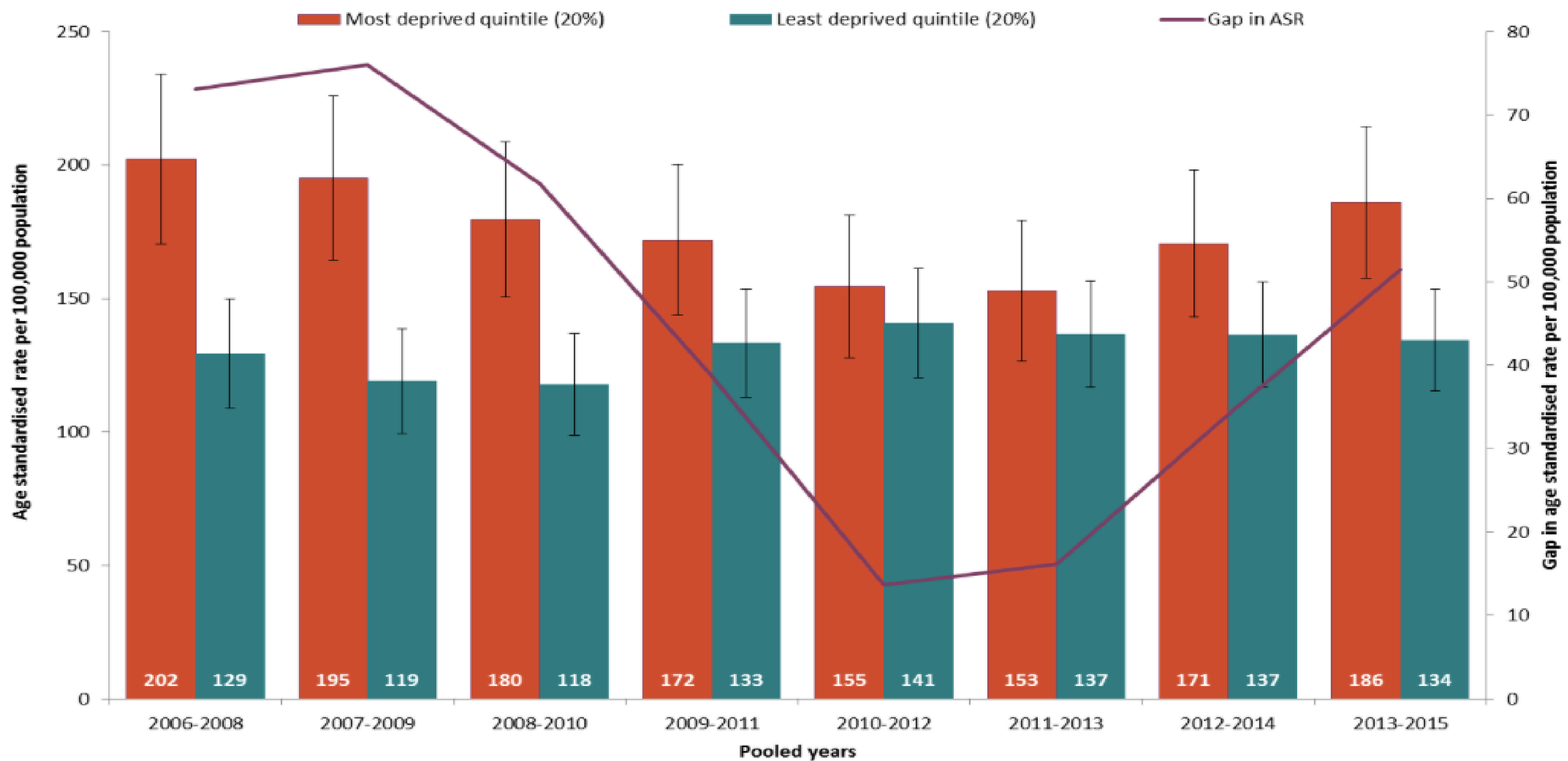
Health Inequalities in Cancer Mortality are a priority for SKC (Dover and Shepway). Mainly Lung Cancer



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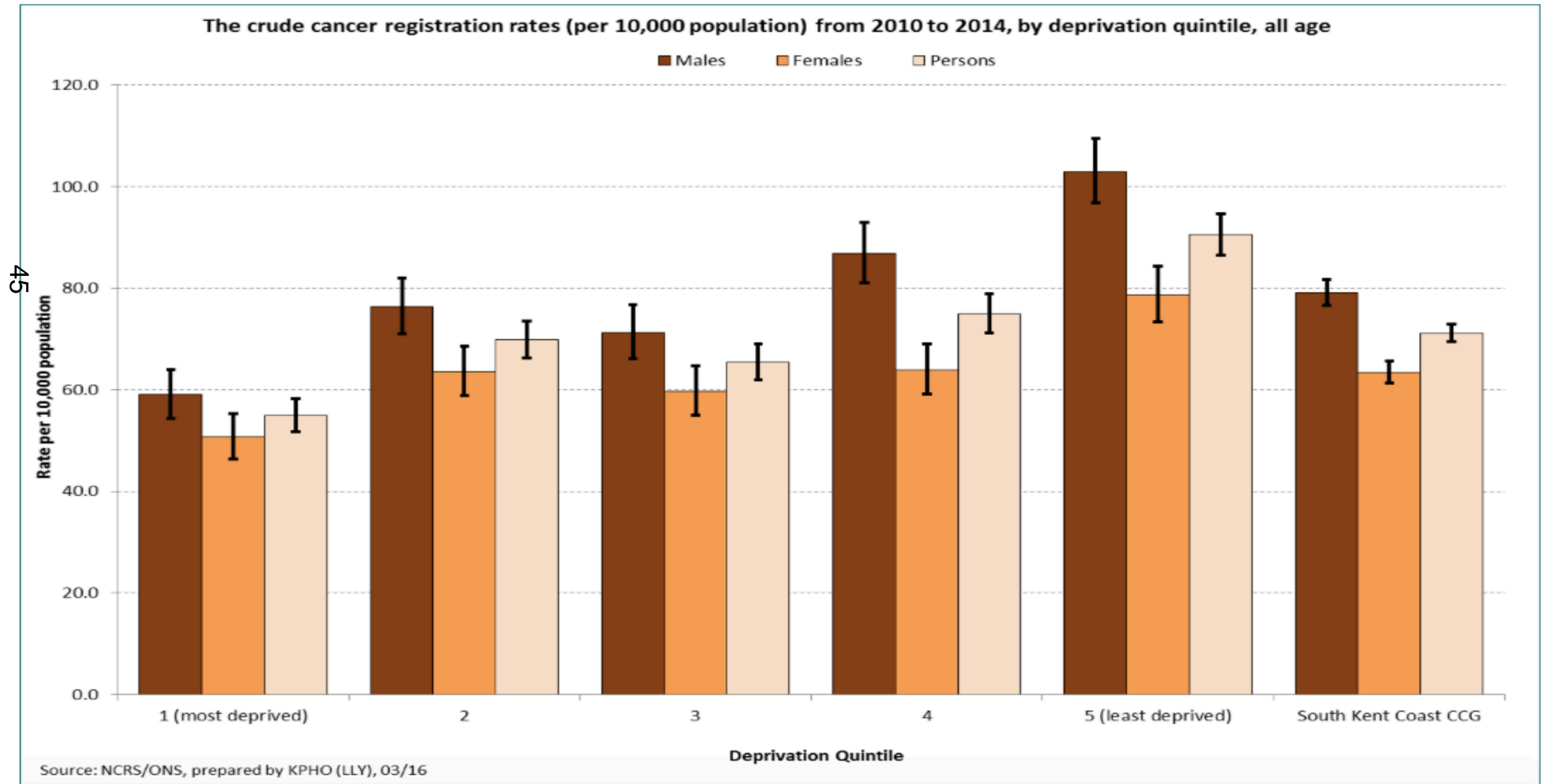
Cancer Registrations Rate by Deprivation



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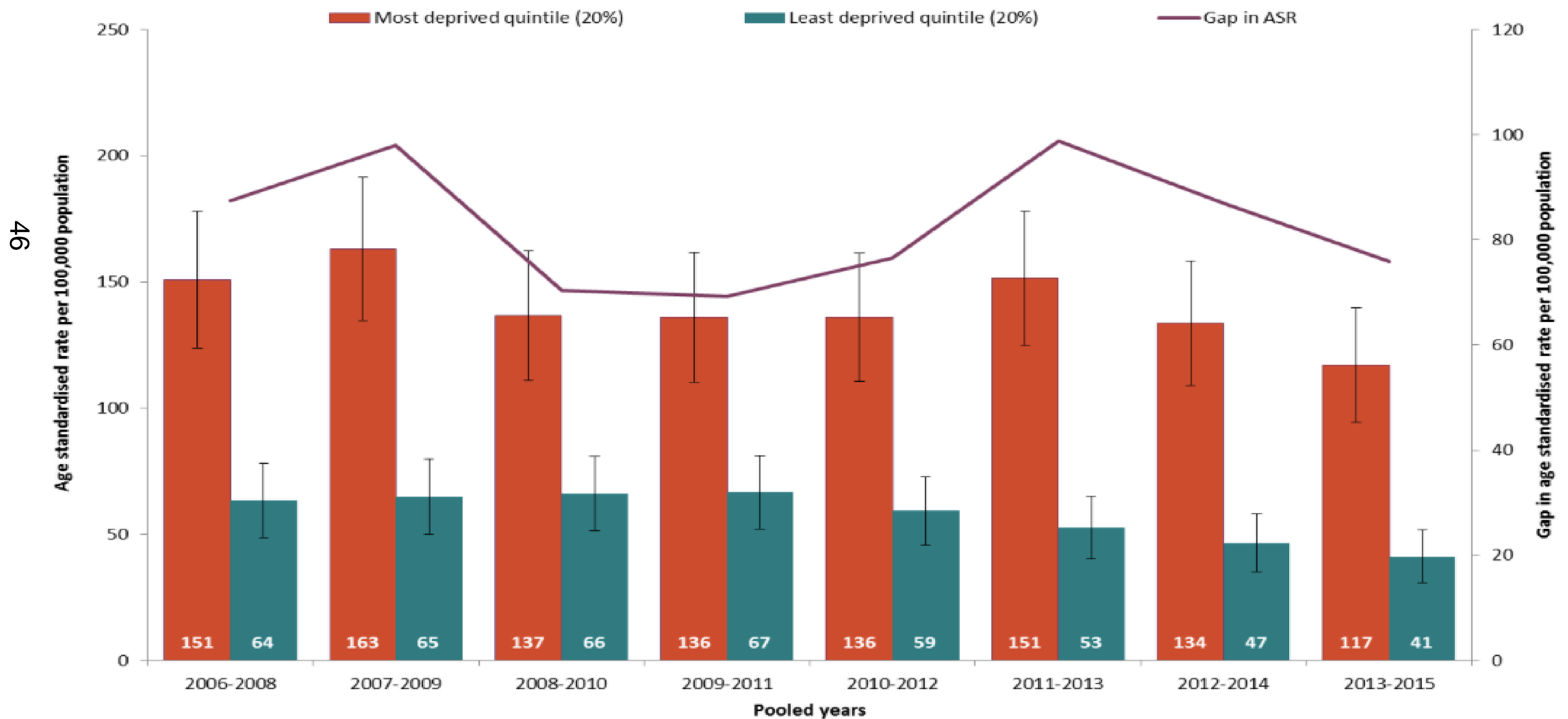
Trends in Health Gap for Circulatory Disease is Improving



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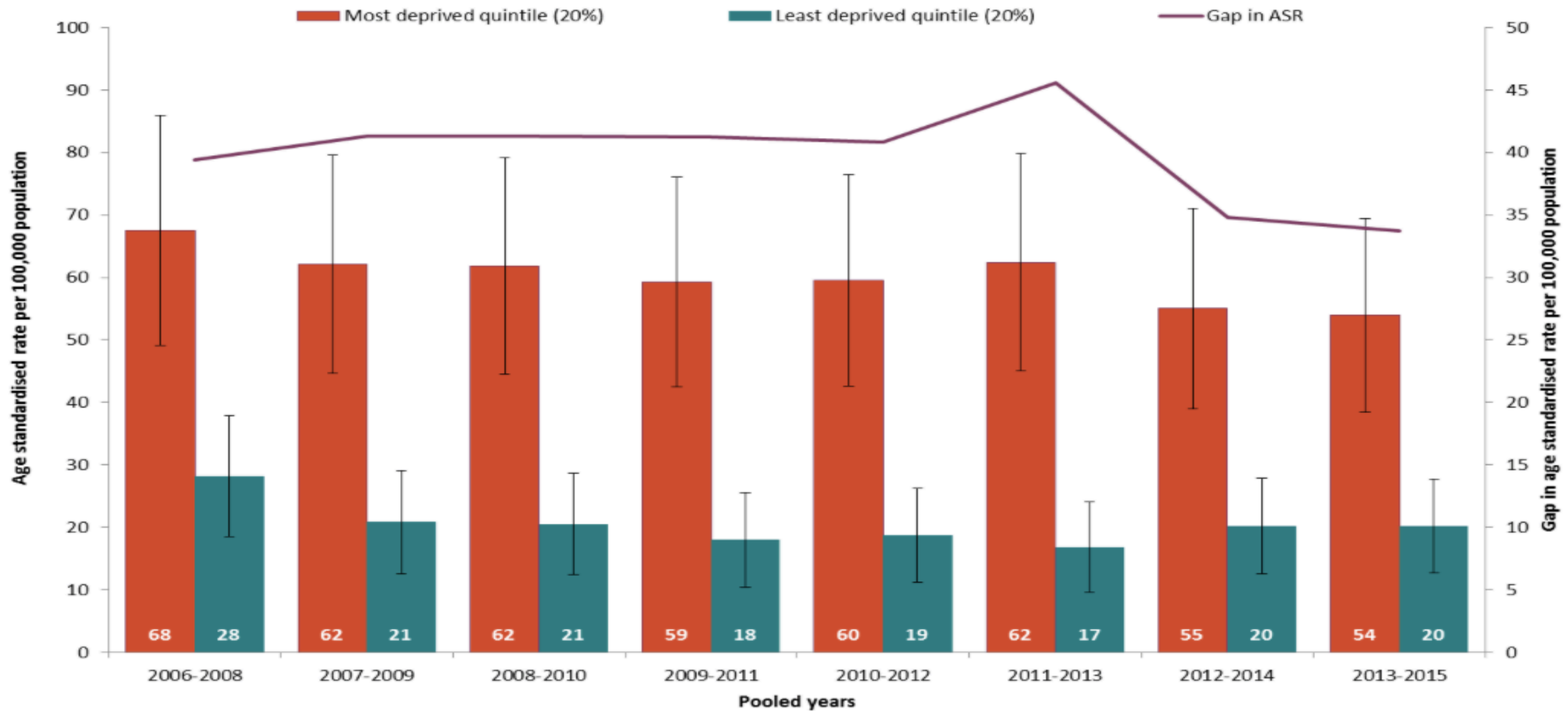
The Health Gap for Respiratory Disease: Trend is Decreasing



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There is an Average 10 year Gap in Life Expectancy by Electoral Ward (2011-2015)

Life expectancy at birth, based on 2011 to 2015 data

Numbers of years between highest and lowest life expectancy at birth by electoral ward:-

Persons:	10.20
Males:	10.68
Females:	13.12

Middle Deal & Sholden

Aylesham

Lydden & Temple Ewell

Whitfield

Ringwould

Buckland

St. Radigunds

Castle

Maxton, Elms Vale & Priory

Folkestone Harbour

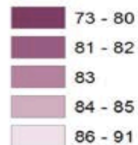
Folkestone Harvey Central

Folkestone Harvey West

New Romney Coast

Legend

Years



73 - 80

81 - 82

83

84 - 85

86 - 91

Source: PCMD, ONS, SEPHO
Produced by: KPHO (NH) Mar 2016

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Risky Behaviours Leading to Early Death and Illness

- Binge drinking & alcohol
- Obesity
- Healthy eating
- Smoking

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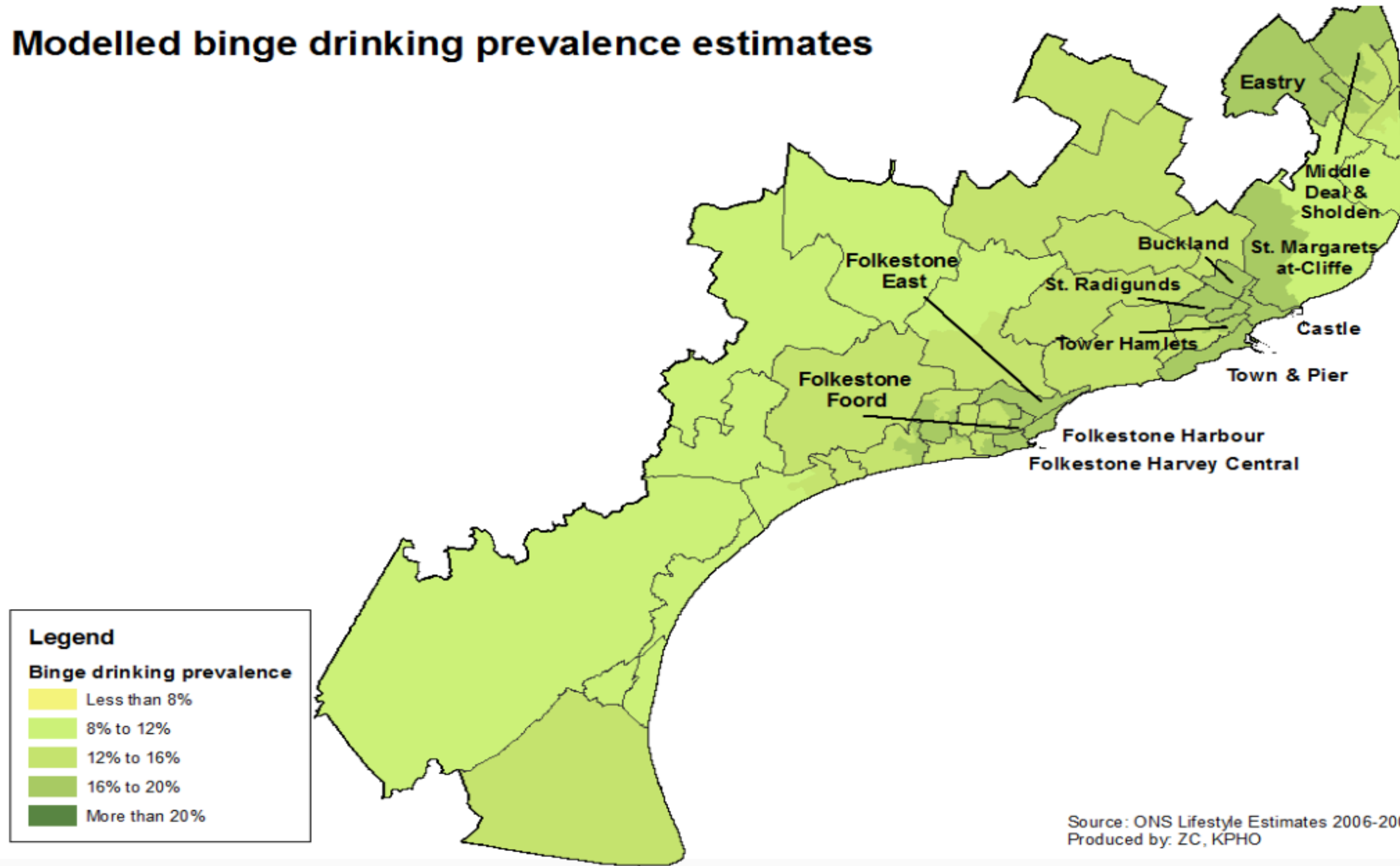
Alcohol and Drinking



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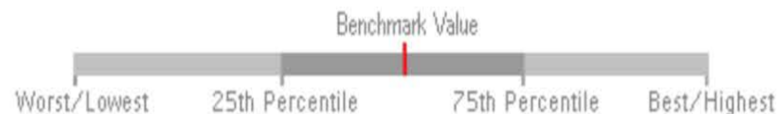
Compared with benchmark Better Similar Worse Lower Similar Higher Not Compared

* a note is attached to the value, hover over to see more details

Recent trends: (in development) – Could not be calculated; Increasing / Getting worse; Increasing / Getting better; Decreasing / Getting worse; Decreasing / Getting better; No significant change; Increasing; Decreasing



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Indicator	Period	South Kent Coast			Sub-region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
1.02 - Years of life lost due to alcohol-related conditions (Persons)	2015	–	1,396	707	-	552	1,579		273
1.02 - Years of life lost due to alcohol-related conditions (Male)	2015	–	1,065	1,109	-	797	2,332		411
1.02 - Years of life lost due to alcohol-related conditions (Female)	2015	–	331	311	-	311	822		130

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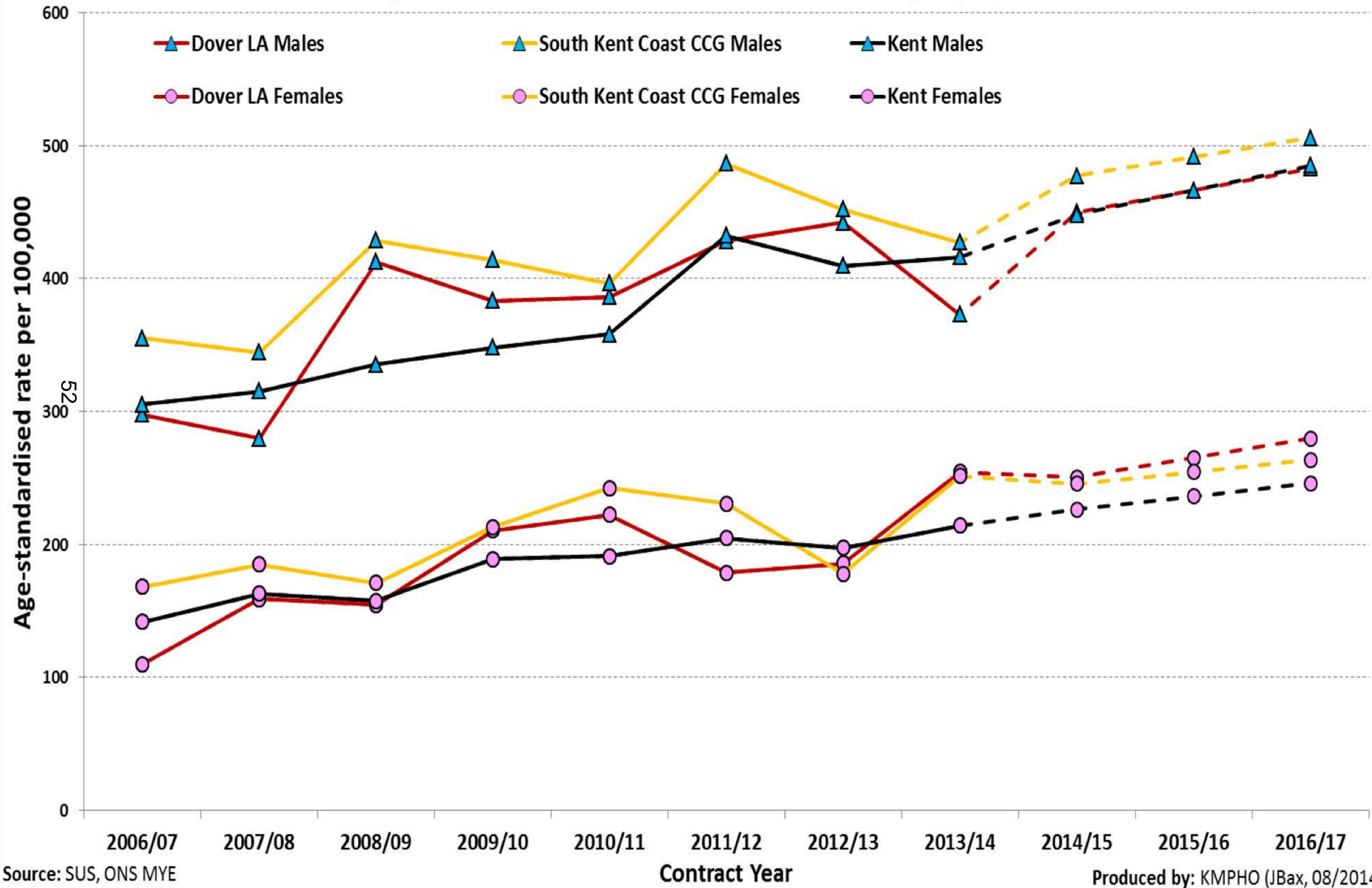
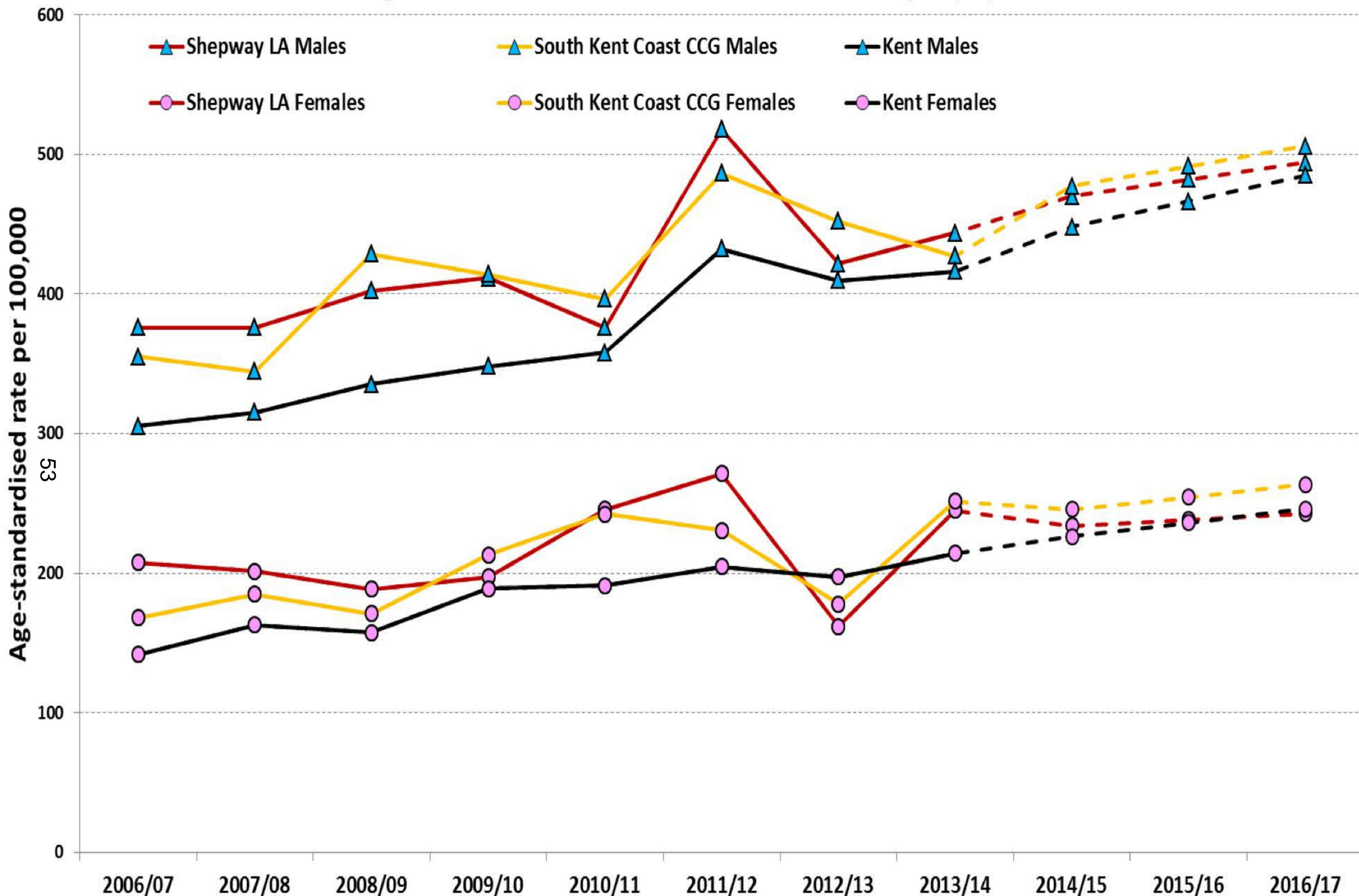
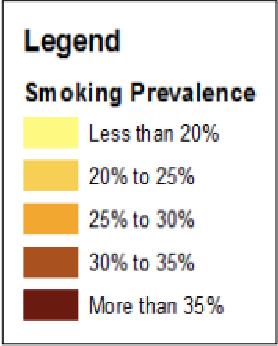


Trends in directly age-standardised emergency alcohol specific admissions to hospital for Dover residents of All Ages at LA & CCG level, 2006/07 - 2013/14 with three year projections
Dover LA Males
South Kent Coast CCG Males
Kent Males
Dover LA Females
South Kent Coast CCG Females
Kent Females
Age-standardised rate per 100,000
0
100
200
300
400
500
600
2006/07
2007/08
2008/09
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Contract Year
Source: SUS, ONS MYE
Produced by: KMPHO (JBax, 08/2014)


Trends in directly age-standardised emergency alcohol specific admissions to hospital for Shepway residents of All Ages at LA & CCG level, 2006/07 - 2013/14 with three year projections
Shepway LA Males
South Kent Coast CCG Males
Kent Males
Shepway LA Females
South Kent Coast CCG Females
Kent Females
Age-standardised rate per 100,000
600
500
400
300
200
100
0
2006/07
2007/08
2008/09
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17
Contract Year
Source: SUS, ONS MYE
Produced by: KMPHO (JBax, 08/2014)

Modelled smoking prevalence estimates

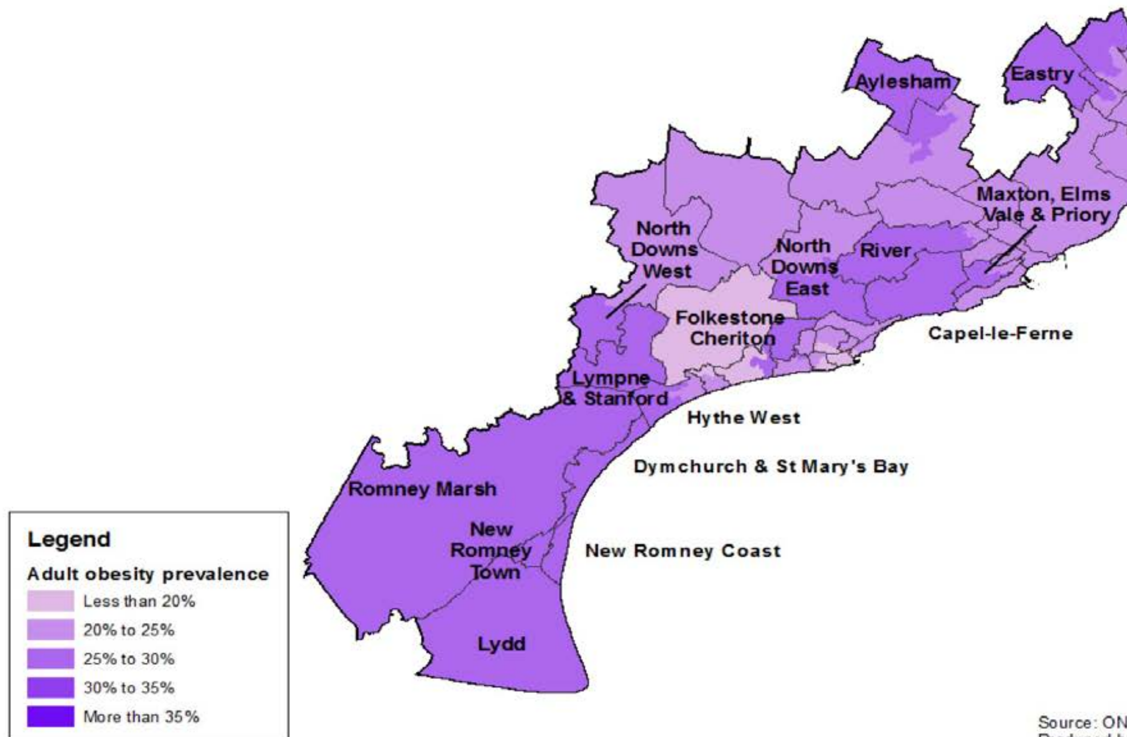
Buckland
Castle
St. Radigunds
Maxton, Elms Vale and Priory
Town and Pier
Folkestone Harbour
East Folkestone
Broadmead
Folkestone Central



Source: ONS Lifestyle Estimates 2006-2008
Produced by: ZC, KPHO

Obesity and Healthy Weight

Lifestyle



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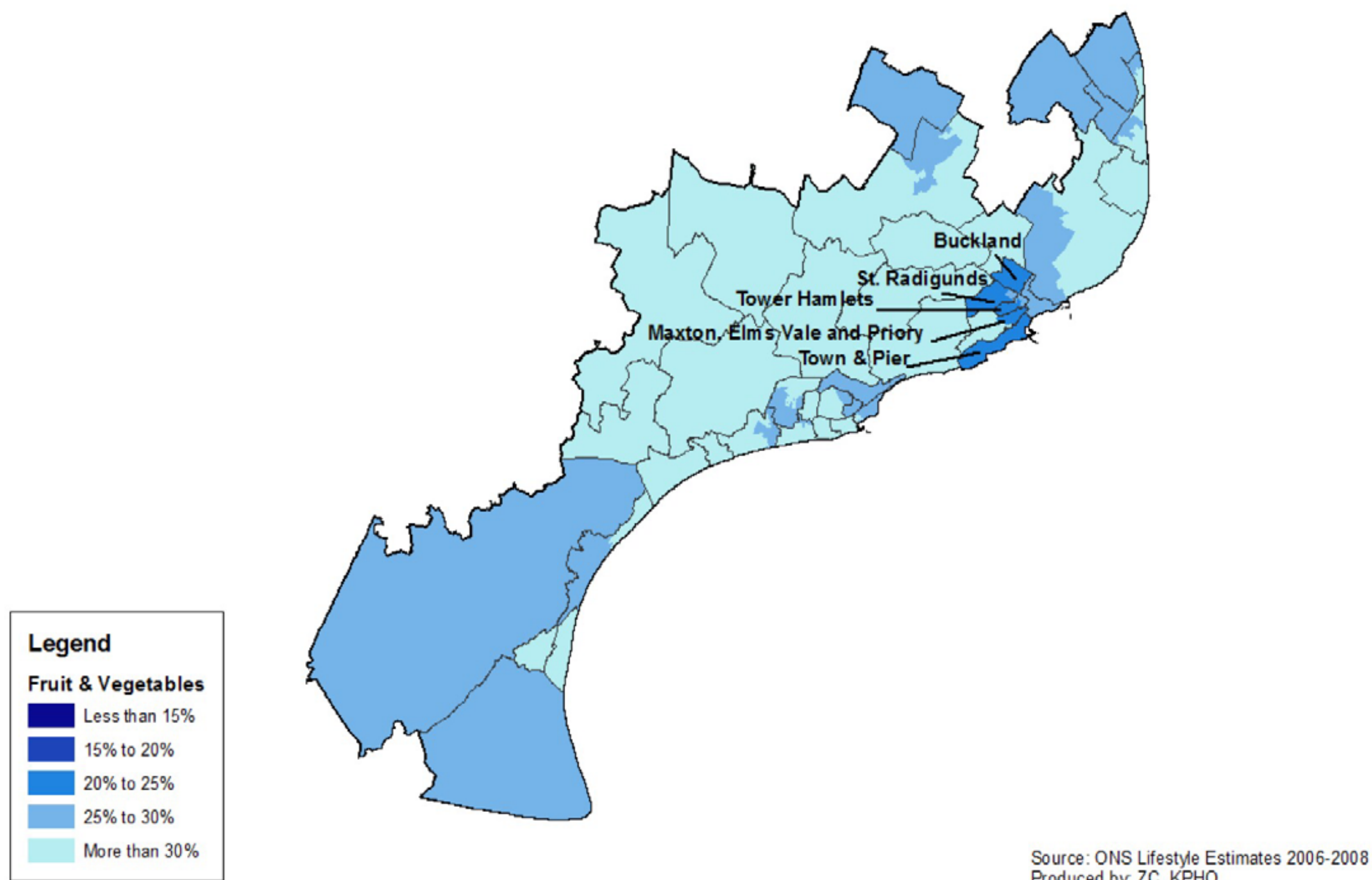
Modelled fruit & vegetable consumption prevalence estimates



The healthy lifestyle measure for fruit and vegetable consumption for adults (aged 16 years or more) was generated from the data collected in the 2001 and 2002 Health Surveys for England. It was estimated by modelling data found about the quantities of different types of fruit and vegetables consumed on the previous day.

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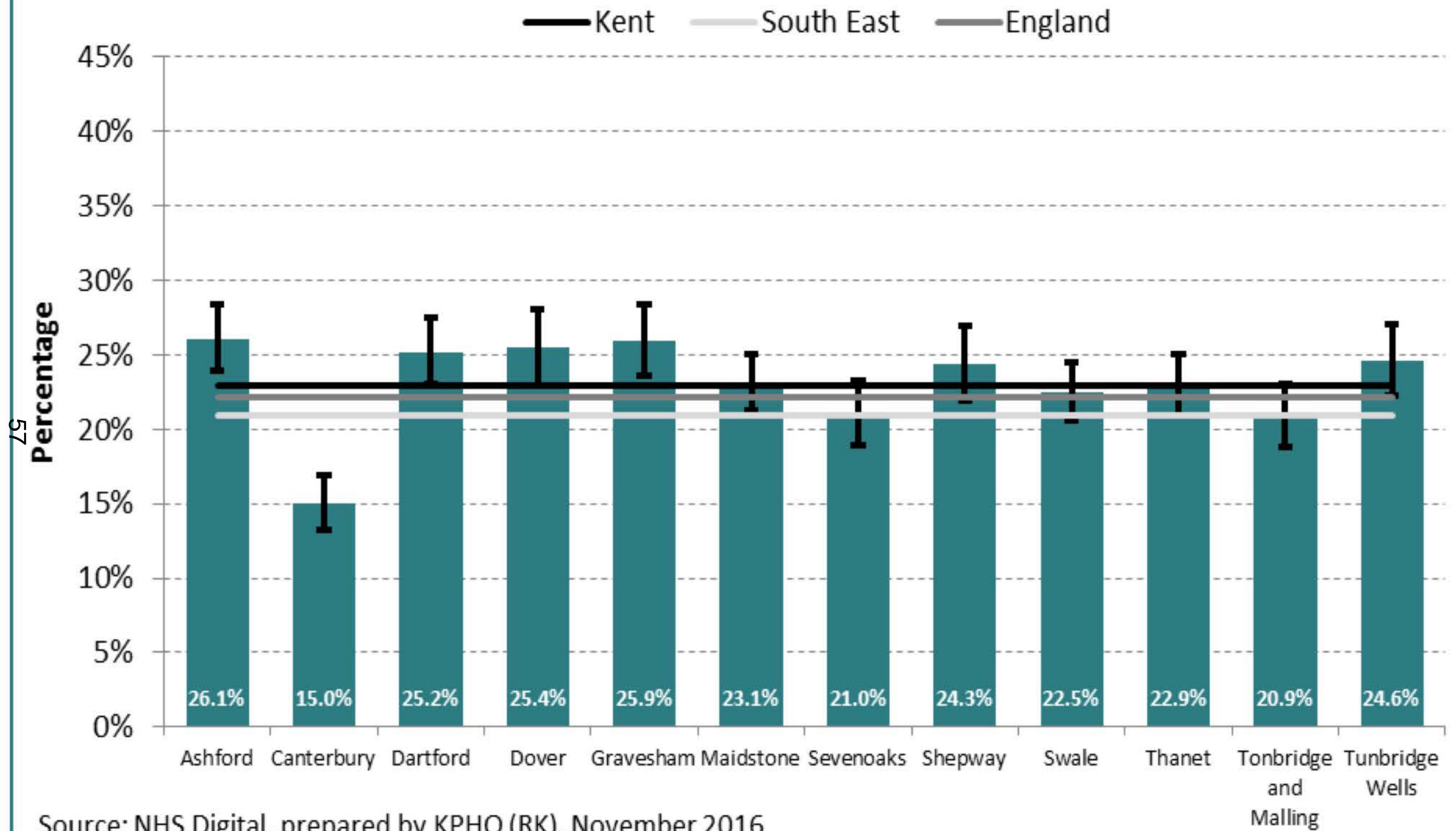

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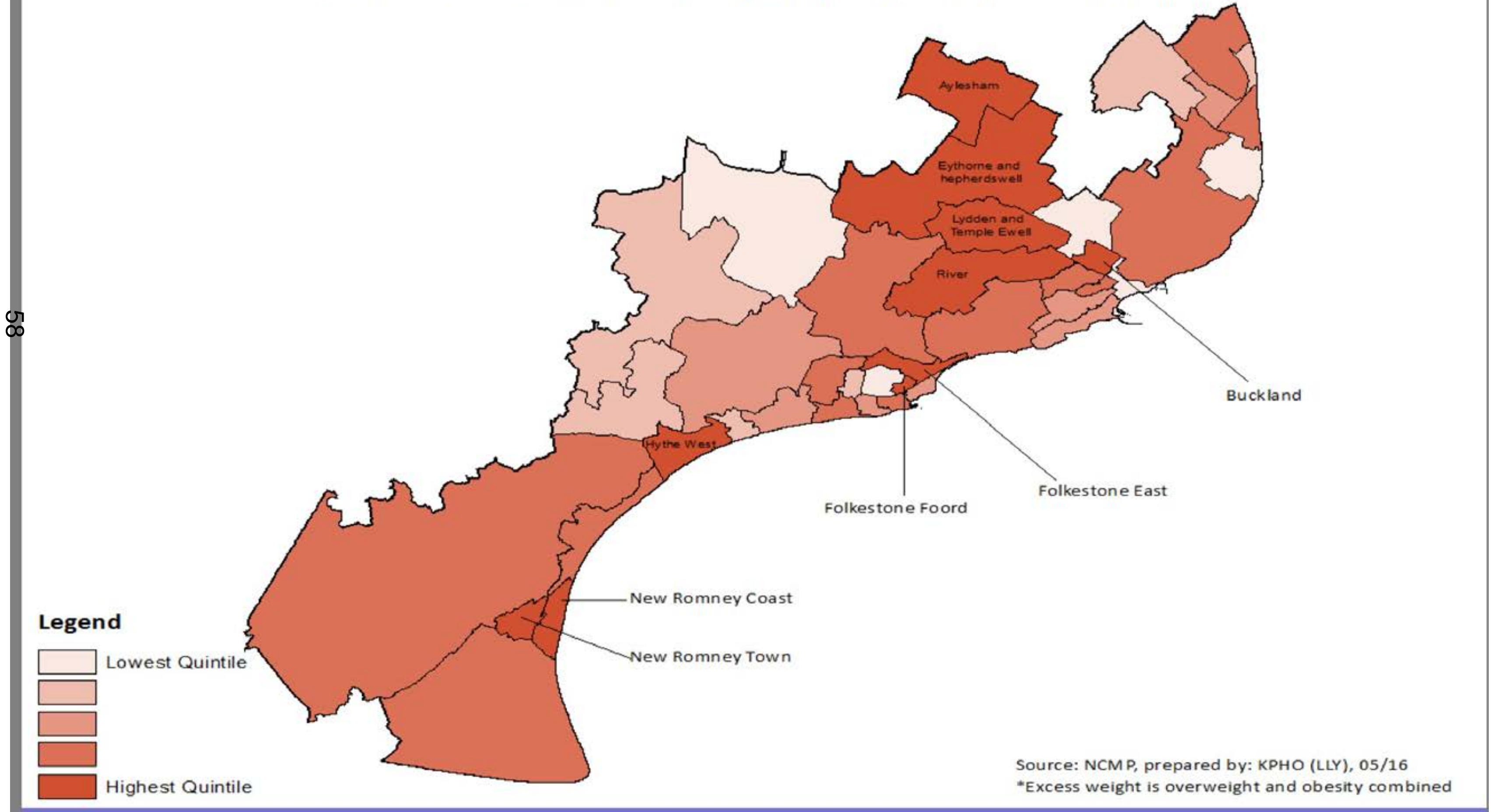
Childhood Obesity



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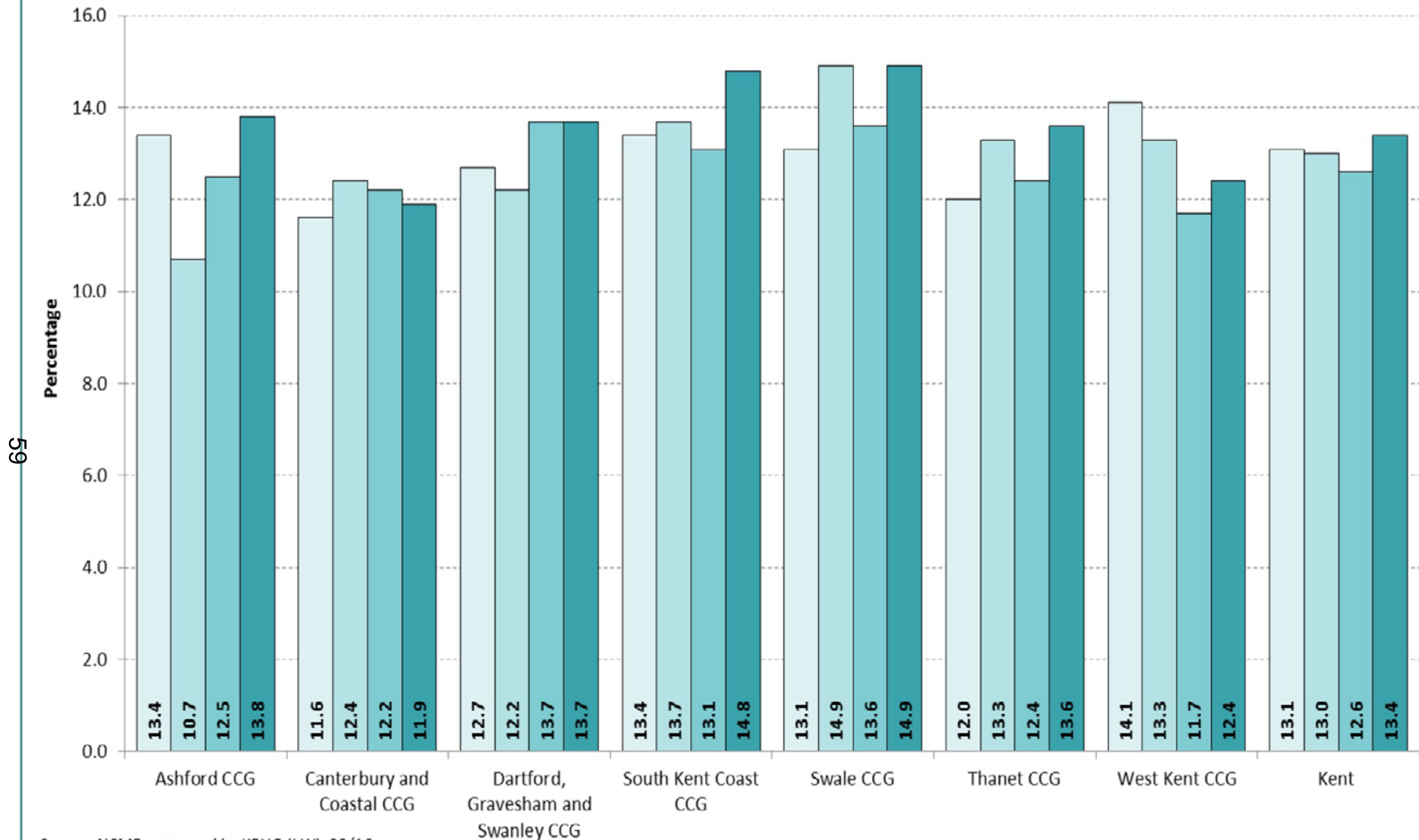
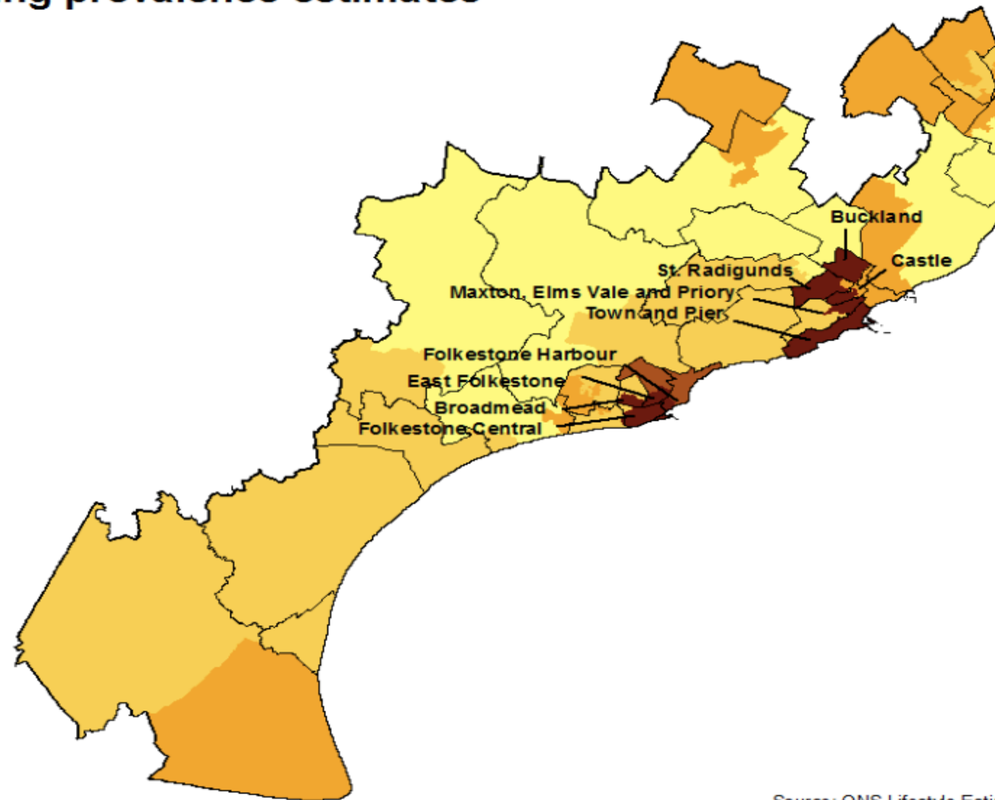
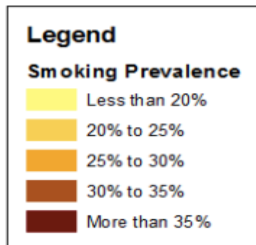

National Child Measurement Programme: Overweight
The percentage of Reception Year pupils who are overweight, 2011/12 to 2014/15, persons
2011-2012
2012-2013
2013-2014
2014-2015
Percentage
16.0
14.0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
13.4
10.7
12.5
13.8
11.6
12.4
12.2
11.9
12.7
12.2
13.7
13.7
13.4
13.7
13.1
14.8
13.1
14.9
13.6
14.9
12.0
13.3
12.4
13.6
14.1
13.3
11.7
12.4
13.1
13.0
12.6
13.4
Ashford CCG
Canterbury and Coastal CCG
Dartford, Gravesham and Swanley CCG
South Kent Coast CCG
Swale CCG
Thanet CCG
West Kent CCG
Kent
Source: NCMP, prepared by KPHO (LLY), 09/16

Smoking

Modelled smoking prevalence estimates





Source: ONS Lifestyle Estimates 2006-2008
Produced by: ZC, KPHO

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Identification and Brief Advice for Alcohol

- South Kent Coast – Healthcare costs relating to alcohol misuse are estimated at £15.76 million per year which equates to £96 per person per year (16+ population)
- Depending on the number of patients, and rounding £96 up to £100, a practice adult population of:

  2,000 patients - alcohol healthcare costs of £200,000,

  6,000 - alcohol misuse healthcare £600,000 / year

  20,000 - alcohol misuse healthcare £2,000,000 / year

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Public Health Ambitions: Smoking

Reduce national smoking rates across the population and associated burden on NHS, local authorities and wider society to:

- Reduce the number of smoking attributable admissions by 2020/21
- Increase delivery of very brief advice on smoking cessation in secondary health care settings (see section 9.3)
- Decrease rates of smoking during pregnancy

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Reduce Harm to Patients who Smoke

- Aim: to reduce harm from smoking for individuals who are unable or unwilling to stop smoking. The best thing a smoker can do is to stop. Not all smokers are willing to quit permanently, immediately and forever, but there are ways we can help them reduce their harm by temporary abstinence and cutting down to quit

- Implementing NICE guidance PH45 within treatment / care pathways is recommended. This supports a programme of harm reduction enabling temporary abstinence or smoking reduction, such as a 'stop before the op' initiative. This improves medical outcomes and reduces complications

Obesity: Selected Interventions

- CCGs and local authorities ensure there are evidence-based weight management services accessible to their local population through co-commissioning across the obesity pathway and that these are robustly evaluated – see section 3.2

- Integrate weight management and mental health services. CCGs and local authorities work together with providers to enable access into appropriate community and clinical obesity services for individuals suffering with mental health illness and/or with learning disabilities

- Tackle the obesogenic environment. CCGs and local authorities work together to support healthier food and drink choices, increase physical activity opportunities and reduce sedentary behaviour and access to energy dense food and drinks

- Make every contact count. Health and care professionals empower healthier lifestyle choices and improve access to relevant and appropriate obesity services supported by All Our Health:

- https://www.gov.uk/government/publications/all-our-health-about-the-framework

Public Health Ambitions: Physical Activity

Prevent premature deaths and long term conditions by:

- Reducing the number of physically inactive people and increasing the number of people achieving the level of activity in the CMO guidelines
- Ensuring health care professionals have the skills to deliver brief advice on physical activity to patients to make every contact count

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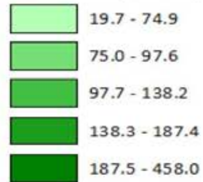
Children



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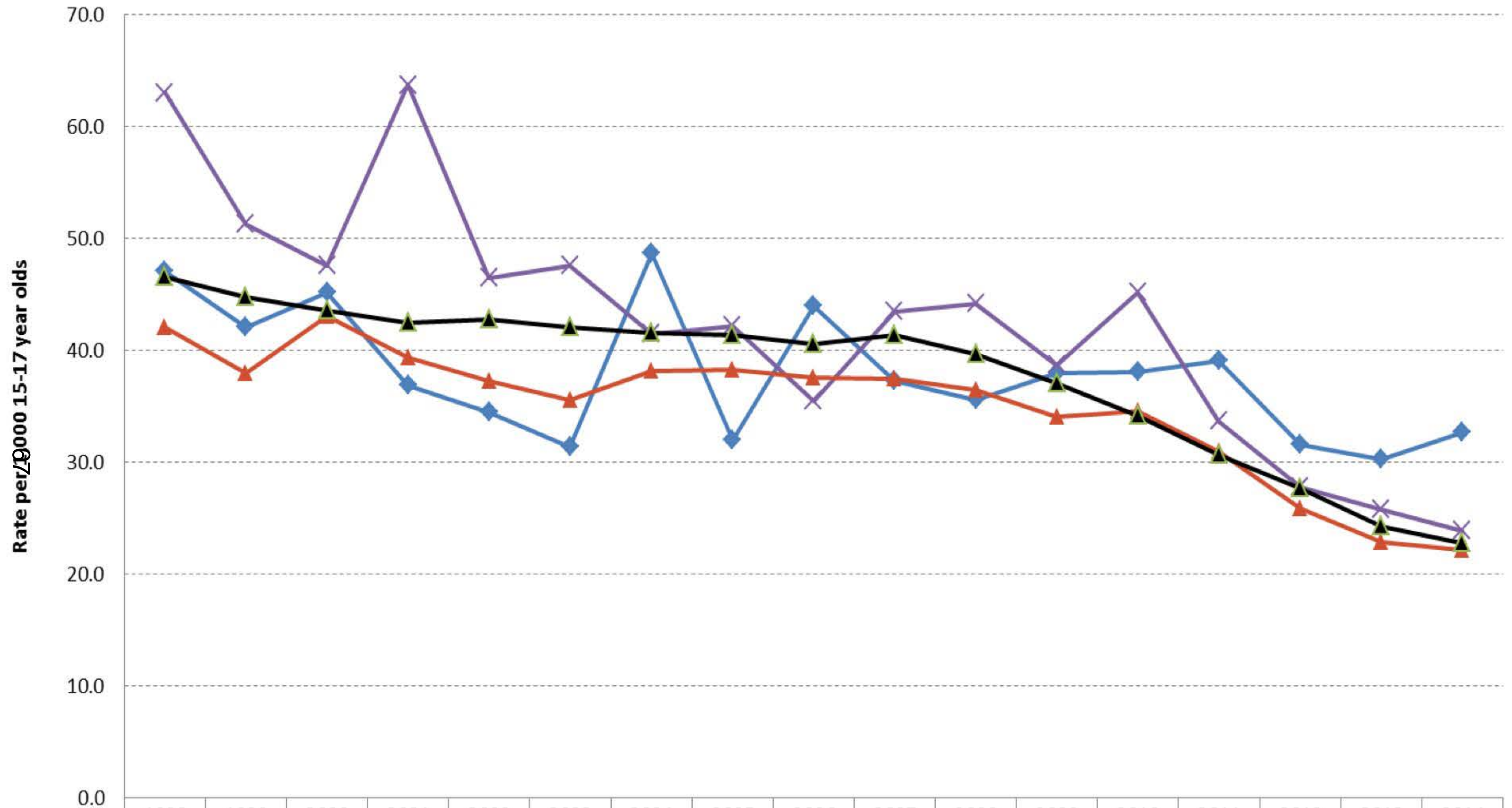
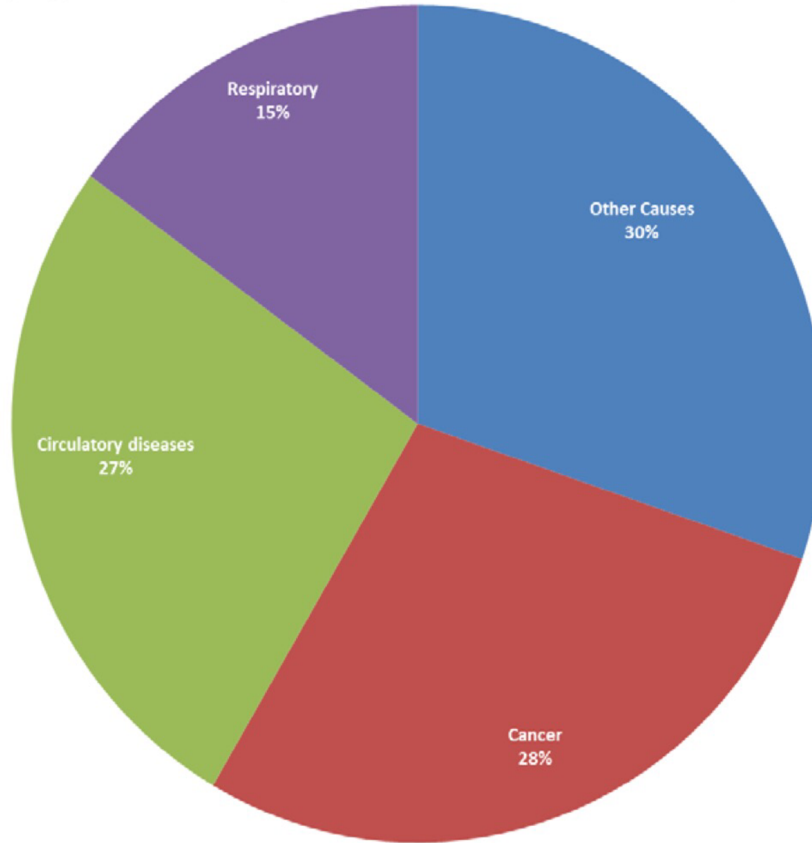


	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Dover	47.1	42.1	45.2	36.9	34.5	31.4	48.7	32.0	44.0	37.3	35.6	38.0	38.1	39.1	31.6	30.3	32.7
Shepway	63.0	51.3	47.6	63.7	46.5	47.6	41.5	42.2	35.5	43.5	44.2	38.7	45.2	33.7	27.8	25.8	23.9
Kent	42.1	38.0	43.1	39.4	37.3	35.6	38.2	38.3	37.6	37.5	36.5	34.1	34.6	31.0	25.9	22.9	22.2
England	46.6	44.8	43.6	42.5	42.8	42.1	41.6	41.4	40.6	41.4	39.7	37.1	34.2	30.7	27.7	24.3	22.8

Source: ONS, prepared by KPHO (LLY), 09/16

Mortality



The main underlying causes of death were cancer (28%) and circulatory disease (27%). A fifth (20%) of deaths from cancer were due to bronchus or lung cancer. Of those deaths with an underlying cause of death of circulatory disease, 40%% of deaths were due to ischaemic heart diseases, and 25% due to cerebrovascular disease.

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Summary

- Preventing people becoming ill and having a long-term condition is a priority - this means all services being proactive and having the confidence to have 'difficult' conversations in engaging people to make healthy choices and getting help with changing. The Public Health "One You" service via KCHFT can help. The new Substance Misuse Services via RAPt will also be available.
- South Kent Coast has an ageing population - so healthy aging is essential. Proactive primary care and programmes addressing mobility, physical activity and hypertension as well as self care in long-term conditions are vital. Health Checks and proactive prevention is key.
- South Kent Coast has made good strides in work with children's health - particularly teenage conceptions. STI rates are still high and terminations are increasing.
- South Kent Coast has average rates (compared to England) for mental illness. However this is a national priority. Kent Live Well is available.