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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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.

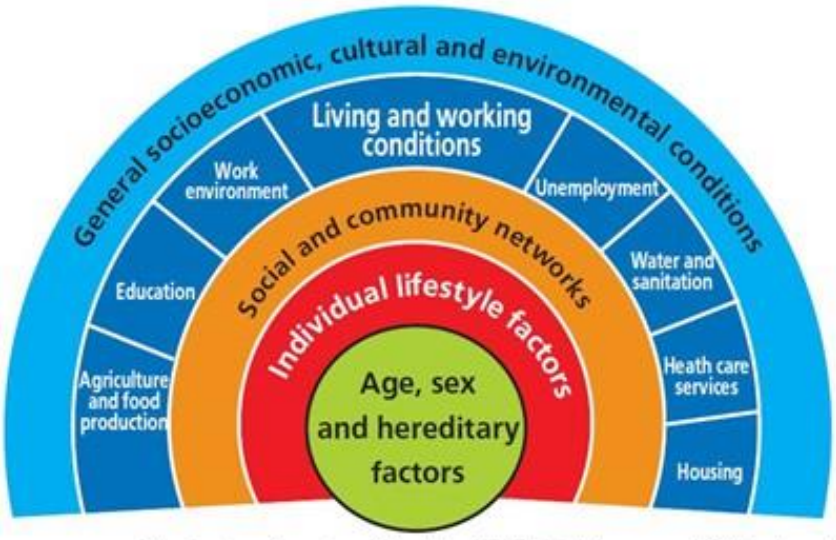
Established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult social care, district councils and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the health needs of their local population and 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, 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

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

Section One : Health Priorities Short Term: 1 year refresh Improving health outcomes for people	•Health priorities: To be developed: Health and wellbeing priorities from the Joint Strategic Needs Assessment are the focus for early action. It is not a list of everything we are doing but tackles population health issues where Kent is embedding new approaches, particularly through the STP or where improvements are not happening as quickly as hoped for.
Section Two: Tools for commissioners Medium Term System delivery, improving planning and commisioning	•Tools for commissioners and modelling: system modelling has a lot to offer and the aim is for Kent to be the leader in developing the tools to produce a shift in how commissioning and planning is undertaken in health and social care using the Kent Integrated Dataset to underpin both predictive analytics and system dynamic modelling which will lead to stronger evidence based commissioning.
Section Three: Developing Partnerships Long Term Developing the Board: Leadership and partnerships	•Developing the Board: The aim of National and Local policy is to deliver a fully integrated health and social care system by 2021. The Board needs to ensure it is fit for purpose to act upon the whole system to ensure people receive high quality and coordinated care, supporting them to live independently and achieve the best possible outcomes.

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.

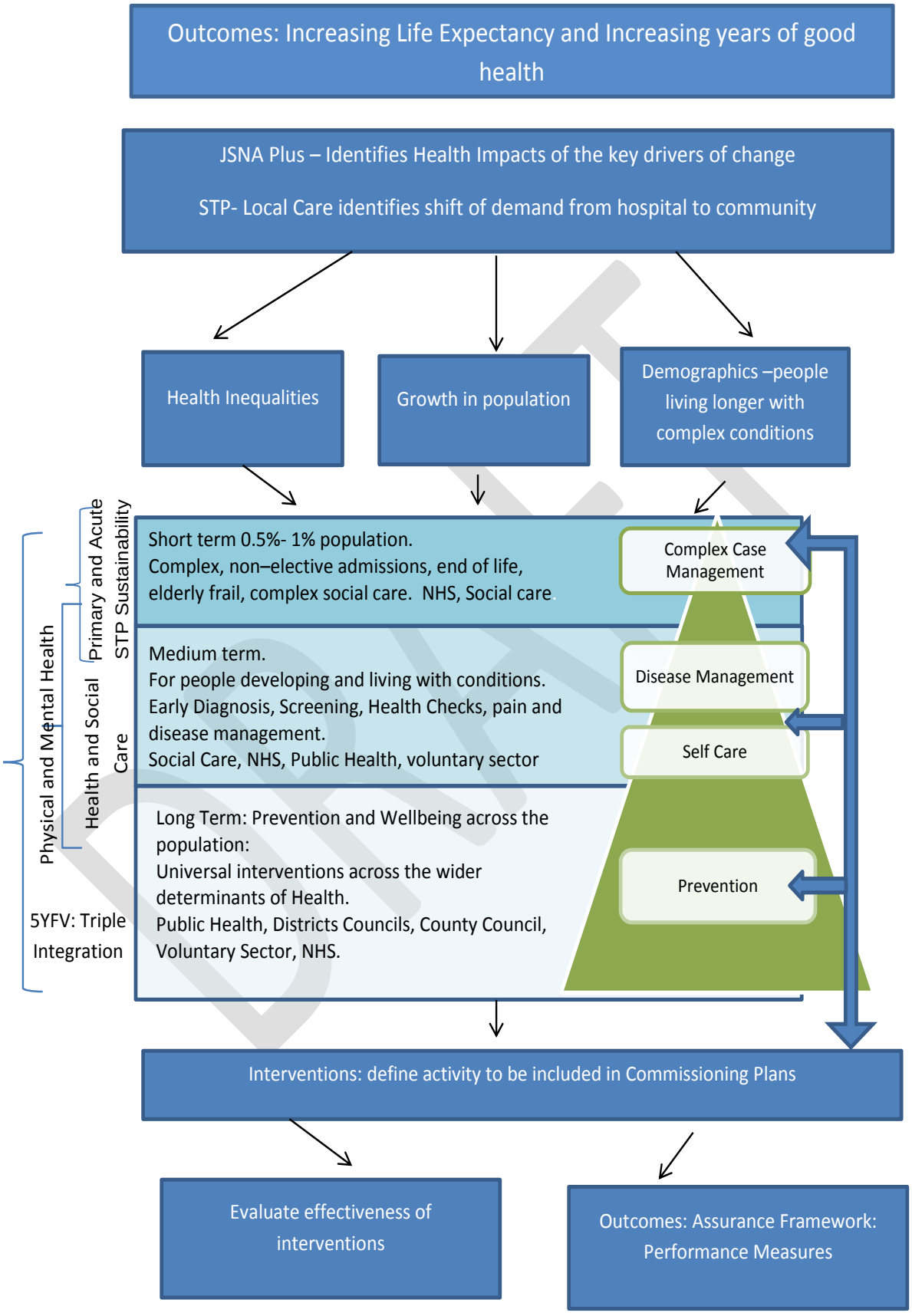
The pyramid shown overleaf sets out the strategy as a model and shows where the activity of partnership organisations such as Districts, Voluntary Sector, Public Health, NHS and Social Care happens and how that activity can contribute to the health outcomes of the population. Looking at the system in 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 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.

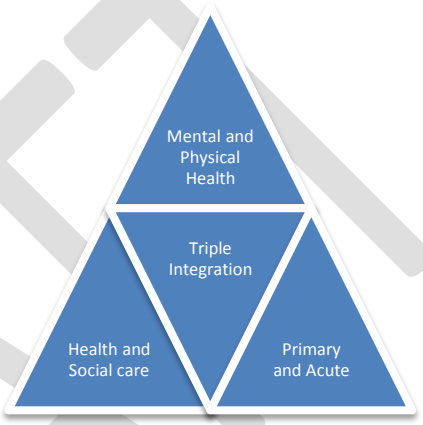
The Strategy as a Model



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.

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.

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.

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 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:

- 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

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

2 KCC Housing Led Population forecast October 2016.

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 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.

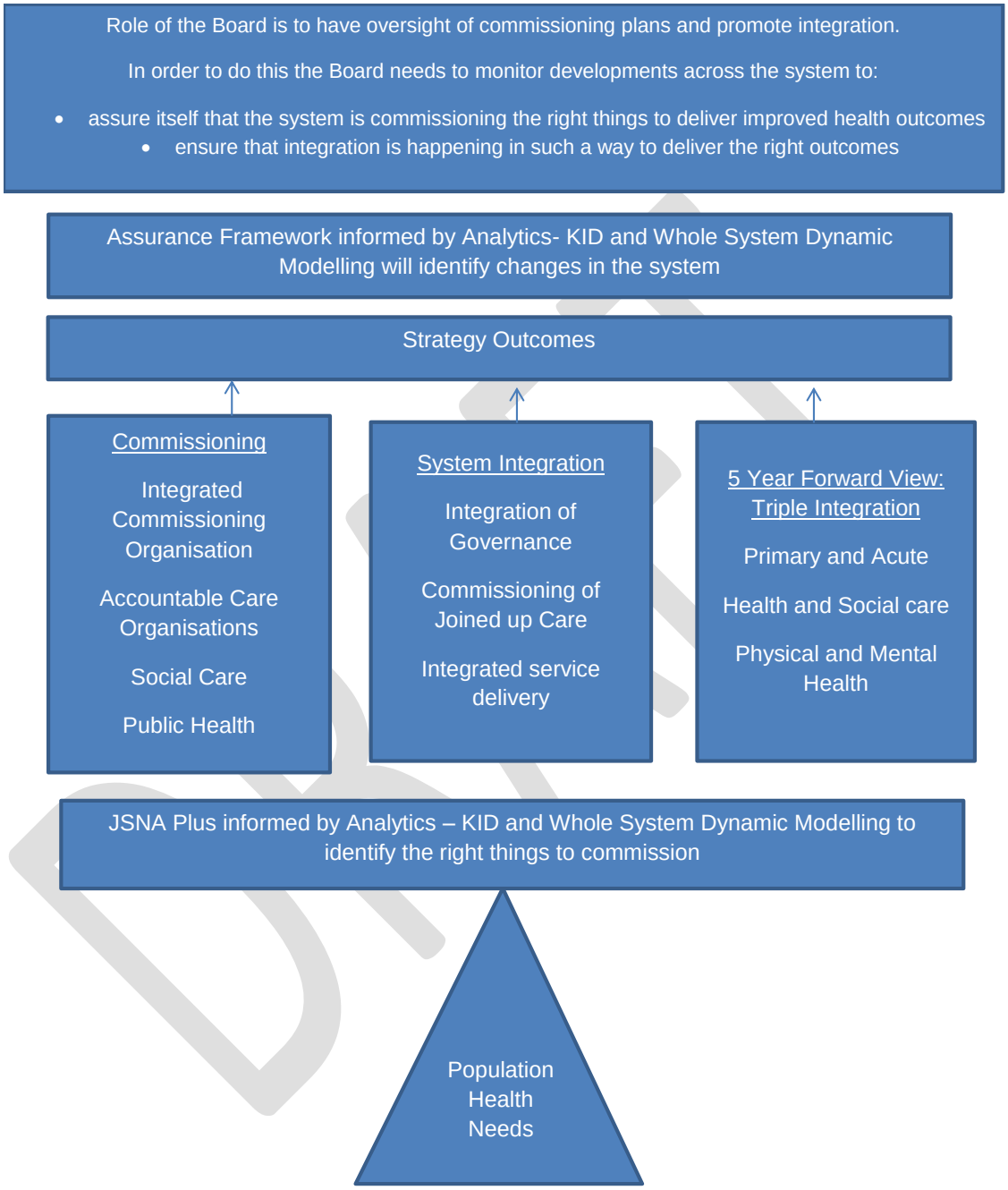
Strategic Gaps driven by the themes of triple integration and other health priorities identified by the JSNA have been identified for further development. These include:

- 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)

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

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

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

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.

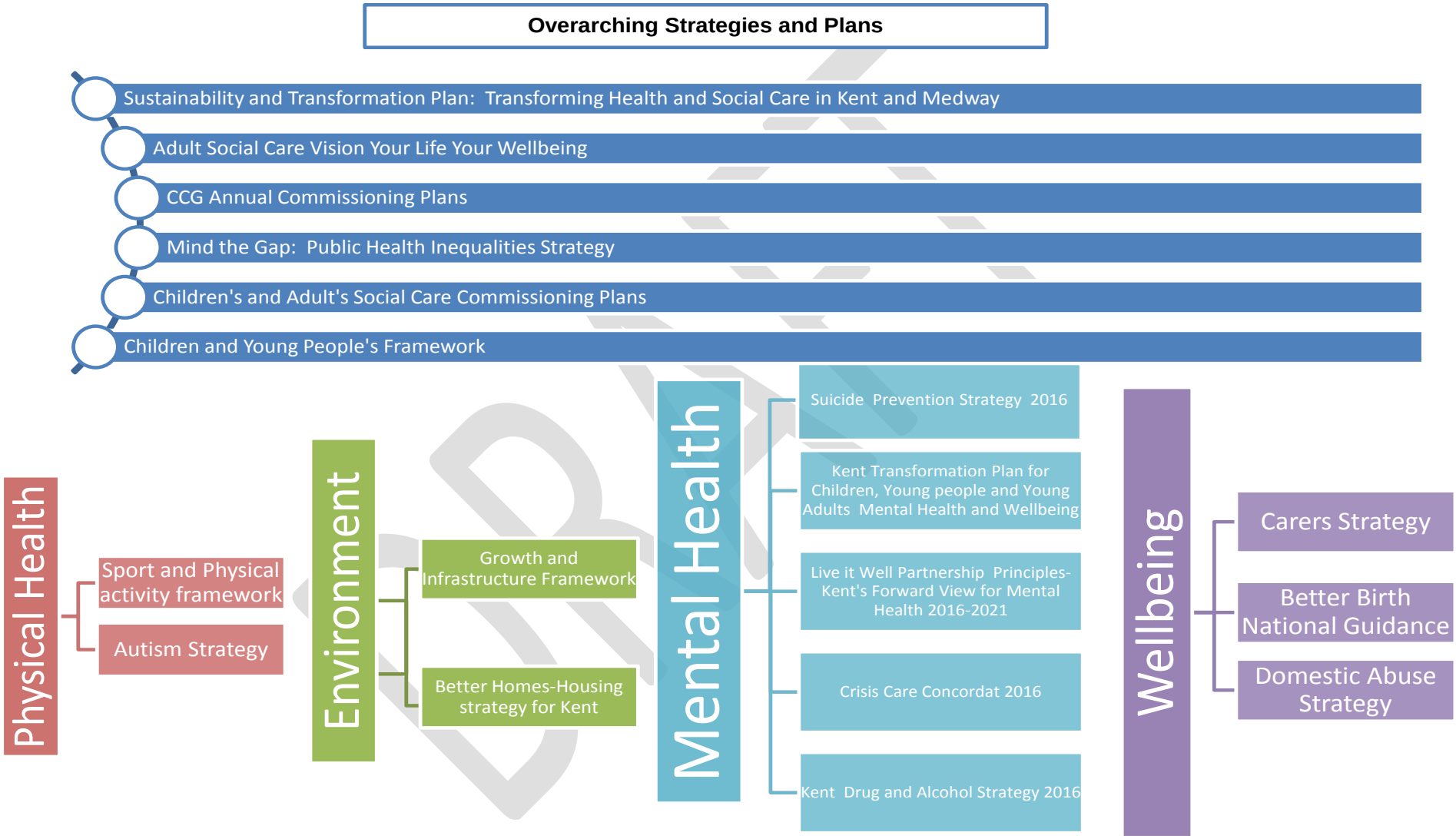
Conclusion

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.

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



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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

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 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 (people means all people in this strategy - children and adults) will have good mental health • 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	• Rate of access to Improving Access to Psychological Therapy (IAPT)/ talking therapies • 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	• Narrow the gap in life expectancy between the richest and poorest • Reduce the difference in incidence of disease between the richest and poorest

	behaviours	
6. The system works well together to support people in hospital and in the community	• STP: workforce planning, integration and local care supports the health outcomes of 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	To be developed: Delayed transfers of care GP appointments A and E visits