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1 February 2013

Dear Councillor

I am now able to enclose, for consideration at the meeting of the **SOUTH KENT COAST SHADOW HEALTH AND WELLBEING BOARD** on Tuesday 5 February 2013 at 3.30 pm, the following reports that were unavailable when the agenda was printed.

4 **NOTES** (Pages 3 - 7)

To confirm the Notes of the meeting of the Shadow Board held on 4 December 2012.

9 **ACTION POINTS FOR GOING LIVE** (Pages 8 - 15)

To consider the following reports from Michelle Farrow, Leadership Support Manager:

- Agreeing revised Terms of Reference
- Updated Work Programme/Action Plan and Health Inequalities Plan

10 **HEALTH AND WELLBEING BOARD WORK PROGRAMME** (Pages 16 - 18)

(c) **Patient Knows Best – Update on Pilots in South Kent Coast CCG Area**

To receive an update from Dr Joe Chaudhuri.

Yours sincerely

A handwritten signature in black ink, appearing to read "Nicky", written over a horizontal line.

Chief Executive

Notes of the meeting of the **SOUTH KENT COAST SHADOW HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on 4 December 2012 at 3.30 pm.

Present:

Chairman: Councillor P A Watkins

Present: Ms H Armstrong (Canterbury and Coastal Clinical Commissioning Group)
Ms K Benbow (Chief Operating Officer, South Kent Coast Clinical Commissioning Group)
Councillor S S Chandler (Dover District Council)
Councillor P Carr (Shepway District Council)
Dr J Chaudhuri (Deputy Clinical Chair, South Kent Coast Clinical Commissioning Group)
Ms C Davis (Strategic Business Advisor, Kent County Council)
Councillor R Gough (Kent County Council)
Councillor P G Heath (Dover District Council)
Councillor M Lyons (Shepway District Council)
Mr C Mackenny (Practice Managers Representative, South Kent Coast Clinical Commissioning Group)
Mr C Thompson (NHS Kent and Medway)

Also Present: Ms C Dawe (East Kent Hospitals University Foundation Trust)
Ms R Jones (East Kent Hospitals University Foundation Trust)
Ms L Shutter (East Kent Hospitals University Foundation Trust)
Mr R Jackson (Policy and Performance Officer, Shepway District Council)
Mr J Lampert (Commissioning Manager, Kent County Council)
Ms J Empson (Kent County Council)

Officers: Chief Executive
Leadership Support and Corporate Communications Manager
Leadership Support Officer
Team Leader – Democratic Support

24 APOLOGIES

Apologies for absence were received from Ms J Mookherjee (Assistant Director of Public Health at NHS Kent and Medway), Mr M Lobban (Director of Strategic Commissioning, Kent County Council) and the Alternative Service Delivery Manager.

25 APPOINTMENT OF SUBSTITUTE MEMBERS

The Board was advised that Mr C Thompson was present as substitute for Ms J Mookherjee (Assistant Director of Public Health at NHS Kent and Medway).

26 DECLARATIONS

Councillor Lyons declared that he was a governor of East Kent University Hospitals Foundation Trust.

27 NOTES

It was agreed that the Notes of the Board meeting held on 23 October 2012 be approved as a correct record and signed by the Chairman.

28 CLINICAL STRATEGY ENGAGEMENT PROCESS

The Board received a presentation from Ms C Dawe, Assistant Director of Strategic Development – East Kent Hospitals University NHS Foundation Trust, on the options proposed for consultation in relation to its clinical strategy review. It was stated that the consultation would run from 4 October 2012 through to the end of January 2013 and in addition to the public would include representative groups such as the Royal Colleges and local Clinical Commissioning Groups (CCG).

The Board was advised that there were three options being considered as part of the consultation. These were:

- Option One – 1 Hub at William Harvey Hospital (WHH), 1 Spoke at Queen Elizabeth the Queen Mother Hospital (QEQM), Kent and Canterbury Hospital (KCH) remained largely unchanged.
- Option Two – 1 Hub at KCH, 2 Spokes at QEQM and WHH
- Option Three – 2 Hubs at QEQM and WHH

EKHUFT's preferred option in the consultation would be to concentrate services into a single hub under Option One as it would be create a specialist centre of excellence and be more clinically sustainable in terms of staffing. The Board welcomed proposals for the creation of a dedicated paediatric emergency centre.

In addition, the consultation on the Clinical Strategy would review the provision of outpatient services with a view to concentrating the provision on a smaller number of sites to give the benefit of a 'one-stop' approach. It was acknowledged that the new Buckland Hospital could potentially have an impact on the provision of outpatient services at Deal Hospital.

There was concern expressed by members of the Board that the long term viability of Deal Hospital could be affected by a reduction in the range of outpatient services being offered. In response it was pointed out that out of the 35,000 people who accessed EKHUFT services in Deal, only 10,000 did so from Deal Hospital.

Ms K Benbow informed the Board that the CCG remained committed to Deal Hospital and was working to identify the outpatient clinic services required by GPs and assess the advantages and disadvantages of alternative forms of provision. It was noted that there was strong public concern over the transport links between Deal and Dover.

It was suggested that as part of the consultation process the role of the community and voluntary sector should not be forgotten.

It was agreed:

That the presentation be noted.

(Councillor P G Heath declared an interest by reason of his status as a governor of the East Kent University Hospitals Foundation Trust.)

29 CLINICAL COMMISSIONING GROUP UPDATE

(a) Authorisation Process

Dr J Chaudhuri (South Kent Coast Clinical Commissioning Group) informed the Board that as part of the authorisation process a mock panel would be undertaken in December 2012 to identify areas of potential improvement prior to undergoing the actual panel.

Ms K Benbow advised that the CCG would be renting office space at the Dover District Council offices in 2013.

(b) Draft Five Year Commissioning Strategy

Ms K Benbow stated that the Strategy was almost ready for circulation and set out five key areas of focus. The Board discussed the link to the integrated commissioning plan and the need to seek convergence with the Kent wide strategy where appropriate.

Councillor R Gough informed the Board of the interest from the Communities and Local Government Select Committee in the working of Health and Wellbeing Boards in a two-tier local government setting. The Select Committee had been very positive about what it had seen during a visit to Maidstone and the consensus view amongst the Board was that this reflected well on the recognition between agencies over the last two years of the benefits of cross-agency collaborative working.

It was agreed:

- (a) That the update be noted.
- (b) That the Draft Five Year Commissioning Strategy item be brought back to the next meeting for update.

30 HEALTH AND WELLBEING BOARD WORK PROGRAMME

(a) South Kent Coast CCG Community Engagement Strategy

Ms K Benbow advised that the final draft of the Community Engagement Strategy would be circulated to Members of the Board. The benefit of alignment with partner's community engagement strategies was discussed and it was suggested that the Virtual Integrated Commissioning Team investigate opportunities for this.

The Leadership Support and Corporate Communications Manager informed the Board that although the Council had an engagement strategy in place it would seek to identify areas of commonality where the two strategies could potentially be linked.

It was agreed:

To note the update.

(b) Joint Integrated Commissioning Strategy and Plan

The Board received an update from Mr J Lampert on the Joint Integrated Commissioning Strategy and Plan. It was stated that further work needed to be

undertaken in respect of the integration of mental health services into the Strategy to avoid duplication of commissioning.

It was agreed:

That this item would be added to the agenda of the next meeting of the Board.

(c) Intermediate Care Services Update

The Board received an update from Mr J Lampert on proposed Intermediate Care Services at Buckland Hospital and the importance of this in informing the final design of the hospital.

It was agreed:

That an update would be provided to a future meeting of the Board.

(d) Public Health Projects Update

(1) Healthy Living Pharmacies

Mr C Thompson informed the Board that there were 17 healthy living pharmacies in Kent, of which 4 were located within the South Kent Coast CCG area. A well attended meeting had been held for pharmacies in Shepway and a similar meeting was planned for Dover.

It was agreed:

That in the absence of Ms J Mookherjee a further update would be provided to the next meeting.

(2) Winter Intervention Support Kent (WISK)

The project offered support to vulnerable people at significant risk from the effects of cold weather on their health, particularly those over 70 years of age with underlying health conditions as cold temperatures caused physiological changes to the body.

The project involved Age UK and the Home Improvement Agency who helped to sign-post people in checking benefit support, suggesting energy efficiency measures, checking loft insulation, assisting with grocery shopping and arranging for transport to medical facilities. Although the service primarily provided advice and support there was a limited emergency fund to deal with things like repairs to broken windows.

It was suggested that the WISK project should liaise with East Kent Housing and Dover District Council to see where there were areas for potential partnership working in providing advice and support.

It was agreed:

To note the update.

(e) Patient Knows Best: Update on Pilots in South Kent Coast CCG Area

Dr J Chaudhuri advised the Board that the first patients would now be recruited onto the pilot in late December 2012 to allow for the completion of outstanding operational and training matters.

It was agreed:

To note the update.

(f) South Kent Coast Health and Wellbeing Board Sub-Groups

The Board was advised that a report would be submitted to a future meeting setting out the proposals for the sub-groups in greater detail.

In terms of the future membership of the Board, it was stated that CASE Kent would be consulting with its network to approve a new representative to the Board. A decision was expected in early 2013 on the tender for Healthwatch in Kent and the importance of avoiding the duplication of good work being undertaken in the community and voluntary sector was acknowledged.

It was agreed:

To note the update.

31 MATTERS RAISED BY MEMBERS OF THE BOARD

(a) The Board received updates from Members on a number of matters including:

- Long term care condition tariff;
- A visit by Sir John Alden to meet with the CCG at the Oakland Surgery in Hythe to discuss long term health conditions.
- The Department of Health's emphasis on increasing the roll out of telehealth facilities.

(b) Building Health Partnerships

The Board was advised that South Kent Coast CCG in conjunction with CASE Kent were preparing to make a bid to participate in the Building Health Partnerships programme. The programme sought to strengthen links between CCG's and voluntary, community and social enterprise organisations.

It was agreed:

That the Board welcomed the news of the bid and expressed its support for it.

The meeting ended at 5.10 pm.

Work Programme for the South Kent Coast Shadow Health and Wellbeing Board for 2012/13

As at 23rd October 2012

The Board will be in Shadow form from April 2012 to April 2013, during that time a work programme is suggested to enable the Board to focus on going live in April 2013:

1. Develop a local delivery plan for JSNA/JHWBS to input and inform the County-wide plans and meet local needs
2. Through the identification of local needs and gaps in current service provision, develop a shared vision of what Dover/Shepway will look like in 3 years (a rolling 3 year plan)
3. Maximise opportunities to work together through whole system change, using projects such as Pro-active Care and Single Point of Access
4. Develop an integrated commissioning support framework at the local HWBB level (to tie into the Kent Health Commission)
5. Input to the Adult Service Transformation Programme (led by Director of Strategic Commissioning, KCC) in Dover and Shepway
6. Adopt the South Kent Coast CCG Engagement Strategy and develop a plan of action
7. Identify potential opportunistic funding streams and projects and associated governance arrangements.
8. Maintain awareness and input, if necessary and required, to the Canterbury C4G CCG and Ashford CCG work programme to ensure 'whole population' links
9. Identify needs assessment and evidence base for intermediate care beds in Dover, potentially leading to a full business case.
10. Develop sub-structures to ensure the ongoing work programme is efficiently and effectively delivered.
11. Develop a local Health Inequalities Action Plan

PLEASE NOTE: THIS IS A DRAFT WORK IN PROGRESS. A FULL PLAN WILL BE PRESENTED TO THE SKC HWWB IN APRIL 2013

Paper to: South Kent Coast Health and Wellbeing Board, 5th Feb 2013

Title: Draft Action Plan for delivering the South Kent Coast Health and Wellbeing Board Work programme:

Work Programme Objective:	Actions:	Delivered by:	Timescale:	Comments:
1. Develop a local delivery plan for JSNA/JHWBS to input and inform the County-wide plans and meet local needs	Localise the County JSNA and approved by the SKC HWBB	Jess Mookerhjee –Assistant Director of Public Health	Already agreed at the SKC HWBB on (<i>insert date</i>). To be updated by (<i>insert date</i>)	To be used as a point of reference in the preparation of all other documents
2. Through the identification of local needs and gaps in current service provision, develop a shared vision of what Dover/Shepway will look like in 3 years (a rolling 3 year plan)	Localise the County Joint Health and Wellbeing Strategy and approved by the SKC HWBB with any comments recommendations fed back to the Kent HWBB	Project Executive Group		Once Kent JHWBS finalised
	Combine the above 2 documents and align/reference to the SKC HWBB Health and Wellbeing Strategy and Health Inequalities Action Plan:			
11. Develop a local Health Inequalities Action Plan	a. Capture data on variations across SKC practices	Jess Mookherjee	Feb 2013	
	b. Discussion and decisions on mainstreaming equity audit process into commissioning in CCG	Jess Moorkherjee & Karen ?	March 2013	To CCG Clinical Cabinet or appropriate committee
	c. Data and reports on public health outcomes to be updated in local needs assessment and outliers identified	Jess Mookherjee	March 2013	
	d. District Councils wider determinants of health targets identified and agreed	Rob Jackson & Michelle Farrow	March 2013	
	e. Practice visits with variations data	Dr Sarah Montgomery	Feb-March 2013	
	f. Relevant projects identified in VCS	VCS Rep	March 2013	
	g. Engagement with Clinical Groups on local inequalities	Dr Sarah Montgomery	March-April 2013	

Work Programme Objective:	Actions:	Delivered by:	Timescale:	Comments:
	h. Workshop using Heat Map data for CCG and partners to engage on joint priorities	Jess Mookherjee & Jo ?	April 2013	
	i. Draft HWBS and HIAP drafted	Project Exec Group	April/May 2013	
	j. Communication and Engagement through all partners	Project Exec group	April/May 2013	
	k. Workshop across all H&WB partnerships to cement priorities, empower communities and consider draft HWBS and HIAP	All	April/May 2013	
	l. SKC HWBB to consider HWBS and HIAP		May 2013	
3. Maximise opportunities to work together through whole system change, using projects such as Pro-active Care and Single Point of Access	<i>Actions to be inserted</i>	SKC CCG		
4. Develop an integrated commissioning support framework at the local HWBB level (to tie into the Kent Health Commission) 5. Input to the Adult Service Transformation Programme (led by Director of Strategic Commissioning, KCC) in Dover and Shepway	Rationalise draft Strategy and agree recommended commissioning priorities	Virtual Integrated Commissioning Group	<i>Dates to be inserted</i>	
	Identify financials and timelines			
	Engage DASP			
	Recommend Integrated Commissioning Strategy to SKC HWBB			
	Recommend Integrated Commissioning Strategy to Kent HWBB			

Work Programme Objective:	Actions:	Delivered by:	Timescale:	Comments:
	Agree Highlight reporting and regular intervals			
6. Adopt the South Kent Coast CCG Engagement Strategy and develop a plan of action	Draft Strategy presented to SKC HWBB	Karen Benbow	5 th Feb 2013	Has SKC CCG already signed off the Strategy?
	Comments and amendments from partners incorporated			
	Final Strategy presented to SKC HWBB	Karen Benbow	April 2013	
7. Identify potential opportunistic funding streams and projects and associated governance arrangements.	Explore potential parks and open spaces joint bid	Emma Jane Allen (DDC) & Jess Mookherjee	?	As agreed at SKC HWBB meeting on:
	Explore input from SKC HWBB to Migration Fund EU Bid	Roy Millard-South East Councils	SKC HWBB –5 th Feb 2013	
	Identify further funding opportunities	All	Ongoing	
	Discuss devolving or partnership agreement on Public Health Funding			
8. Maintain awareness and input, if necessary and required, to the Canterbury C4 CCG and Ashford CCG work programme to ensure 'whole population' links	Initial meetings to be arranged	Michelle Farrow		Dates are being discussed
	Agreement on how interaction of work and membership will flow			
9. Identify needs assessment and evidence base for	<i>Actions to be inserted</i>			

Work Programme Objective:	Actions:	Delivered by:	Timescale:	Comments:
intermediate care beds in Dover, potentially leading to a full business case.				
10. Develop sub-structures to ensure the ongoing work programme is efficiently and effectively delivered.	Draft sub-structure to be agreed at SKC HWBB	Michelle Farrow	SKC HWBB –5 th Feb 2013	
	Chairs of linked partnerships to be engaged			
	Wellbeing Group (if agreed to be established)	Project Executive Group	May 2013	
	Review of sub-structures		November 2013	
Project Objectives:				
Healthy Living Pharmacy				
Rogue Café				
Patient Knows Best				

S11

Forward Plan key dates for SKC HWBB 2013/14:

Insert key dates to tie in with Kent HWBB

Date of SKC HWBB meeting:

Engagement on Kent Health and Wellbeing Strategy and Localisation of information

Consideration and discussion of Communication and Engagement Strategy

Consideration and discussion of CCG Operating Plans (SKC and C4G) for endorsement ahead of Presentation to Kent HWBB

To receive and agree the SKC HWBB Integrated Commissioning Plan for endorsement ahead of Presentation to Kent HWBB

Paper to: South Kent Coast Health and Wellbeing Board, 5th Feb 2013

Title: Proposal for the development of a South Kent Coast Health and Wellbeing Board Health and Wellbeing Strategy/Health Inequalities Action Plan

Recommendation: *For the SKC HWBB to approve the proposals and work plan as outlined in the following paper, with an update report at the April SKC HWBB meeting. Also for the proposals within this paper to be recommended to the County HWBB for consideration.*

Proposals:

- Proposal is to support the County wide plans (Joint Health and Wellbeing Strategy and Health Inequalities Action Plan 'Mind the Gap' 2012/15), using the relevant data and targets, by delivering a unique local plan that is relevant to local issues and needs.
- The draft plan will therefore be aligned with (but not duplicating) the Kent Joint Health and Wellbeing Strategy, 'Mind the Gap', SKC CCG Operating Plan, Joint Strategic Needs Assessment and both Shepway District Council and Dover District Council's Corporate Plans.
- Once drafted communication/engagement events will be organised.
- It is proposed the local Strategy will follow the model of Chris Bentley (the Christmas Tree model), summarised as:



- Each partner organisation then delivers relevant actions, either in their own right or jointly with others (right service, in the right place, at the right time).
- It is proposed the initial focus is of the overarching SKC Health and Wellbeing Strategy will tackle:
 - Access and Equality to Health Care
 - Empowering Local Communities
 - Supporting the creation of safe, healthy and prosperous environments
 - Giving Children the Best Start
 - Providing Integrated Services
- The SKC Health Inequalities Action Plan will form a critical element of this strategic overarching Health and Wellbeing Strategy, in turn contributing to the Kent wide strategies.
- Once drafted and agreed, the Strategy and Plan will be led by the proposed 'Wellbeing Group' (as shown on the structure plan), covering both Dover and Shepway. This group will align, support and enable implementation, overseen and directed by the SKC HWBB.
- It is proposed through these actions the key considerations for the SKC HWBB for 2013/15 are:
 - Teenage pregnancy
 - Smoking
 - Mental health
 - Exercise and NutritionWith cross-cutting themes of:
 - Poverty
 - Social Cohesion

Proposals for partner input:

- SKC CCG will initially focus on 'Access and Equity' – the proportionate delivery of a service to the whole population regardless of deprivation, ethnicity or any other area where there is potential vulnerability in poorer access. 'Industrialisation' – providing preventative and pro-active care systematically across the CCG practices patch to those able to benefit, a key contribution to narrowing the gap in life expectancy over time. 'Going the Extra Mile'- often requiring clinical staff to go further for complex cases regarding, for example, homelessness, travelling community, offenders, substance misuse and often requiring culture change, awareness raising, ownership, understanding, leadership and commitment.
- The District Council focus will be identifying and understanding the wider determinants of health impacting on and contributing to narrowing the gap in life expectancy over time, for example: licensing, environmental issues and enforcement, community safety, leisure, regeneration and the impacts of welfare reform on this agenda.
- The Voluntary and Community Sector focus will be to identify within the themes what is available, where and signposting, providing information from delivery partners on the ground.
- Kent County Council focus will be provided through the Kent Joint Health and Wellbeing Strategy (currently being drafted), and has been provided through 'Mind the Gap' with key objectives of:
 - Give every child the best start in life
 - Enable all children, young people & adults to maximise their capabilities and have control over their lives
 - Create fair employment and good work for all
 - Ensure a healthy standard of living for all
 - Create and develop healthy and sustainable places and communities
 - Strengthen the role and impact of ill health prevention.
- Timescales and detailed actions are proposed within the SKC HWBB Work Programme Action Plan.

Authors:

Jess Mookherjee
Dr. Sarah Montgomery
Rob Jackson
Michelle Farrow

Public Health
SKC CCG
Shepway District Council
Dover District Council

South Kent Coast CCG

Patients Know Best – Update

Summary

One of the three drivers behind the 'National LTC Model of Care' - National Public Service Agreement target which has been set to improve outcomes for people with long term conditions – is Self Care / Self-Management.

In order to meet these goals, South Kent Coast has volunteered to pilot a new IT platform called 'Patients Know Best' within select GP practices in the region. The PKB system enables patients to have greater control in the management of their care, and facilitates integrated working and communication, through a secure website by email, online consultations and collectively capturing patient notes and outcomes. Following initial registration, the patient / their designated carer controls which health / care professionals can access their information. Once authorised, those health / care professionals have access to the patient's electronic record, and are able to add information / view the latest updated information about the patient.

What's happened so far?

1. Following a complex piece of work, commercials for the project – including a formal contract with Patients Know Best; clarification of invoicing structure, support requirements etc. have been put in place.

2. The following GP practices have been identified as potential pilot sites:
 - Martello Road Surgery, Dymchurch
 - High Street Surgery, Dover
 - Peter Street Surgery, Dover
 - Hawkinge Medical Centre / Elham Valley Medical Centre
 - Hawkinge Care Home
 - White Cliffs Surgery, Dover
 - Dover Medical Practice

3. Initial meetings have taken place at 6 of the above practices, during which senior GPs / practice staff have been given a demonstration and overview of the system. Further meetings are currently being scheduled to provide one-to-one training and registration for those practices, and determine patient cohorts for inclusion in the pilot.

- 4.

5. The PKB project team attended the Dover/Deal Social Care Team meeting in December 2012 to provide an overview and demonstration of the system for the team.
6. Meeting with KMPT team took place in December 2013 to provide an overview and demonstration of the system for key staff, and also to determine key contacts for each area (SKC and Swale).
7. Initial training and registration has taken place for the Pro Active Care Community Team in Shepway. Initial training has also taken place for the Pro Active Care Community Team in Dover / Deal, but these staff still need to be registered on the system. Additional one-to-one sessions being scheduled for this purpose.
8. Some training for the Social Care teams in Dover/Deal and Shepway has already taken place; this is on-going.

Outstanding Issue

1. Although a very considerable amount of effort has been expended, there is still no agreement as to:
 - The Carer groups to be involved in the Pilot
 - The Process that is to be used by the Carer groups involved in the Pilot
2. Specifically, there is not a clearly defined process for the actual operation of the MDTs in the Pilots, specifically regarding the initiation of the process. Several fragments exist, but nothing written for review and agreement. It has been proposed to use the "FACE" BioOverview form for the initial assessment. As you will be aware, the "FACE" document set includes nine toolsets, each comprising a series of templates, which can be combined, in different groupings as appropriate, to promote multi-agency working. Recent discussions with CCGs, Kent County Council, KMHT and KCHT have highlighted the following issues:
 - There are several versions in current use – and, at this time, no agreement among the different Carer groups as to which will be used
 - The one loaded, by Catherine Clapton, onto PKB is a composite and is 60+ pages long; the potential users have only conducted limited testing and have identified several issues and there are very deep concerns among those potential users as to whether it could be satisfactorily completed on a device the size of a TAB2
 - Although a very considerable amount of effort has been put into the very large BioOverview document, the real requirement, as far as I can see, is for the Care Plan
 - Information governance issues have not been fully addressed and resolved for such a wide ranging document and process. It is true that the basic principle of PKB is that the Patient is the data owner but, given the potential issues affecting the patients who could be included in the Pilot, then several of the Carer groups are questioning whether the

Patient could validly give consent. Remember that this is a use of PKB considerably outside the company's prior experience or expertise. Further, if a Patient later withdraws consent, for example in a Mental Health case, where does that leave the system access?

- We have not addressed Support resourcing for the Pilot. PKB have stated that they have limited capability and the recently reduced project team is also stretched

What you can expect

1. Process design meeting to take place with Team Leaders from Community and Social Care 11th January 2013, to determine exactly how the PKB system will be used 'on the ground' by these teams. Process flowchart to be designed and confirmed.
2. Process design meeting to take place with Mental Health to determine how PKB system will be used, for any patients likely to require KMPT input into care.
3. Confirmation of requirements for hardware required, and agreement as to who will provide budget for the procurement. Although the costs were initially to come out of the LTC Programme budget this has recently been reduced by 80% and alternative sources of funding may be required
4. Information Governance implications still to be determined, although Jamie Sheldrake (Head of IG for K&M) has authorised the project to proceed in its pilot state from an IG perspective.
5. Pilot practices patient cohorts to be identified during MDTs. All potential care professionals / organisations that might need access to those patients' records on PKB to be flagged.
6. Overview and demo of the PKB system to be provided to senior KCC staff 12th February 2013.
7. System administrator at each pilot practice / care organisation to be identified and trained.
8. Ensure all care professionals involved in caring for those patients / clients in the cohorts have been trained, and are registered on the system.
9. Community Matrons / Social Care leads to visit those patients / clients identified as pilot practice cohorts, to register them on the system. Confirm care professionals to have access to PKB records with patient / client.