DOVER DISTRICT COUNCIL

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SHADOW BOARD

The Health and Social Care Act 2012 received Royal Assent on 27 March 2012. The Act makes provision for the establishment of Health and Wellbeing Boards. It is envisaged that these will become operational from April 2013 at which point they will become responsible for the discharge of a range of statutory responsibilities. Health and Wellbeing Boards will exist in 'shadow' status until April 2013 as a non-statutory forum. Until that time The Dover and Shepway Health and Wellbeing Board will meet in its shadow status in an advisory capacity for the purpose of working towards readiness for assuming its statutory responsibilities.

During the period throughout which the Board is meeting in its shadow status the Board intends that as a matter of practice its proceedings will be conducted in accordance with procedures informed by the Local Government Act 1972. Accordingly, agendas for the Board will be published five clear working days in advance of the date of the meeting and unless considering exempt or confidential information the agenda papers and meeting itself will be open to the public. Where exempt or confidential information is to be considered notice will be given in advance on the agenda as to which items it applies too.

15 October 2012

Dear Member of the Shadow Health and Wellbeing Board

NOTICE IS HEREBY GIVEN THAT a meeting of the **DOVER AND SHEPWAY HEALTH AND WELL-BEING BOARD (SHADOW)** will be held in the HMS Brave Room at these Offices on Tuesday 23 October 2012 at 3.30 pm

Yours sincerely

Chief Executive

AGENDA

1 **APOLOGIES**

2 **APPOINTMENT OF SUBSTITUTE MEMBERS**

To note appointments of Substitute Members.

3 **DECLARATIONS OF INTEREST**

To receive any declarations of interest from Members.

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

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

5 **UPDATE FROM CLINICAL COMMISSIONING GROUP**

To receive an update from Hazel Carpenter, Accountable Officer, NHS South Kent Coast CCG and Dr Joe Chaudhuri.

6 **KENT HEALTH COMMISSION UPDATE** (Pages 8 - 31)

(a) Review of Work Programme (following third facilitated session) – Councillor Paul Watkins, Leader of Dover District Council (attached)

(b) Joint Integrated Commissioning Strategy and Plan – Mark Lobban, Director of Strategic Commissioning, Kent County Council (attached)

(c) Project brief for Intermediate Care Services – James Lampert, Commissioning Manager, Kent County Council and Karen Benbow, Chief Operating Officer, NHS South Kent Coast CCG (attached)

(d) South Kent Coast CCG Community Engagement Strategy – Hazel Carpenter, Accountable Officer, NHS South Kent Coast CCG (to follow)

(e) Public Health Projects Update – Jess Mookherjee, Assistant Director of Public Health at NHS Kent and Medway (verbal update)

(f) 'Patient Knows Best' Update on pilots in South Kent Coast CCG area – Dr Joe Chaudhuri

7 **ACTION POINTS FOR GOING LIVE** (Page 32)

To consider the Action Points.

8 **DRAFT PARKS AND OPEN SPACES STRATEGY** (Page 33)

Discussion led by Emma-Jane Allen, Senior Infrastructure and Delivery Officer, Dover District Council.

9 **MATTERS RAISED BY MEMBERS OF THE BOARD**

To consider any other business raised by members of the Board.

This item replaces the previous 'any other business' item and will run until the Board moves beyond shadow status and public notice requirements come into effect.

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Notes of the implementation meeting of the **DOVER AND SHEPWAY SHADOW HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday 4 September 2012 at 3.30 pm.

Chairman: Councillor P A Watkins

Present: Councillor P Carr (Shepway District Council)
Councillor S S Chandler
Councillor R Gough (Kent County Council)
Councillor P G Heath
Ms K Benbow (Clinical Commissioning Group)
Dr J Chaudhuri (Clinical Commissioning Group)
Ms S Pitt (East Kent Primary Care Trust)
Ms J Mookherjee (NHS West Kent)
Ms C Davis (Kent County Council)
Mr R Jackson (Shepway District Council)
Mr J Lampert (Kent County Council)

Also Present: Councillor B W Bano
Councillor P M Beresford
Councillor P M Brivio
Councillor M A Russell
Councillor C J Smith

Officers: Chief Executive
Leadership Support Officer
Democratic Support Officer

Apologies for absence were received from Dr H Armstrong (C4G Clinical Commissioning Group), the Alternative Service Delivery Manager and the Leadership Support and Corporate Communications Manager.

10 NOTES

In respect of Note No 7, Ms Davis welcomed comments on the draft report which would feed into the development of the county-level Joint Health and Wellbeing Strategy which would, ultimately, influence a local health and well-being strategy.

In respect of Note No 9, the Board was advised that a correction needed to be made, in that it was Dr Chee Mah who had been appointed as clinical chair of the Clinical Commissioning Group (CCG).

Subject to the amendment relating to the CCG, it was agreed that the Notes of the Committee meeting held on 12 June 2012 be approved as a correct record and signed by the Chairman.

11 CLINICAL COMMISSIONING GROUP (CCG) UPDATE

Dr Chaudhuri reported that Karen Benbow had been appointed as the Chief Operating Officer. In addition, Hazel Carpenter had been appointed as the Accountable Officer and Jonathan Bates as the Finance Officer.

The Board was advised that, in relation to the annual operating fund, engagement events were due to be held with GP practices in Dover and Shepway. Eight CCGs across Kent and Medway were likely to be authorised, with Medway, Dartford and

Gravesham in the first wave. The four east Kent CCGs would be included in wave 4 in November. Authorisation was an ongoing process and would be granted according to conditions.

Ms Davis advised that Dover and Shepway was the only area operating a two-tier Health and Wellbeing Board (HWBB) system. A draft paper for the Kent HWBB, outlining a similar model to Dover's, would be circulated to Leaders in due course. This would emphasise the model of local engagement and monitoring, feeding up to County level. Members commented that a one-tier system could prove too homogenous and was unlikely to meet the disparate needs of the various districts.

Ms Benbow reported that the CCG was required to develop a five-year strategy and a one-year delivery plan. The former would outline the CCG's vision on population outcomes and operational strategies, and the latter would be an ongoing document that set out priorities for the next financial year and how Department of Health targets would be met. The five-year strategy would be completed by the end of October, and a series of events with practices and the public were due to be held in September. There was consensus that the Board should have sight of the draft and final strategies.

It was agreed

(a) That details of CCG Board members and their positions be circulated by Dr Chaudhuri.

(b) That the update be noted.

12 HEALTH AND WELLBEING BOARD WORK PROGRAMME

(a) Joint Integrated Commissioning Plan (JICP)

Mr Lampert advised that the JICP would be an integrated commissioning strategy and delivery plan, focusing on preventative and community services and end-of-life care for adults. For the first time, the district councils had been involved in developing the JICP. Ms Mookherjee commented that the JICP would interact with a local health and well-being strategy (the latter being the overarching plan for the Board), and efforts were being made to align these as they had become 'disconnected' due to reforms. The JICP would encompass several elements, including health inequalities and areas around children and families. It was noted that work on children's services and health inequalities would be carried out separately to the JICP.

It was intended to take the JICP to the facilitated session on 20 September and to the Kent Health Commission on 4 October, with a draft plan ready by November 2012.

(b) Potential Public Health Projects Update

Ms Mookherjee reported on the development of a new interactive software tool. The software allowed users to access data down to street and house level, and would prove a useful tool for planning public services. The CCG had helped to develop the software and would be involved in authorising licence applications. The software currently utilised health and social care data, but this could be extended to local authority and other data.

The Board was advised that the Healthy Living Pharmacy project was progressing, with 33 of the best performing pharmacies already registered. All pharmacies in Dover and Shepway would be invited to participate, and an engagement event was due to be held at the end of October. The project would cover weight management, smoking cessation and sexual health services amongst others, and was a low cost way of delivering easy access prevention services. It was anticipated that there would be greater uptake of these services through the participating pharmacies, which would be re-branded. The £80,000 funding across Dover and Shepway would facilitate training, publicity, etc. It was agreed that it would be helpful for the project manager to report to a future meeting of the Board.

(c) Buckland Hospital

Several members raised concerns that the new Buckland hospital development would not have intermediate care beds. There was consensus that, initially, a needs assessment should be undertaken to identify need and existing community bed capacity. Subject to the results, a business case would then be developed. Ms Mookherjee undertook to ascertain whether there was capacity within her team to carry out the needs assessment, in cooperation with Kent County Council (KCC) and linking to the Kent Community Trust's internal review of bed usage. It was agreed that it would be appropriate for the JICG to consider this matter at its next meeting as a strategic overview was required. Working with others, Ms Pitt undertook to draw up a project plan to develop a needs assessment.

(d) Patients Know Best

Dr Chaudhuri reported on Patients Know Best, a secure online system which allowed the patient to determine and control who was given access to their personal records. The system, which complied fully with NHS Data Protection requirements, would enable data to be shared across different organisations, resolving many of the confidentiality issues that currently hampered the sharing of information amongst GPs, hospitals, etc. Swale, the South Kent Coast CCG and the Kent and Medway PCT Cluster would be piloting the system for patient care plans. It was very much hoped that the system would be rolled out across Kent.

It was agreed:

(a) That, in relation to intermediate care beds, a report be submitted to the next meeting of the Board, setting out the specification for the needs assessment, including scope of research, methodology and timetable.

(b) That a presentation on Patients Know Best be made to the Board at a future meeting.

13 3RD FACILITATED SESSION – 20 SEPTEMBER 2012

Ms Mookherjee raised concerns that the agenda for the session on 20 September lacked any reference to the Board's work programme and future direction. Although the JICP was included, this was only one aspect of the Board's work. It was agreed that the original Work Plan be reviewed and included on the agenda, and the item on the roles of the KCC and Dover District and Shepway Boards be considered last for 30 minutes.

It was agreed:

That the agenda for the 3rd Facilitated Session be amended as suggested.

14 DRAFT KENT JOINT HEALTH AND WELLBEING STRATEGY

The Board was advised that the Kent HWBB was required to produce a Joint Health and Wellbeing Strategy. Key stakeholders had been consulted and the Strategy would go out for public engagement in October. The document would focus on a wide range of health issues and, in particular, on areas where Kent was doing worse than the national average. It would be a high-level, county-wide document. Members were advised to send comments by 10 September which would be considered by the KCC Board on 19 September. The Strategy was due to be adopted in December.

It was agreed:

To note the draft Kent Joint Health and Wellbeing Strategy.

15 MATTERS RAISED BY MEMBERS OF THE BOARD

There was discussion regarding third sector representation on the Board. It was agreed that representatives from Dover and Shepway were needed. Community Healthwatch could be a potential source of representatives, and it was suggested that those with local links could be approached. Alternatively, lay members of the East Kent PCT could be considered. In response to Councillor Watkins, the Board was advised that the Dover Adult Services Partnership (DASP) came under the Board, although it did not report to the Board. There was consensus that the DASP lacked direction and would benefit from a membership review. Ms Mookherjee offered to attend meetings.

It was agreed:

That voluntary sector membership of the Board and DASP membership should be reviewed.

The meeting ended at 5.18 pm.

Work Programme for the Dover District Shadow Health and Wellbeing Board for 2012/13

(Agreed by the HWBB March 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 C4 CCG work programme to ensure 'whole population' links.*[1]
9. *Evidence base for intermediate care beds in Dover*[2]

	EVIDENCE BASE	**STRATEGY**	**DELIVERY**	**SCRUTINY**
COUNTY	KENT SHADOW HEALTH AND WELLBEING BOARD			KCC SCRUTINY
	JSNA	HWB STRATEGY		SCRUTINY WORKPLAN
		MIND THE GAP	KENT HEALTH INEQUALITIES ACTION PLAN	
DISTRICTS /CCG	LOCAL SHADOW HEALTH AND WELLBEING BOARDS			DISTRICT SCRUTINY
	JSNA- CCG AREA LOCALISATION	HWB STRATEGY – CCG AREA LOCALISATION	INTEGRATED COMMISSIONING PLAN	SCRUTINY WORKPLAN
			LOCAL HWB H.I ACTION PLAN	
			CCG COMMISSIONING PLAN	

Statutory Duty

[1] Added following the 3rd facilitated session 20.09.12

[2] Added following the 3rd facilitated session 20.09.12 - Potential to lead to Full Business Case?

By: Mark Lobban, Families and Social Care, KCC

To: Dover and Shepway Health and Wellbeing Board, 23.10.12

Subject: Integrated Commissioning Strategy and Plan

Summary: Kent County Council, South Kent Coast CCG, Dover and Shepway District Councils have been working together to develop an integrated commissioning approach focussed on four key areas. This approach will enable partners to focus on innovation and commission the right services to met community needs, including shifting resources out of the acute sector.

Background

1. Integrated Commissioning is not a new concept, there have been a number of attempts to deliver such an approach, however, this has tended to be parallel commissioning rather then integrated commissioning. Getting our approach to commissioning right is key to how we will ensure we have the right services, provided in the right place at the right time. It will also drive the integration of service provision.

2. Whilst integrated commissioning is not a new concept, the approach to its development in Kent is unique compared to other two tier authority areas, in that the District Councils are equal partners in the process.

Integrated Commissioning Strategy and Plan

3. A Virtual Integrated Commissioning Group (comprising Dover and Shepway Councils, Kent County Council and SKC CCG) has been established which has been developing a strategy, plan and toolkit for undertaking integrated commissioning. It will then move on to undertaking a gap analysis between where we are and where we want to get to in terms of health gains, and then begin the process of commissioning and reconfiguring services to meet those gaps. The following four key areas of commissioning activity have been identified by the Group, which support delivery of the shared aims:

    a. Preventative services
    b. Short term care, including a focus on local Intermediate Care and Enablement services
    c. Management of Long Term Conditions, including accommodation needs
    d. End of Life Care

4. It was agreed early on in the process that the Integrated Commissioning Strategy and Plan would focus on where working together will add value, and to focus on adults in the first instance (a parallel process is being developed for children's services). Please note that the attached plan is a live document and "work in progress". An updated version will be tabled at the meeting.

5. The recent Dover and Shepway Health and Wellbeing Board facilitated event discussed and supported the shared aims of the Integrated Commissioning Strategy:

   - To improve the health and wellbeing of people in Dover and Shepway living with long term conditions, enabling as many people as possible to manage their own condition better.
   - People with disabilities and older people will be supported to actively participate in the lives of their local communities, enabled by environments that are inclusive, accessible and safe for all.
   - To support families and carers in their caring roles and enable them to actively to contribute to their local communities.
   - To ensure that the best possible care is provided at the end of people's lives.

6. The Kent Health Commission has also supported both the Strategy and the Plan.

Next steps

7. Work will continue to develop the plan as detailed above.

8. Further work is being undertaken to identify in more detail how the resources are allocated, and to clarify the governance arrangements between partners. The Integrated Commissioning Group is not a commissioning body; commissioning decisions will still sit with the CCG Board, District Councils and Kent County Councils as accountable bodies. However, the Integrated Commissioning group can advise and inform partner bodies on what should be commissioned and where.

Recommendation

9. The Dover and Shepway Health and Wellbeing Board are asked to endorse the focus of the Integrated Commissioning Plan.

Lead officers:
Caroline Davis, Strategic Business Advisor, KCC – caroline.davis@kent.gov.uk
James Lampert, Commissioning Manager, KCC – james.lampert@kent.gov.uk

DRAFT - Integrated Commissioning Strategy for NHS South Kent Coast Clinical Commissioning Group area

Executive Summary

The local district councils, the county council and the new NHS Clinical Commissioning Group have been working together to develop this strategy which aims to improve health, social care and environmental services for the people of Dover and Shepway. We believe it is essential that we work closely together to co-ordinate the way services are provided for adults living in the area so that they can lead healthier and more active lives.

This strategy focuses on adults with a disability and older people, where there is value in the respective organisations working together. It will address some of the pressing needs identified through the local Joint Strategic Needs Assessment, particularly around the care of people with long term conditions and for those families and individuals supporting them.

Four shared aims have been identified as the first set of priorities that we will work together toward:

1. To improve the health and wellbeing of people in Dover and Shepway living with long term conditions, enabling as many people as possible to manage their own condition better.
2. People with disabilities and older people will be supported to actively participate in the lives of their local communities, enabled by environments that are inclusive, accessible and safe for all.
3. To support families and carers in their caring roles and enable them to actively to contribute to their local communities.
4. To ensure that the best possible care is provided at the end of people's lives.

The combined health and social care spend in Dover and Shepway is in the region of £283m. We have a new opportunity to ensure that this money is spent in the best possible way for the benefit of local residents.

A detailed integrated commissioning plan accompanies this strategy and describes which services need to be commissioned to achieve the shared aims.

Introduction

NHS South Kent Coast CCG, Kent County Council, Dover District Council and Shepway District Council believe that it is essential to plan and commission services *together*, where it adds value, for the benefit of people living in this area.

Our aim is that, by 2017, we will change the system of care so that adults will be at the heart of their care and support, receiving services without organisational barriers that are easy to access, of high quality and that maximise their ability to live independently and safely in their community.

By working in new and innovative ways as partners we will achieve these objectives:

- Focus on prevention and targeted interventions
- Ensure services respond rapidly and are more effective
- Support carers and empower individuals to do more for themselves
- Improve the patient experience of the delivery of care

The strategy and plan is not supposed to cover all commissioning activity, so readers will only see some services described here, but they will be related to the shared outcomes and areas where there is value in partners looking at things together. This first version will focus only on adults who have health, social care and housing needs. For the avoidance of doubt, this includes older people, physically disabled people, people with learning disabilities and people who have a mental illness.

We will focus on creating an environment where providers of health and social care, housing and community based services can deliver them to a high quality for the population of Dover and Shepway. We will work with providers and incentivise them to work together to deliver better, integrated care and support around the needs of the individual, whether this involves health, social care, housing or voluntary sector services and support.

The purpose of this strategy and plan

This strategy describes the shared outcomes that health, social care and district council partners want to see for people living in the Dover and Shepway areas and how, together, we will ensure that services are delivered to achieve those outcomes. A plan has also been developed that describes the actions required to deliver this strategy.

The plan will help build a cohesive picture of the services currently being commissioned in Dover and Shepway. Over time it will be a tool that can be used to plan changes that we need to make to health, social care and housing services to see significant improvements to the health and wellbeing of the people living here.

This first integrated strategy and plan is the starting point on a new way for the NHS, KCC adult social care and district councils to work together within

the new commissioning structure that has followed the changes brought about by recent changes in legislation[1].

Why do we need to work together?

We need to work together so that we can collectively ensure that we keep the individual at the heart of everything we do and to ensure that we are effectively co-ordinating the range of services that people need to use.

The current system for supporting people living in Dover and Shepway is not affordable given the known demographic and economic pressures.

How we will work together:

- Focus on our common **shared aims** to achieve improvements to the health, social care, housing and environmental services available in this area
- **Listen to the voice of the community** to continue to develop and refine this plan
- **Share information** so that commissioners, across organisations, are well informed and can **make good decisions** in the best interests of the population who live in Dover and Shepway
- Recognise the **value that will be achieved through co-ordinating** the commissioning of services
- Strive to make the **best use of public money** and achieve the **best outcomes for individuals** by jointly commissioning and delivering services where this makes sense
- Work together to achieve **an agreed shift in resources from acute settings to community settings**

This strategy will focus on the following four themes as a basis for describing the joint commissioning activity of partners:

1. Prevention and self care
2. Short term care and support – goal orientated
3. Long term care and support – sustained and ongoing
4. End of life care

The biggest area of spend, accounting for about 70% of the health and social care budget, is on people with long term conditions (like heart disease, dementia, diabetes, stroke, chronic obstructive pulmonary disease). This strategy will address ways of supporting people with long term conditions to stay healthy, well and lead active lives in their local communities.

There are increasing demographic pressures on budgets in relation to long term conditions, with increasing numbers of people have 2 or more long term conditions. The approach we all take to supporting people needs to be re-modelled to respond to the needs of the whole person and their family, rather than the “single disease management” approach.

[1] Health and Social Care Act 2012

The Kent Joint Strategic Needs Assessment identified the need to taking a life course approach to improving health and wellbeing. It focuses on four main areas, including prevention and the shift out of hospital care and has a relationship to the strategy to manage the impact of long term conditions.

These two areas are also reflected in the Joint Health and Wellbeing Strategy. The JHWS will inform commissioning decisions made by local partners, so that they focus on the needs of service users and communities, tackle factors that impact on health and wellbeing across service boundaries and influence local services beyond health and social care to make a real impact on the wider determinants of health.

Of the 5 key outcomes identified in the JHWS, this Commissioning Strategy will deliver against 4 of them:

- People are taking greater responsibility for their health and wellbeing.
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support.
- People with mental ill health are supported to live well.
- People with dementia are assessed and treated earlier.

The other outcome detailed in the JHWS is that "Every Child has the best start in life". A separate local integrated strategy and plan is currently being developed for childrens' services.

Taking our shared aims forward

The following 4 shared aims, common to all the partner organisations, has emerged through the process of developing this integrated commissioning strategy and plan. These aims are already reflected in each partner's own organisational plan, but shown here to reflect the outcomes that we are collectively trying to achieve, either through jointly commissioning services or through commissioning a component part which supports the wider shared aim.

The outcomes we want to achieve:

Shared Aim 1:	To improve the health and wellbeing of people in Dover and Shepway living with long term conditions, enabling as many people as possible to manage their own condition better
Why this is important:	There is an increase in demand on services caused by demographic changes. Current services are not all fit for purpose and do not give the best outcomes for people using them.
Relevant objectives:	• Focus on prevention and targeted interventions • Ensure services respond rapidly and are more effective • Support carers and empower individuals to do more for themselves

	• Improve the patient experience of the delivery of care
Relevant themes:	Prevention and self care, Short term care and support – goal orientated, Long term care and support – sustained and ongoing
Outcomes:	• Reduced hospital admissions • Reduced length of stay in hospital • Timely access to local health and social care services • Improved access to information which allows people to make decisions about their own lives • Thriving and self reliant communities • Better use of public funds by reducing duplication and creating efficiencies where public bodies work better together

Shared Aim 2:	People with disabilities and older people will be supported to actively participate in the lives of their local communities, enabled by environments that are inclusive, accessible and safe for all.
Why this is important:	All people need to feel valued and safe in the place where they live. This includes their home and their local community. Everyone should have the opportunity access the place where they live, to have relationships with people around them and to actively contribute to the lives of their communities.
Relevant objectives:	• Focus on prevention and targeted interventions • Ensure services respond rapidly and are more effective • Support carers and empower individuals to do more for themselves
Relevant themes:	Prevention and self care, Short term care and support – goal orientated, Long term care and support – sustained and ongoing
Outcomes:	• People will have access to local, quality housing that meets their needs • People will be able to get around and access facilities in their local communities • People will have more choice and control over the health and social care services they use • After people are discharged from hospital they will return home to a safe and accessible environment as quickly as possible • Reduced number of hospital admissions as a result of a fall

Shared Aim 3:	To support families and carers in their caring roles and enable them to actively to contribute to their local communities
Why this is	Carers play a vital role in our communities. Too often carers

important:	are forced to ignore their own needs because of the demands they are under. We need to work together to ensure that taking on a vital caring role does not mean people having to take less care of their own health or career opportunities or suffer from social exclusion. We believe that carers are entitled to their own lives and are important in their own right as individuals not just for the role they provide[2].
Relevant objectives:	• Ensure services respond rapidly and are more effective • Support carers and empower individuals to do more for themselves
Relevant themes:	Prevention and self care, Short term care and support – goal orientated, Long term care and support – sustained and ongoing
Outcomes:	• Getting people healthy and into work • Carers have access to good quality information and advice • Carers are supported to access integrated health and social care services to support them in that role • Carers will be able to have a life of their own alongside their caring role • Carers will not be forced into financial hardship by their caring role • Carers will be supported to stay mentally and physically well and treated with dignity

Shared Aim 4:	To ensure that the best possible care is provided at the end of people's lives
Why this is important:	• The proportion of people dying in hospital has been steadily reducing but the disparity between preferences of place of death and the reality remains stark. • Adequate advanced planning could prevent the use of emergency services and other resources. • There is an expected increase in the number deaths due to demographic changes in the population so end of life care services need to respond to this[3].
Relevant objectives:	• Ensure services respond rapidly and are more effective • Improve the patient experience of the delivery of care •
Relevant themes:	End of life care
Outcomes:	• Improve end of life care for people living in residential, nursing care and extra care housing

[2] Source: Kent Adult Carers' Strategy (June 2009)
[3] Source: Draft EOL Care Needs Assessment for Eastern and Coastal Kent, August 2012

	• More people die in the place of their choice having received the care appropriate to their needs • Improved end of life care for people with dementia, long term conditions, cancer and non-cancer related illness

There will be a separate detailed plan which brings integrated commissioning activity together, with key shared outcomes and related activity. It will clearly define who will be the responsible partners in delivery and when we plan to commission services.

Before this plan can be fully developed, it is important to understand that a prioritisation exercise will need to be undertaken by lead commissioners across organisational boundaries following engagement with the public and elected members. They will need to explore how the Joint Strategic Needs Assessment relates to commissioning intentions and in time, to understand that this work will develop into a more detailed plan that drives change, truly reflects the needs of local populations and can be supported by the local Health and Wellbeing Board members.

The financial position – current spend

It is helpful to understand how money in this area is currently spent by KCC social care and by the NHS so that we can begin to look for opportunities to re-model how and where we spend.

KCC Social Care Spend - adults

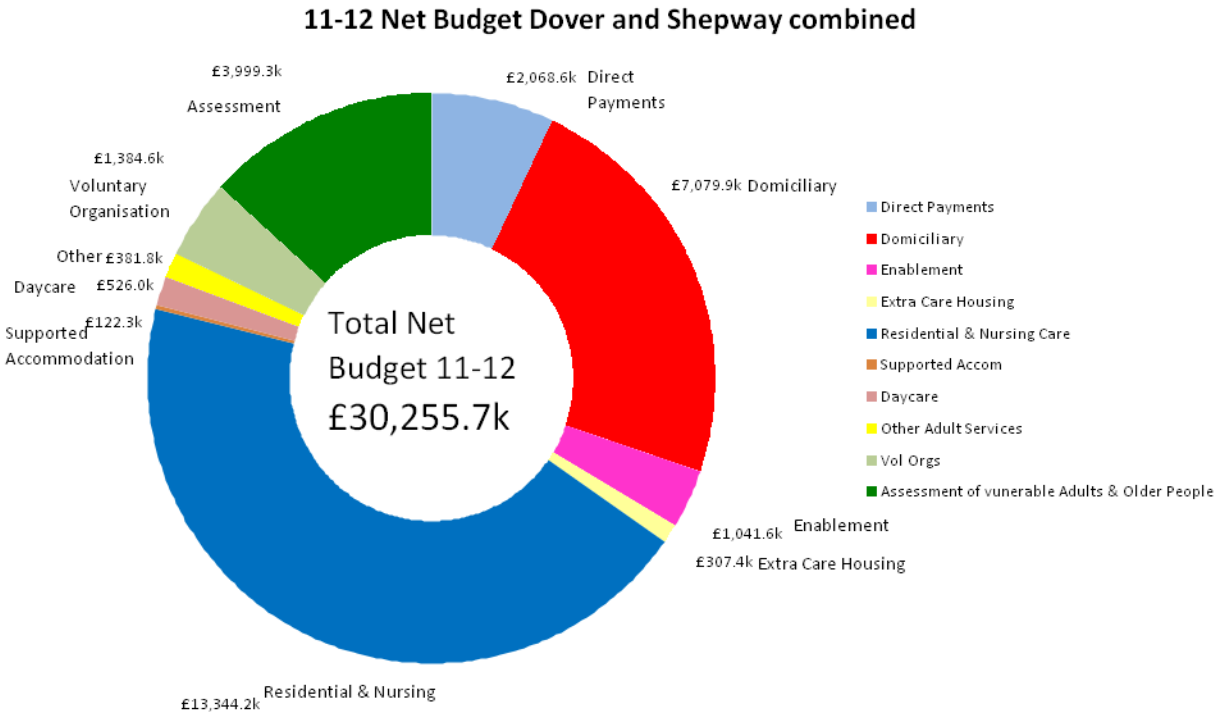

Figure 1: Adult Social Care Spend for Dover and Shepway 2011-12 (note, excludes learning disability and mental health services)

Social care spend '11-'12	Shepway (000's)	Dover (000's)	Total (000's)
Direct Payments	£ 1,402.50	£ 666.10	£ 2,068.60
Domiciliary	£ 3,967.00	£ 3,112.90	£ 7,079.90
Enablement	£ 685.90	£ 355.70	£ 1,041.60
Extra Care Housing	£ 203.60	£ 103.80	£ 307.40
Residential & Nursing Care	£ 7,842.30	£ 5,501.90	£ 13,344.20
Supported Accom	£ 46.30	£ 76.00	£ 122.30
Daycare	£ 434.20	£ 91.80	£ 526.00
Other Adult Services	£ 257.00	£ 124.80	£ 381.80
Vol Orgs	£ 740.60	£ 644.00	£ 1,384.60
Assessment of vunerable Adults & Older People	£ 2,038.20	£ 1,961.10	£ 3,999.30
TOTAL	£ 17,617.60	£ 12,638.10	£ 30,255.70

This information describes the adult social care budget for older people and people with a physical disability. The way the budget is currently calculated does not describe the whole picture e.g. spend on carers is included within spend on voluntary sector organisations and day care.

Spend on learning disability and mental health services will be included in the next revision of this document.

NHS Spend - adults

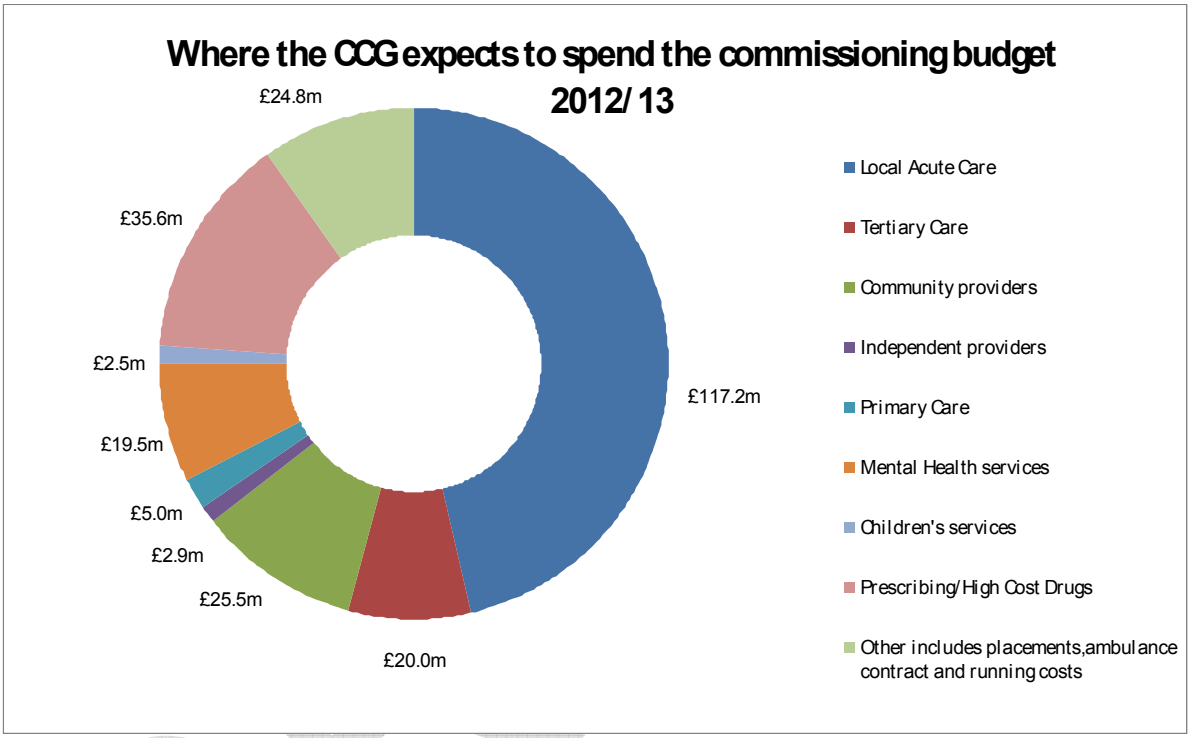

Figure 2: NHS South Coast Kent CCG expected spend for 2012-13

NHS Expected spend '12-'13	Total (£ 000's)
Local Acute Care	117,200
Tertiary Care	20,000
Community providers	25,500
Independent providers	2,900
Primary Care	5,000
Mental Health services	19,500
Children's services	2,500
Prescribing/High Cost Drugs	35,600
Other includes placements, ambulance contract and running costs	24,800
TOTAL	253,019

The chart (fig.2) is a reasonably accurate depiction of where the CCG spends the commissioning budget. The headings are quite broad as, at this time, it is

not possible to break down the spend to specific disease areas such as Long Term Conditions. Following future refinements to financial reporting we should be able to provide greater detail. Our aim is to shift the proportion of spend by reducing spend in the acute sector and increasing spend in the primary/community sectors over the coming years.

Currently health and social care both use terms such as “intermediate care” but they have different definitions in each organisation. We are jointly aiming for greater alignment of definition to be able to use the financial information in a constructive way to inform decisions.

Understanding these budgets is part of the strategy and the work we need to do together.

Reference list / key documents

- Health and Social Care Act 2012
- South Kent Coast CCG Commissioning Plan 2012-5 / Annual Operating Plan 2013-16
- KCC Bold Steps for Kent
- KCC Adult Social Care Transformation Blueprint 2012
- Dover District Council Corporate Plan 2012-2016
- Shepway District Council Corporate Plan 2012 - 17
- Dover and Shepway Joint Strategic Needs Assessment 2012
- Health and Wellbeing Strategy for Dover and Shepway (to be written)
- Draft Joint Health and Wellbeing Strategy (2012)
- Draft Eastern and Coastal Kent End of Life Care JSNA – August 2012
- Live it Well
- Kent and Medway Dementia Integrated Plan (2012)
- Kent Carers Strategy (2009)

Integrated Commissioning Plan for South Kent Coast CCG area v 0.10 27.9.12

Please refer to the accompanying strategy which sets out the 4 shared objectives agreed by members of the Dover and Shepway Health and Wellbeing Board (Shadow) at the workshop on 20th September 2012.

Please note that this is a "work in progress" draft / living document. We are just entering a cycle for both the CCG and KCC Strategic Commissioning to decide the priorities for the next year (and subsequent years) – this document will need to be updated again by end of November 2012 to reflect those commissioning decisions.

Shared Outcome 1:

To improve the health and wellbeing of people in Dover and Shepway living with long term conditions, enabling as many people as possible to manage their own condition better

	Shared objectives	Theme 1Prev 2ST 3LTC 4EOL				Sub-the me	State if commissioned or if this is a future idea	What will be commissioned	Who	When	Reference to other plans (web links to be added later)	Governance route for approval	Progress (RAG)
1.1	To improve the health of people with Long Term Conditions and prevent admission to hospital. Enable more people to self care. For people with a learning disability it is important to enable access to mainstream services	**x**				Risk stratification, self management	Done	Pro-Active Care Pilot in Shepway and roll out to Dover/Deal. To include social care input. Intensive 12 week support plan to empower individuals Care Navigator to provide follow up support		Started July 2012 in Shepway. Extend to Dover/Deal in September.	SKC CCG Commissioning plan	SKC CCG Board. Integrated Commissioning Group OPPD.	Green
1.2	People with LTC and at highest risk of admission to hospital will be identified	**x**				Risk stratification	Links with social care being scoped	Risk Stratification Tool – K&M HIS team developing CPM model	CCG / KCC (lead to be identified from CCG / Sally Smith, KCC)	?September 2012	LTC Programme	SKC CCG Board and KCC DMT	Red
1.3		**x**				Risk stratification	work Mary Silverton (KCC) is doing with Hawkinge House and local GP surgery		Mary Silverton, KCC				
1.4	Reduce hospital admissions and improve health and social care outcomes	**x**				Advanced Assistive Technologies	Done	Telecare equipment and response services.	Hazel Price, KCC	Ongoing		DMT	Green
1.5	Reduce hospital admissions and improve health and social care outcomes	**x**				Advanced Assistive Technologies		Telehealth	SKC CCG			SKC CCG Board	
1.6	Lifeline services helps vulnerable people live in their own home	**x**					Under reviewed to explore options for expanding services offered.	Lifeline	SDC	Ongoing	SDC Corp plan		
1.7	Reduce hospital admissions	**x**				Prevention		Care Management post planned in QEQM to provide supported discharge and diversion from statutory care	Janice Duff, KCC	?	Long Term Conditions Strategy		Red

	Shared objectives	Theme 1Prev 2ST 3LTC 4EOL				Sub-the me	State if commissioned or if this is a future idea	What will be commissioned	Who	When	Reference to other plans (web links to be added later)	Governance route for approval	Progress (RAG)
	Increased independence of patients and service users												
1.8	Improved advice, guidance and information for people with special needs	**x**				Prevention		Specialist Autistic Spectrum Condition – a service for people without a learning disability e.g. Asperges Syndrome	Chris Beaney, KCC	October 2012			
1.9	Improved emergency response Reduced duplication for patients/service user		**x**			Extend plans for integration of health and social care teams Social Services structures to be reviewed		Programme to extend integration to include OOH and Night Nursing across locality (Dover and Thanet) Co-location planned	Janice Duff, KCC	End of December 2012			Amber
1.10	Avoid hospital admission		**X**			Intermediate care / enablement	Short term bed requirements need to be scoped. Model of care to be developed and agreed. Assessment beds in housing schemes to include intensive ICT rather than in care home setting?	Intermediate care service requirements to be determined	?Paula Parker / Janice Duff, Mary Silverton, KCC / Christy Holden	Project Brief to Dover/Shepway HWBB October 2012		KCC DMT / CCG Board / Dover and Shepway HWBB	Amber
1.12	People are able to access health and social care services in a timely and co-ordinated way		**x**			Access		111 service, which will interface with integrated Single Points of Access	CCG / Paula Parker, KCC	April 2013		?	Amber
1.13	Reduce the number of 999 calls as a result of a fall. Reduce the number of repeat 999 calls. Prevent conveyance to hospital. Prevent admission to residential or nursing care. Enable the older person to continue to live in their own home. Rebuild confidence and independence.		**X**			Falls	Scope options to develop a combined NHS (SECAMB) and KCC Social care falls response service		James Lampert, KCC	April 2013	FSC Adult Social Care Transformation Programme	KCC Transformation Programme Board	Amber
1.14	Reduce hospital admissions		**x**			Admission prevention		Ba**riatric bed** , although in Ashford area is also catering for Shepway and Dover	Mary Silverton, KCC	?		?	Amber
1.15	To reduce hospital admission, reduce length of stay, improve health and social care outcomes, create efficiencies			**X**		Neighb'hood care teams		Integrated neighb'hood teams for Dover/Deal (5) and Shepway (3) Continue with local implementation including full co-location of SPA and fully integrated model of care across health, social care, mental health and	James Lampert / Janice Duff / Mary Silverton KCC/ CCG	July 2012 – health and social care teams to be working virtually (Dover/Deal) Tbc – Shepway,	LTC Programme; Health and Social Care Integration Programme; CCG commiss'ning plan; KCC Transf'mation Programme	Integrated Comm Board OPPD. SKC CCG Board	Amber

	Shared objectives	Theme 1Prev 2ST 3LTC 4EOL				Sub-the me	State if commissioned or if this is a future idea	What will be commissioned	Who	When	Reference to other plans (web links to be added later)	Governance route for approval	Progress (RAG)
								community nursing services across all care pathways		but building on PAC project			
1.16	To reduce admissions to hospital from care homes; to maintain health of people living in care homes and prevent nursing home admission. Improve medicines management compliance; improve quality of care			**X**		Care homes	Dover/Deal is developing a coordinated plan to work with the care home sector, with a focus on pressure ulcers	Provision of Consultant support in residential and nursing homes. They will accept direct referral from GPs and/or care home managers if referral criteria is met	Social Care ?CCG	Dover/Deal plan for September 2012	SKC CCG Comm Plan/KCC	SKC CCG Board	
1.17	Enable people to have more choice and control over their health and social care support to meet personal outcomes Establishing a locality based commissioning mechanism to deliver self management			**x**		Integrated budgets	New programme to be established Joint commitment to take forward DH "further, faster" work re: IPBs	Integrated Personal Budgets mechanism to be tested	Gina Walton, KCC	Project running September 2011 – July 2012 New dates to be agreed	Long Term Conditions Strategy	Personal Health Budget Programme Board	Green/Amber
1.18	To enable people to have more control over their own care and support			**x**		Care Planning	Explore opportunities to link to KCC MySupport / AIS Support plan info as part of next phase	Pilot of "Patient Knows Best" for 0.5% top risk stratified patients in SKC and Swale CCG areas.	NHS Kent and Medway / CCG / Janice Duff and Mary silverton, KCC	Go-live mid October 2012	SCK CCG Commissioning plan	CCG Board / Cluster Board	Amber
1.19	Increase diagnosis rates for people with dementia within primary care Improved care for people with a learning disability who develop dementia			**x**		Dementia	review memory assessment services to make them more primary care focussed and there are potentially opportunities to jointly commission some of the post diagnostic support	For people with a learning disability – establish baseline assessment screening process at age 30	Linda Caldwell, K&M	?	Kent and Medway Dementia Plan	?	?
1.20	Improved care for people with a learning disability who develop dementia			**X**		Dementia		development of dementia cafes and peer support groups / Broadmeadow – use of ST beds and daycentre , evaluation of admission avoidance successrate/ Intergenerational project between Hawkinge House , Brockhill School and Broadmeadow including dance and use of technology	Mary Silverton		Kent and Medway Dementia Plan		

Shared Outcome 2:

People with disabilities and older people will be supported to actively participate in the lives of their local communities, enabled by environments that are inclusive, accessible and safe for all

	Shared objectives	Theme 1Prev 2ST 3LTC 4EOL				Sub theme	State if commissioned or if this is a future idea	What will be commissioned	Who	When	Reference to other plans (web links to be added later)	Governance route for approval	RAG
2.1	To enable disabled and older people to live safely in their own homes	**x**				Housing	Dover Adult Strategic Partnership (DASP) to support vol sector, including housing	East Kent Home Improvement Agency Handyman scheme	KCC Supporting People and CCG	Awarded August 2012		Supporting People Integ commissioning	Green
2.2	Improve access to information for patients to enable self management and supported self management – thereby reducing contacts with secondary care and social care	**x**				Information	Review opportunities for collaboration with KCC and District Councils	Implement local directory of services to maximise use of contracted services other than MIU/A&E	SKC	Implemented April 2012. To be reviewed. Review collaboration opportunities by Dec '12	CCG commissioning plan KCC Transformation Plan	CCG Board KCC Transformation Prog Boards	Green Red
2.3	Enable people to resolve non-complex issues for themselves without the need to access statutory services	**x**				Information Falls Benefits	Consider use of Community / Village agents. Link with care navigators and health trainers. Consider off-shelf information solutions. Consider links to supporting health needs – scope opportunities See 2.5 below for linked ideas		Karen Cook / james Lampert, KCC / CCG	Scope by Dec '12	Adult Social Care Transformation Programme	KCC Transformation Programme Board	Amber
2.4	Thriving and self-reliant communities, able to identify their own community needs and how to address them	**x**				Community capacity		Increase support for Neighb'hood Forums in Dover/Deal (currently 5) – NOT COMMISSIONED SERVICE. To discuss.	DDC				Amber
2.5	Increased independence of patients and service users	**x**				Prevention	Explore potential for integration of Health Trainer and Care Navigator roles. See 2.3 above	Maximise use of health trainers to work with practices to tackle frequent users of MIU/WIC and OOH services			Long Term Conditions Strategy.		Amber
2.6	Improve availability of preventative services to stop people entering the statutory health and social care system	**x**				Community capacity; carers; social isolation; falls	Review voluntary services infrastructure; investment appraisal		Karen Cook & James Lampert, KCC	End September for KCC high level falls proposals and social isolation proposals	Adult Social Care Transformation Programme	KCC Transformation Programme Board	Green
2.7	Mitigate against impending increase in poverty	**x**				Community capacity	Explore options for projects e.g. 'food co-ops', community kitchens, family share and eat 'rogue cafes', community coaching groups in adult education, family budgeting groups, credit unions, business and						

	Shared objectives	Theme 1Prev 2ST 3LTC 4EOL				Sub theme	State if commissioned or if this is a future idea	What will be commissioned	Who	When	Reference to other plans (web links to be added later)	Governance route for approval	RAG
							enterprise training, time banks						
2.8	Healthy eating/ lifestyle	**x**				Leisure		'Lets Eat' 'Fit Pack' 'Anti smoking project' 'Fun, Fit Food' 'Hand washing workshops'	Arthur Atkins (SDC) Local schools	Ongoing			
2.9	Active family/ lifestyle					Leisure		Green Gyms	Jyostna Leney (SDC), British Trust for Cons Volunteers	Ongoing	SDC Corp Plan		
2.10			**x**			Intermediate care / enablement Learning Disability services are developing an enablement model in Dover/Deal	Review intermediate care and explore opportunities to jointly commission intermediate care / enablement services. Consider role of OTs and access to telecare		K&M, Paula Parker / Jo Empson KCC Chris Beaney, kCC	LD enablement model ready to be piloted – October 2012	Adult Social Care Transformation Programme	KCC Transformation Programme Board CCG Board ?Urgent Care Board	Amber
2.11	People are able to access the most appropriate community health or social care services in a timely way. They will get good quality, local information		**x**			Access; Information	Single Point of Access affordability / resourcing being planned	Single Point of Access (this may be at a CCG, EK Federation or Kent level).	Fiona Dempster, KCC leading.	By March 2013	Health and Social Care Integration Programme	KCC DMT; SKC CCG Board	Amber
2.12	• Getting people healthy and into work: ○ Supporting businesses and growth ○ Supporting skills education and training		**x**			Employment							
2.13	Support for victims of domestic abuse Rehabilitating offenders					Community Safety	Potential for DASP and Neighb'hood Forums to help address community safety issues	'New Beginnings Project' 'Power to change programme' 'Kaleidoscope' 'Who can help' booklet 'Community Domestic Abuse Program'	Jyostna Leney (SDC) CSP DDC	Ongoing	SDC Corp Plan CSP Plan		Green
2.14	Improved service outcomes for people with a learning disability			**x**		Integrated Learning Disability Teams		There is a commiss'ned learning disability service for all people in SKC. Integrated team based at Cairn Ryan	Chris Beaney	Ongoing			
2.15	Enable vulnerable people access to quality housing to			**x**		Housing	LD teams working to develop specialist housing schemes		Dover District Council				

	Shared objectives	Theme 1Prev 2ST 3LTC 4EOL				Sub theme	State if commissioned or if this is a future idea	What will be commissioned	Who	When	Reference to other plans (web links to be added later)	Governance route for approval	RAG
	live independently												
2.16	Enable vulnerable people access to quality housing to live independently			**X**		Housing	Accommodation Strategy to be developed by Jan 2013; better use of telecare		Christy Holden		Accommodation Strategy (2013)		Amber
2.17	Extra Care Sheltered schemes are in the right places with no over-provision and are cost effective			**X**		Housing	Review Sheltered Housing schemes in Shepway. Develop extra care sheltered housing in Deal.		Shepway District Council; DDC; Christy Holden, KCC	By September 2012	KCC Transformation programme; Extra Care strategy; Accommodation Strategy (2013)		Amber
2.18	Disabled Facilities Grants (DFGs)			**X**				SDC refer people onto be assessed. Up to £30k.	Bob Porter (SDC) KCC OTs		SDC Corp Plan		
2.19	Home Improvement Agency			**X**				Facilitate the delivering grant and the adaptations. Handy person service. Give out information and advice.	Bob Porter (SDC) KCC OT bureau		SDC Corp Plan		
2.20	Review of sheltered housing and extra care			**x**			Current sheltered housing not meeting needs of community. Review occurring in 2012/13.	New sheltered housing	Bob Porter (SDC) Registered Social Landlords Private sector Kent Housing Group and Joint Policy and Planning Board		SDC Corp Plan Better Homes: Housing an aging population (Draft, KHG)		
2.21	Home Safe loans program			**X**				£100k for loans for vulnerable people, to make house safe (excess cold, damp etc).	Bob Porter (SDC)		SDC Corp Plan		

Shared Outcome 3:

To support families and carers in their caring roles and enable them to actively contribute to their local communities

	Shared objectives	Thene 1 Prev 2 ST 3 LTC 4 EOL				Sub theme	State if commissioned or if this is a future idea	What will be commissioned	Who	When	Reference to other plans (web links to be added later)	Governence route for approval	RAG
3.1	Increased carer support Raised GP awareness	**x**				Carers		Carers project officer to work in GP surgeries (Dover/Deal)					Green
3.2	Working closely with families to address all issue preventing employment		**x**					Working Families	KCC Jyostna Leney (SDC)	Ongoing	SDC Corp Plan		

Shared Outcome 4:

To ensure that the best possible care is provided at the end of people's lives

	Shared objectives	Thene 1 Prev 2 ST 3 LTC 4 EOL				Sub theme	State if commissioned or if this is a future idea	What will be commissioned	Who	When	**Reference to other plans (web links to be added later)**	Governence route for approval	RAG
4.1				**x**		Care planning		Implement anticipatory care plans for older people and those at end of life to avoid unplanned death in hospital	David Smithard – advanced care planning PCT Comm'ners – admission rates				
4.2	Improved service to patients				**X**	Improved integration of Neighb'hood Teams and EoL services	Preliminary work needed to understand EoL integration issues	To be established	Janice Duff, KCC				Amber

4.3	To improve End of Life care pathway for people living in the community, extra care housing, residential and nursing care				**X**	Care homes and extra care housing		Consultant support in residential and nursing homes. They will accept direct referral from GPs and/or care home managers if referral criteria is met	? Social Care; Christy Holden ?CCG		SKC CCG Commissioning plan	SKC CCG Board	
4.4	To ensure that people receive the most appropriate care at the end of life				x	Access		A single point of access for palliative care (The Invicta Project with Pilgrims Hospice delivering service). Need to look at options to link with future integrated SPA.	CCG, Fiona Dempster, KCC	From January 2012			Green

Notes – place to be found, developed or discounted from plan

Shared Outcome (Top level)	**Shared objectives / aims**	**Theme 1Prev 2ST 3LTC 4EOL**				**Sub-theme**	**State if commissioned or if this is a future idea**	**What will be commissioned**	**Who**	**When**	**Reference to other plans (web links to be added later)**	**Governance route for approval**	**Progress (RAG)**
x						Benefits							
x	Awareness raising for substance abuse		**x**				Planning	Events run to help other agencies identify sign of substance abuse (ie KCC wardens, Jobcentre, Housing)	Jyostna Leney (SDC)	Ongoing	SDC Corp Plan CSP Plan		Green
X	Parenting courses to support families		**x**					12 week course addressing DA and substance issue.	Jyostna Leney (SDC) Social Services, Children's centres	Ongoing	SDC Corp Plan CSP Plan		Green
x				**X**		Mental Health							
x				**X**		Carers							

Futher information awaited from Mental Health social care commissioner and from KCC Head of Service (Shepway) re: locality commissioning plans (as at 27.9.12)

Project Brief

Intermediate Care Services in Dover

Background

1. The Dover and Shepway Health and Well Being Board has prioritised the development of a business case to determine whether there is need for further development and investment in intermediate care beds in Dover. There is currently access to 12 beds for use as intermediate care sited across a number of locations in care homes. This brief describes the approach that will be taken to inform the next steps.

Strategic context

2. Both the South Kent Coast Clinical Commissioning Group and KCC Families and Social Care are committed to commissioning consistent and equitable services across the geography of the CCG area. There is concern from stakeholders that Dover is under-served with regards to some community health and social care facilities.

3. A major theme of NHS care has been to provide more care services more locally and where possible at home. Commissioners are committed to providing community support services to patients, particularly elderly patients, wherever possible in their own home. Much investment has gone into delivering this model of care across all localities. However, commissioners also believe there is a need to provide community based support to supplement home-based intermediate care for those for whom it is not possible or practical, and to provide for the likely demand imposed by a growing elderly population. The provision of intermediate care beds in any local facility in no way detracts from the commitment to provide home-based care where possible and best for the individual.

4. An East Kent Intermediate Care Review has already been commissioned by CCGs, covering Ashford, Canterbury, South Kent Coast and Thanet. This work is being undertaken by the Integrated Commissioning Team at NHS Kent and Medway.

   The objectives of this review are:
   - to define the terminology surrounding intermediate care services to ensure that all providers and commissioners of intermediate care have a shared understanding of the terminology used locally
   - to identify the local pathways for intermediate care and how they perform

- to identify the resource capacity and how it is deployed
- to identify if the current resource is fit for purpose
- to identify any gaps in services for patients who do not fully meet the intermediate care criteria; e.g those with dementia or have suffered from a stroke and also those who become terminally ill whilst on the intermediate care pathway.

The initial report is expected by the end of October 2012.

Purpose

5. The project under consideration in this paper will cover the following issues:

   a. To scope the definition of Intermediate Care across both healthcare and social care to ensure that a common understanding of the usage of any potential beds is agreed.

   b. Completion of a needs analysis and assessment of the impact of projects i.e. Pro-Active care, to determine whether the current 12 beds is sufficient now and coherent with future plans.

   c. To explore the current model of care to determine whether it meets the needs of the local population and optimises both outcomes for individuals and the best use of resources. If determined that it is sub-optimal, the project will define a revised model of care which will lead into an options appraisal exercise in order to develop the commissioning of these beds, in line with an agreed detailed service specification.

   d. If the need for an options appraisal is agreed this will include a market analysis and financial impact assessment.

6. It is anticipated that the East Kent Intermediate Care Review may answer some of these questions, although not all of them, for example, it is unlikely to include the impact of the Pro-Active care pilot or detail about the patient flow in the Dover area.

Methodology

7. The following data will be collected from both health and social care sources as available, for an agreed period that will determine evidence of need :

   - Number of placements to short term beds
   - Number of spot-purchase short term placements that has resulted from no available beds.
   - Bed occupancy rates over same agreed period
   - Average length of placement
   - Map where Dover patients are placed if not in Dover with reason for location i.e. choice vs lack of availability in Dover

- Projection of need based on public health data for increase in need over the next 5 and 10 years.

8. The health outcomes that will be used to determine the optimal model of care will be agreed at an early stage so that data may be collected and compared with different models of care for similar demographic populations elsewhere.

9. A strategic outline case (SOC) that was developed by Eastern and Coastal Kent PCT in 2010. This will be reviewed and revised to match changes to local needs. The SOC lacked robust data from social care, which will no longer be the case.

Outcome

10. The project outcomes will be reported to the South Kent Coast Health and Well Being Board (Shadow).

Recommendations

11. The SKC Health and Wellbeing Board (Shadow) are asked to endorse the following recommendations:

    a. To await the East Kent Review of Intermediate Care Report, due at the end of October 2012, before progressing new local work.
    b. For the SKC virtual integrated commissioning team to analyse the East Kent Review of Intermediate Care Report and see how the findings relate to local need. Following this, a business case and options appraisal for intermediate care / enablement services should be developed for the whole South Kent Coast area.

Lead contacts:

Karen Benbow
Chief Operating Officer
South Kent Coast CCG

James Lampert
Commissioning Manager
Families and Social Care, KCC

9.10.12

Dover Shepway Health and Wellbeing Board Action Points, following the 3rd Facilitated Session:

1. Need to consider lateral relationships – collaboration with other HWBs and CCGs***** and also relationship to National Commissioning Board

2. Thought needs to be given about sequence of writing HWB strategies' – County and local

3. Identifying gaps where more than one CCG involved

4. We need to ensure emphasis on a local bottom up approach

5. We ought to consider potential for conflict and worst case scenarios – whose responsibility lies where and how to deal with one partner in disagreement*****

6. We need the granular information which GPs have to do something to really make a difference

7. KCC HWB strategy is a high level document with local chapters'*****

8. We need to ensure that CCG engagement includes HWBs – alignment

9. Increasingly we need to be aware of others, e.g., voluntary sector, providers.

10. Governance***** – Terms of Reference and membership to be agreed formally before going live: 04th December meeting to consider

11. Clear definition of roles, accountabilities and responsibilities*

12. Need to agree Voluntary and Community Sector representation

13. We need to acknowledge that we count our beans differently[1]

14. We need to embrace both quick wins and longer term aspirations – agree priorities and lead organisations (where necessary)

15. Build Dover Shepway Health and Wellbeing Board priorities into Corporate Plans/Aims and Objectives at next point of review

* Incorporated into final Terms of Reference and Membership?

[1] Will be part of/recognised through the Joint Integrated Commissioning Strategy

Agenda Item No 8

By: Emma-Jane Allen, Senior Infrastructure and Delivery Officer, DDC

To: Dover and Shepway Health and Wellbeing Board, 23 October 2012

Subject: Draft Parks and Open Spaces Strategy

Summary:

Open space is essential to urban areas, providing significant quality of life and health benefits for the local community. As part of the green infrastructure network it can also contribute towards improving the appearance of the built environment; managing flood risk; attracting new business and investment and promoting a sense of place and community identity. Dover District is well provided with most types of open space, particularly for accessible natural and semi-natural open space. However, there are gaps in provision and in some cases the quality falls below expected standards.

The district contains several large parks, alongside numerous smaller amenity green spaces. These sites form a very valuable resource, some of the most popular being historic parks in urban areas. For example Kearsney Abbey attracts large numbers of regular visitors from both within and beyond the district. Although the day-to-day maintenance of these urban parks is sufficient, they are in urgent need of capital investment to increase capacity, raise standards and secure them for the long term. Currently Dover District boasts only one Green Flag award and no Blue flags, which is a lower tally than in neighbouring authorities; increasing the number of awards is a major objective.

Dover District's Local Plan, including the Core Strategy, is based on a high growth approach. Demand arising from this expected growth will increase the pressure on existing facilities and may give rise to a need for increased provision of open space, either in terms of quantity or quality, or both. To help assess need, publicly accessible open space in the district has been audited and standards for its provision have been proposed. Standards apply to the following categories:

- Accessible green space – parks and gardens, amenity open space, green corridors, village greens, informal kick-about areas, informal playable space and closed churchyards;
- Outdoor sports facilities – dedicated sport facilities that are suitable for competitive matches and formal training activity
- Children's play space – equipped play space, multi-use games areas and skate parks
- Community gardens and allotments

The proposed standards will be consulted upon and taken to examination in public as part of the Land Allocations Local Plan document. Strategies are being developed to demonstrate how the standards may be delivered, in this case focussing on provision of parks, amenity green space and multifunctional open space. The National Planning Policy Framework specifies that Local Planning Authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population including expected future changes and barriers to improving health and well-being (paragraph 171), therefore consultation with the Health and Wellbeing Board will form an important part of shaping the strategy.

The Parks and Open Spaces strategy will include distribution maps, an analysis of audit findings, identification of strategic sites and action plans. Current levels of provision will be assessed against the accessible green standard to identify any gaps in provision or spare capacity. Information presented in the strategy will help to ensure existing funds are deployed as efficiently as possible and will be used to support applications for external capital funding. By 23rd October, the strategy will be well advanced and the Health and Wellbeing Board will be presented with the latest findings.

Lead Officer:
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