Public Document Pack

SOUTH KENT COAST HEALTH AND WELLBEING BOARD

White Cliffs Business Park Dover Kent CT16 3PJ
Telephone: (01304) 821199 Facsimile: (01304) 872300

13 March 2017

Dear Member of the Health and Wellbeing Board

NOTICE IS HEREBY GIVEN THAT a meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** will be held in the HMS Brave Room at these Offices on Tuesday 21 March 2017 at 3.00 pm

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

Yours sincerely

Chief Executive

South Kent Coast Health and Wellbeing Board Membership:

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

AGENDA

1 **APOLOGIES**

To receive any apologies for absence.

2 **APPOINTMENT OF SUBSTITUTE MEMBERS**

To note appointments of Substitute Members.

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

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

4 **MINUTES** (Pages 5 - 8)

To confirm the Minutes of the meeting of the Board held on 24 January 2017.

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

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

6 **PREVENTION, SELF-CARE AND HOUSING WORKSTREAMS UPDATE** (Pages 9 - 12)

To consider the attached report.

Presenter: Wendy Slater, Project Manager Integrated Commissioning South Kent Coast Clinical Commissioning Group

7 **DOVER DISTRICT COUNCIL LOCAL PLAN REVIEW PROCESS** (Pages 13 - 22)

To receive a presentation.

Presenter: *Rebecca Burden, Senior Planner, Dover District Council*
Emma-Jane Allen, Principal Infrastructure and Delivery Officer

8 **LOCAL CARE UPDATE** (Pages 23 - 27)

To consider the attached report.

Presenter: Mark Needham, Chief Officer, Integrated Accountable Care Organisation

9 **MATERNAL SMOKING CESSATION** (Pages 28 - 31)

To consider the attached report.

Presenter: Hilary Knight, South Kent Coast Clinical Commissioning Group

10 **URGENT BUSINESS ITEMS**

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

Access to Meetings and Information

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

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

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

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

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

Declarations of Interest

Disclosable Pecuniary Interest (DPI)

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

Other Significant Interest (OSI)

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

Voluntary Announcement of Other Interests (VAOI)

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

Note to the Code:

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

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 24 January 2017 at 3.00 pm.

Present:

Chairman: Councillor P A Watkins

Councillors: Dr J Chaudhuri
Councillor P M Beresford
Ms K Benbow
Councillor S S Chandler
Councillor J Hollingsbee
Mr S Inett

Also Present: Head of Communities (Shepway District Council)

Officers: Head of Leadership Support
Leadership Support Officer
Team Leader – Democratic Support

34 APOLOGIES

Apologies for absence were received from Ms C Fox and Councillor M Lyons.

35 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointed.

36 DECLARATIONS OF INTEREST

Dr J Chaudhuri advised that he had an indirect interest in the Dover Leisure Centre item as he was involved in the provision of health services to Whitfield.

37 MINUTES

It was agreed that the Minutes of the Board meeting held on 22 November 2016 be approved as a correct record and signed by the Chairman.

38 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

39 KENT AND MEDWAY SUSTAINABILITY AND TRANSFORMATION PLAN

Karen Benbow, Chief Operating Officer (South Kent Coast Clinical Commissioning Group) presented the update on the Kent and Medway Sustainability and Transformation Plan (STP).

The objective of the STP was to deliver a radical transformation in health and wellbeing, quality of care and financial sustainability in four key areas:

- Care Transformation (preventing ill health, intervening earlier and bringing care closer to home);
- Productivity (maximising efficiencies in shared services, procurement and prescribing);
- Enablers (investing in estates, digital infrastructure and work force); and
- System Leadership (developing the commissioner and provider structures needed to unlock greater scale and impact).

The STP continued the development of 'Local Care' (i.e. out of hospital care) that the South Kent Coast Clinical Commissioning Group had been working on prior to the STP. Local Care would bring together primary care general practices into larger clusters that would be able to work with community, mental health and social care services to deliver an integrated service in the community and home environment.

In East Kent it was estimated that the change to a Local Care model would achieve activity savings of £160 million and free 300 acute hospital beds through being able to discharge patients to appropriate local care. However, it was emphasised that this did not mean that there were plans to reduce the number of acute beds accordingly.

A working group was looking at issues around workforce gaps and how to make jobs more interesting and provide opportunities for progression.

There were four tiers of care which would provide the appropriate care at the point at which it was needed:

- Level 1 - Prevention (including the development of healthy life styles);
- Level 2 – Primary and Community Care Access (8am to 8pm access by practices co-operating)
- Level 3 – Minor Injury Units and Extending Access
- Level 4 – Acute Care, Emergency, Specialist and In-Patient

Members of the Board were advised that working with Kent County Council was fundamental in respect of integrated health and social care provision. This included the joint commissioning of community beds to ensure consistency of commissioning costs.

Bids had been submitted for national transformation funding in respect of mental health, cancer and diabetes. These were one-off funds to enable changes in service delivery.

A number of listening events would be held in February 2017 on the options with the formal consultation taking place during summer 2017. The listening events would be clinically led and structured around a presentation and a discussion.

In response to comments by Mr S Inett, the Board was advised that it was accepted that the language used in the listening events and consultation needed to be clear for the public and terminology explained.

The importance of clarity around proposals for the future of acute hospitals and Accident and Emergency Centres was emphasised as this was a significant concern

for many people. The Board was advised that the building of a new hospital in Canterbury was not an option due to the costs involved.

RESOLVED: That the presentation be noted.

40 DOVER LEISURE CENTRE

Emma-Jane Allen, Principal Infrastructure and Delivery Officer (Dover District Council) and Laura Corby Principal Leisure Officer (Dover District Council) presented the report on the proposals for the new £26 million Dover Leisure Centre.

The Leisure Centre would have a county standard 8 lane, 25 metre pool and offer an increased range of facilities including more health and fitness stations. The overall facility mix would meet strategic sporting needs as identified in the Dover District Indoor Sports Facility Strategy. There would also be an increase in the amount of accessible access and the provision of 'changing places' changing rooms. The design also allowed for the addition of a spa or expansion to the leisure facilities in the future.

It was intended that a planning application would be submitted in March 2017 and the new Leisure Centre would be open in early 2019.

The Council had worked with Sport England since the start on the Leisure Centre and would be applying for a capital grant from them once invited to do so. The Active Aging Fund was also inviting expressions of interest for schemes that engaged older people which linked to the prevention and wellbeing agenda and there was a synergy between health and leisure on a number of issues including tackling obesity and inactivity.

RESOLVED: That the presentation be noted.

41 CHILDREN AND YOUNG PEOPLE'S UPDATE

Councillor J Hollingsbee (Shepway District Council) informed the Board that the grant application process had been completed and the successful applicants would be notified shortly.

The priorities for the Children and Young Peoples' Dashboard were set by the Children and Young Peoples Framework as followed:

- Children and young people grow up in safe families and communities
- Children and young people have good physical, mental and emotional health
- Children and young people learn & have opportunities to achieve throughout their lives
- Children and young people make safe and positive decisions

Members received an update on the latest Dover and Shepway Dashboards for Children and Young People. As a result of the Dashboards, the issues in respect of the number of 16-17 year olds entering the youth justice system and self-harm hospital admissions were being looked at further.

Overall, the Dashboards remained helpful but there was a need to improve the consistency of the data collection in some areas. In particular, in Dover where there was limited access to public health services there was less data available.

Members were advised that teenage pregnancy rates still remained an issue and for Dover the issue of breast feeding had been added as a priority with allocated funding.

RESOLVED: That the update be noted.

42 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 4.40 pm.

South Kent Coast
Clinical Commissioning Group

Health, Housing and Social Care & Prevention and Self Care

Workstreams Update

Dr Joe Chaudhuri

Health, Housing & Social Care

- South Kent Coast has adapted the national Memorandum of Understanding (MoU) to support joint action on improving health through the home to guide local focus. Establishing local housing conditions, identifying opportunities to support people remaining independent at home and preventing avoidable hospital admissions remains key.

- District Councils continue to monitor local housing stock to inform where priorities are. We are looking at opportunities to use our recently developed Environmental Assessment (co-designed by health and housing) to help identify inadequate environmental conditions. The assessment is available to all agencies and provides links to housing advice, home adaptations and where to turn to for mental health and well being support. SKC is promoting the use of Dalhousie Frailty score as an anticipatory tool for care planning for potentially vulnerable people and this has also been shared with housing colleagues.

- In January this year, SKC attended the Joint Planning and Policy Board to update on all our work towards an Integrated Accountable Care Organisation. This is a Kent wide forum and to date, SKC is the only CCG to have attended .

- The Housing Forum November 2016 brought together colleagues from across the housing sector, providing a reminder into the services available to support good health. There was a full house at the event (appx 80 +). The feedback highlighted the challenges the sector faces. A task and finish group led by EK Housing is in preparation to address the issues raised including improving communications and continued raising awareness of support services.

- KCC and SKC CCG have jointly proposed a commissioning strategy for provision of short term beds, awaiting committee process.

Environmental Assessment: South Kent Coast Health, Housing and Social Care

Your home

Flat/Building/House Number/Name					
Street name				Post code	
Housing	EK Housing		Tenant (Private Sector Housing)	Home Owner (Private Sector Housing)	
Number in household (Total)			Under 10 years	Over 65 years	

For flats, which floor is the flat on?

Basement		Ground		1st		2nd		3rd		4th		5th		Other (specify)	

Your Self

1 CLIENT DETAILS (THE PERSON ANSWERING THE QUESTIONS)		Title (Mr, Mrs, Miss etc.)	
First Name:	Surname:	D.O.B.	
Contact Details (home & mobile):			
NHS No:	Email:		

Housing conditions

Are any of the following issues present at the property?			
Uneven/slippery floors and paths		No proper kitchen or in poor repair	
No washing facilities or in poor repair		Steep stairs with poor lighting	
Broken or missing handrail or broken steps/stairs		Doubled glazed windows	
Problem with electrics - broken sockets/exposed wires		Damp/mould in any room	
No hot water		Steep stairs with poor lighting	
Other - give details:			

Heating at home

How is your home heated?							
Is the heating working?	Yes	No	How old is the system?		Electric		Gas
Do you find it hard to keep your home warm in winter?	Yes	No	Don't know				
Do you find it hard to afford your electricity/gas bills?	Yes	No	Don't know				
Is your home adequately insulated?	Yes	No	Don't know				

Safety

Do you feel safe within your own home?	None of the time	Rarely	Some of the time	Often	All of the time
	1	2	3	4	5

Have you had any accidents within your home over the past 12 months e.g. a fall	Yes	No
Details:		
Have you visited your GP in the last 12 months as a result of your home conditions	Yes	No
Details:		
Do you have smoke detectors present and working on every floor?	Yes	No

Aids & adaptations

Do you have difficulty using the following due to your health or disability?					
Bath or shower		Kitchen		Stairs	
Getting in and out of your home		Bathroom/toilet		Bedroom	
Does the property already have any disabled adaptations?				Yes	No
Please provide details of those adaptations:					

Environmental Assessment: South Kent Coast Health, Housing and Social Care

Access to Healthcare

Is everyone in the home registered with the following services?		Doctor	Yes	No	Dentist	Yes	No
GP name		GP Surgery		No. of people with this surgery?			
GP name		GP Surgery		No. of people with this surgery?			

NOTE: To register with a Doctor or Dentist contact NHS England on 1.0300 311 22 33 or Email england.contactus@nhs.net

Does anyone in the household have difficulty getting to your doctor or dentist?	Yes	No
What is the cause of this difficulty? (e.g. mobility, transport, surgery hours)		

Help that we can offer if you agree: Direct referral to an agency who will contact you (indicate ✓)

KCC Social Services 03000 41 61 61 social.services@kent.gov.uk	**Kent Fire & Rescue Service (KFRS)** 0800 923 7000 home@kent.fire-uk.org
Social Housing Issues (EK Services) Dover: 01304 821199 | Independentlivingteam@eastkenthousing.org.uk Shepway: 01303 853700 | shepway@eastkenthousing.org.uk	**Home Improvement Agency / Handyperson / Gardening Services** 0800 028 3172 eastkenthia@familymosaic.co.uk
Private Sector Housing Dover: 01304 872 397 privatesectorhousing@dover.gov.uk Shepway: 01303 858660 privatesector.housing@shepway.gov.uk	**Live Well Kent** (local community support for mental Health and Well Being) 0800 567 7699 info@livewellkent.org.uk
Environmental Issues (noise, pollution, waste & rubbish) Dover: 01304 821199 | envhealth@dover.gov.uk Shepway: 01303 853000 | environmental.health@shepway.gov.uk	**Citizens Advice** (including benefit advice) Dover: 01304 202442 | doverdealadvice@co.uk Deal: 01304 374128 | doverdealadvice@co.uk Shepway: 01303 241435 | Email: on-line form only
KCC Warden 03000 41 34 55	**Kent Police Community Safety** (Neighbourhood Watch) Dial 101 (police non-emergency number)

Additional information (e.g. ex-serviceman/woman?):

If you are referred to other services, how would you prefer to be contacted?

In writing		By phone		e-mail	

I give my permission for my details to be shared with appropriate departments and services to see whether I qualify for any grants or other sources of help. I understand that I may be contacted directly by some of these agencies where a referral has been made. I understand that my details will be stored electronically and that some of my information may be used for statistical purposes. I also understand that I may be contacted to participate in customer surveys from time to time from these agencies but that my information will **not** be used for commercial purposes. *NB: Referrer may sign on client's behalf with permission.* **I confirm that I have read/have heard the above statement and understand the purpose of this form and agree to the use of this information as described above.**

Client Signature :					
Visiting Officer:					
Agency/Organisation :					
Date:		Email:		Phone :	

NHS South Kent Coast Clinical Commissioning Group · Kent County Council · Dover District Council · Shepway District Council
V1.0 October 2016 (review April 2017)

Prevention & Self Care

- **Age UK Personalised Integrated Care Programme** – SKC awarded bid to provide programme locally. The Programme promotes independence and prevents avoidable hospital admissions for people with long term conditions. Programme launch January 2017.
- **Care Navigation** - Care Navigation, making sure people receive the support they need at the right time underpins SKC's local care model. We are working to increase current resources to provide equitable access across SKC. The service complements the Age UK Personalised Integrated Care Programme.
- **SKC's Public Health Priorities** have been identified. Focus is on healthy weight, opportunities to support early identification are being considered. Substance Misuse services are keen to provide support in GP practices where space allows; this is challenging.
- **Inequalities** – worked with a local drop in centre to put in additional services to support this vulnerable group and also offered flu vaccinations – working with local practices to support them with their vulnerable patients
- **Migrant Health** - will be rolling out an APP for migrants to assist with understanding of and how to use health services. Education package being delivered for general practice, by Doctors of the World on understanding migrant health and their needs

DDC Local Plan Review

Local Plan Review

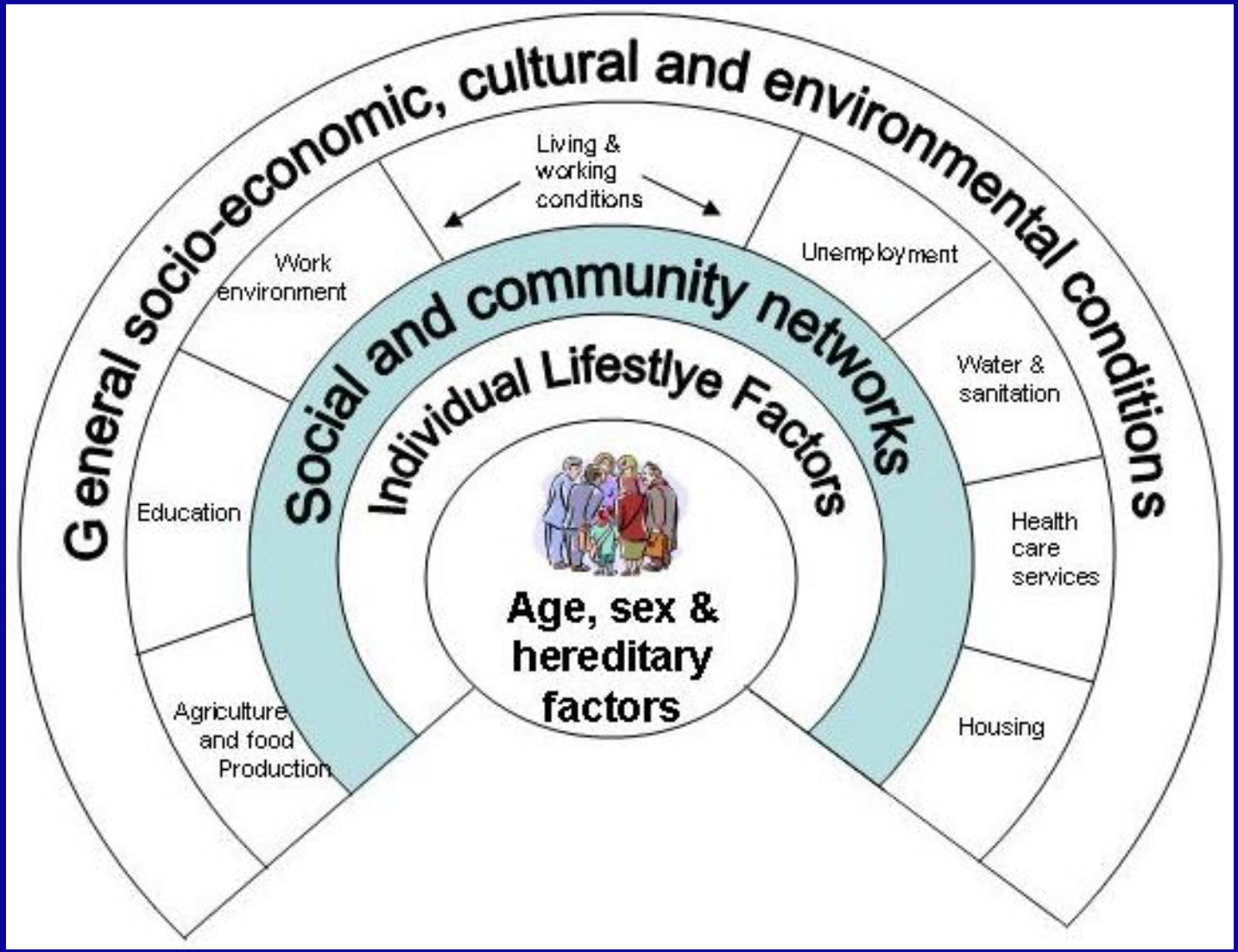
- Government requires Councils to update their Plans every 5 years
- Current Development Plan is out of date and not in compliance with NPPF
- Decision taken by Cabinet to move forward with a Local Plan review
- Expected to be completed by July 2019
- Public and stakeholder consultation on key issues in June 2017
- Public consultation on emerging strategy Autumn 2018

Scope of the Local Plan

- Housing – target of 529 houses pa or 12,696 houses between 2014 and 2037
- Employment
- Retail and Town Centres
- Transport
- Infrastructure and funding
- Design
- Environment
- Land Allocations
- Development Management Policies

Relationship between Health and Planning

Public Health England's Healthy People, Healthy Places programme recognises that the built and natural environment are major determinants of health and that the design of the built environment and access to natural spaces have an influence on health and wellbeing.



DOVER DISTRICT COUNCIL

Role of Planning in Public Health Promotion

- NPPF requires planners to take account of local health and wellbeing needs and strategies/ service plans in the development of the Local Plan
- Duty to co-operate in plan making on health issues
- Neighbourhood Planning is an opportunity for communities to improve their health and wellbeing – engagement necessary
- Local density and space standards have implications for health
- Need to plan for an ageing population

Continued…

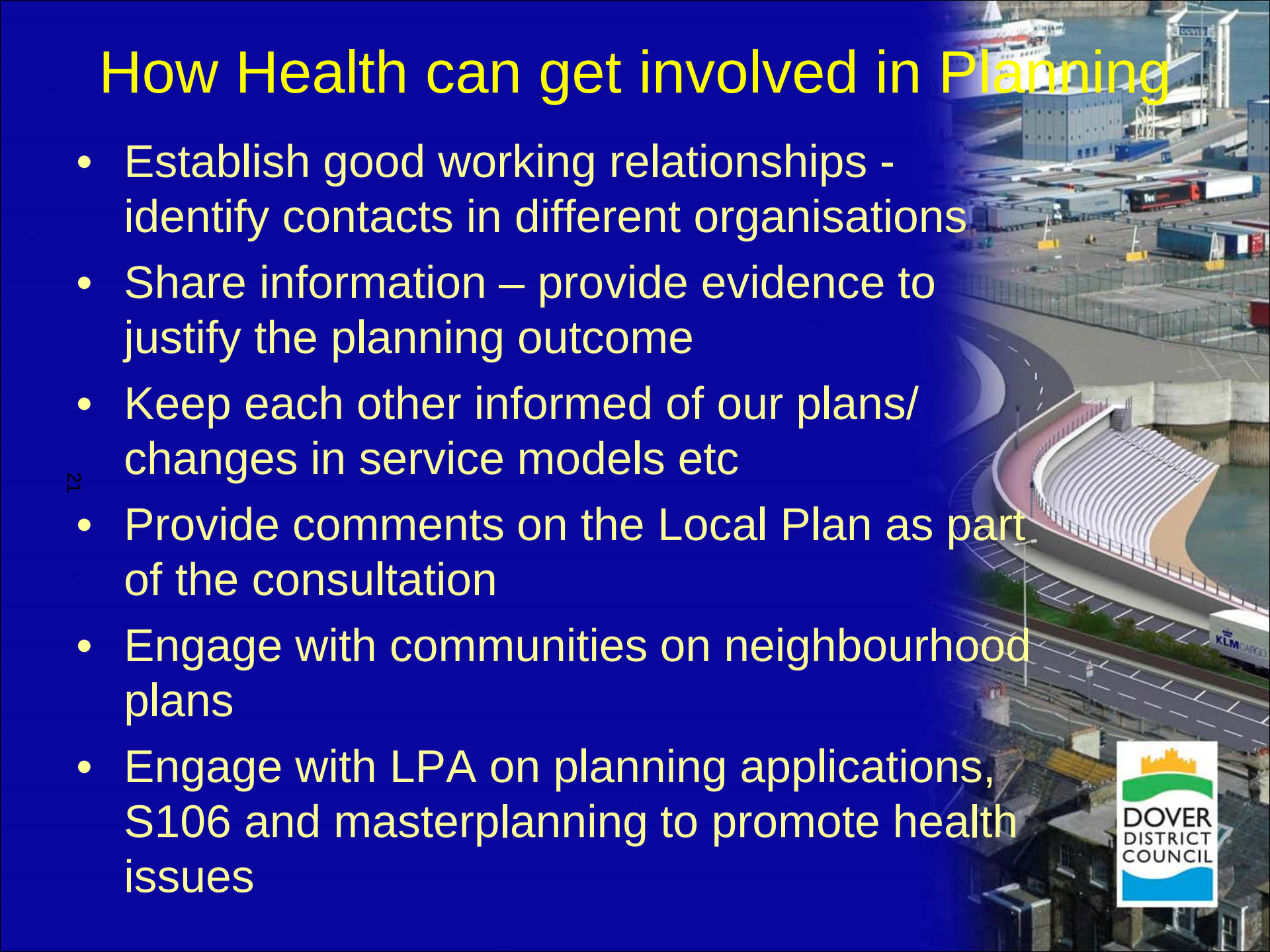
- Promotion of healthy place making – access to green spaces, shops, decent houses, jobs, public transport etc
- Provision of new health infrastructure
- Targeted interventions – e.g tackling obesity, limiting hot food takeaways
- Tackling health inequalities – although this needs to be emphasised more
- Development of health policies in the Local Plan to ensure developers fulfil their role in creating health-promoting environments

Delivery – Role of Section 106

- Offer an opportunity for LPA's to work with public health to bring forward health promoting new developments
- Mechanism for delivering new health infrastructure and other interventions
- Robust evidence is required to secure development contributions, either direct provision of infrastructure or financial sums
- Therefore must be clear what infrastructure is required and which organisation(s) will maintain it in the long term

How Health can get involved in Planning

- Establish good working relationships - identify contacts in different organisations
- Share information – provide evidence to justify the planning outcome
- Keep each other informed of our plans/ changes in service models etc
- Provide comments on the Local Plan as part of the consultation
- Engage with communities on neighbourhood plans
- Engage with LPA on planning applications, S106 and masterplanning to promote health issues



Any Questions?

NHS
South Kent Coast
Clinical Commissioning Group

Report to:	Governing Body	**Agenda item:**	2.4
Date of Meeting:	08 March 2017		
Title of Report:	Local Care Update – Telling our Story		
Author:	Mark Needham (Chief Officer, Integrated Accountable Care Organisation)		
Board Sponsor:	Dr Tuan Nguyen, Dr Latif and Dr Mead on behalf of Dover, Folkestone, Hythe, Romney and Deal Localities.		
Status:	To note		
Appendices	NA		

1. Purpose of the Paper

The purpose of the paper is to tell the story of the development of local care. This is a particularly challenging task in the complex world of NHS policy, where there are a multitude of initiatives, incentives, funding streams and political. This paper aims to describe what we're doing locally for the Governing Body, our membership and local communities.

2 Introduction

Like everywhere else in the country, local health and care services are facing serious challenges: limited resources, an ageing population, increasing demand, lack of staff. The current system is very complex and often means people don't always get the care they could receive outside of hospital, when they need it.

According to the Kings Fund - demand for NHS services is running at 4% increase each year and funding at 2% - our gap is slightly wider in South Kent Coast c3%. This may be due to the aging population, a shortage of workforce in the community and there is an on-going debate in localities around levels of funding of the core contract and local initiatives.

The CCG can't **resolve national funding formula issues locally,** but transformation of services and re-educating the public on how they chose to access care and taking greater responsibility for our own self-care will help meet some, but not all of this challenge.

Our guiding principle of local care design is to ensure patients see a professional as quickly as possible and it is the **right professional, first time**. Not always and not necessarily a GP.

Over the past 3 years, working closely with local communities, GPs, nurses and other care professionals, we've developed an exciting shared vision to address our challenges, improve people's experience of care and develop healthier communities.

This is part of our development of an **Integrated Accountable Care Organisation (IACO)** - an alliance of the CCG, local GPs, county and district councils, NHS trusts and voluntary sector providers. The IACO involves providing local care differently through bigger primary care teams, which are wrapped around GP practices, to support frail and elderly patients, people with long term conditions including mental health, as well as managing demand for

same-day access to primary care.

In the future, colleagues of every discipline will work side by side, drawing on their full range of skills, experience and insight to help people get the right care and support. We believe this will help us to provide even better outcomes for the whole community, including helping people to:

- live healthier lives
- stay independent and out of hospital as much as possible.
- access safe, high-quality care when they need it
- have a positive experience of care.

Practices have innovated to deal with local staffing challenges by employing a wide range of clinical staff in new ways of working - paramedics, nurses and care navigators. We are not alone in taking this approach, but our local shortage of GPs means we need to go further and faster, particularly as 20 per cent of primary care staff are likely to retire in the next five years.

We are doing this in relation to the main different **policy initiatives** of which there are many: NHS Forward View; GP Forward View; Kent & Medway Sustainability & Transformation Plan; East Kent Strategy (which is part of the above); New Models of Care (which is the way we will contract for and deliver services in the future); The Better Care Fund (which involves investing in social care to prevent avoidable hospital admissions and other forms of structural and service integration).

3.	Summary of Issues, progress and challenges

The vision of the IACO to unite professionals working for different organisations in a single team with one budget is a big undertaking. Currently organisations have separate budgets, staff teams and management structures which can lead to disjointed care.

In December our membership said that rather than be a recipient of services, they wanted to actively shape how these were developed to support Primary Care through a joint venture approach with a community partner. This required us to do two things –

1. We've engaged with local, national and international organisations to develop the very best local care.

Our GPs believe it is now time to change how our care system is organised to deliver better clinical outcomes and value for money. We have invited local organisations, as well as those from across the country and internationally to tell us how they could help develop the IACO and devolve more clinical and financial decision-making responsibilities to the primary care teams. This is an exciting opportunity to look at how digital technology, new ways of working, care records and self-care can improve outcomes for patients and prevent avoidable admissions to hospital and care homes.

2. Development of GP Provider – Channel Healthcare Alliance

Most of our 30 practices have now signed up to developing one legal entity to deliver more services collectively. We have done this for several reasons:

- So that Primary Care has one voice and so that we can organise ourselves more effectively and efficiently to manage demand and provide better care in the community

- To prepare ourselves for future practice closures driven partly by a combination of finance, workforce and performance issues

- To break the chain of more people going to hospital, resulting in exponential growth of hospital budgets and more limited growth in the funding of out of hospital services

- To offer better recruitment and retention opportunities that make Primary Care more attractive employers to attract clinical talent

What are the future opportunities?

Firstly, a new Home Visiting Service
From 3rd April a new Home Visiting Service will be launched with 5 Paramedics Practitioners (PPs), 4 Senior Nurses and a team of Health Care Assistants. They will provide home visiting, often urgent same day visits, with PPs seeing and treating people; our nursing and HCAs providing follow-up clinical and enablement or social care. This will offer a bridging service so that patients do not default to hospital until our intermediate care services can provide longer term therapy, rehab and support from community services.

Secondly, we are planning to create 4 Primary Care Access Hubs
These will be in each of our Community Hospitals (Deal, Buckland, Royal Victoria Hospital), and most likely Oaklands Surgery in Hythe (with satellite branches for the Marshes). Our current thinking is that any patient can access any hub and wherever you go you will receive the same high quality care – on the same day.

Our audits show over 50% of the care provided by GPs for minor illness could be provided by another suitably qualified professional – such as a Nurse practitioner, Mental Health Nurse or Physiotherapist. **We call this skill mixing.**

The Hubs will be run by **local Doctors** with less reliance on locums who are expensive and do not have the same knowledge of local services. We want to bring locums into our Alliance as highly valued members of our workforce, here for the long term.

All patients with **chronic disease, frail and elderly and high risk factors** will continue to be seen by their own local GP, in their local practice with longer appointments and we will provide home visits for patients who are immobile and who become acutely unwell. This is what Doctors and Nurses in Practices specialise in and continuity of care is what patients have told us they want.

Starting with the **top 2-5% of patients**, who are defaulting to hospital, we will put good care plans in place and enact them with our **Primary Care Teams** involving packages of nursing, telehealth and care to help stabilise their conditions.

All patients in **their last year of life** will also have good care plans and the opportunity to die in their preferred setting of care – on average these patients are admitted to hospital 3 times before they die and over half of local people die in hospital. Doctors in local practices will continue to care for these patients with support from Primary Care Teams.

With sufficient funding and support we will be able to work through our caseloads and put

more proactive, better care packages in place. This cycle will continue as part of daily practice, but through this approach and within 18 months, we will be able to offer more proactive care to prevent patients who are at risk of developing multiple chronic disease conditions in the future. We will do this in a joined-up way via the SKC Health and Wellbeing Board.

Patients in Folkestone and Dover are used to this model, as we have run hubs for the past couple of years, and we will rapidly expand this in 2017. We've also had good feedback on the principle of – **right professional, first time**.

To make all of this happen requires a large and complex business case to describe how future services will work, the investment required and the value for money options. This will require a **blended approach** of:

- New investment in Primary Care via the GP Forward View (c. £2m for next year);
- Practices doing more of their work through these new service models (as part of General Medical Services contract),
- With the potential to seek additional investment and support from joint venture partners.

It is also worth flagging the **value for money** General Practice does provide when considering that the c.£75 payment, per patient, buys a whole year of medical care. The Governing Body will be asked to review our **unscheduled care business case** in May.

Thirdly – finding the right community partner(s) for the future
In December, the membership gave a unanimous view they were not happy overall with the current contract with Kent Community Health NHS Hospital Foundation Trust. Whilst clinical practice is generally very good and the care from clinical staff often exceptional, our feeling was that the leadership of the trust did not understand or respond to the challenges facing Primary Care. This led us to talk to other providers about what local care they could offer – **market engagement.**

Having completed over half the market engagement process, we thought it timely to set out our initial thinking:

- We have seen multiple examples of community innovation that are not available to us locally – these are called different things, but essentially use data, digital care, clinical leadership and joint working to provide more joined up care.

- We are not unhappy with the quality of the care overall but the **local care system is fragmented and variable**– we need a community partner to provide Primary Care Teams; Minor Injury Units integrated with our Primary Care Access Hubs and Intermediate Care Services that do as much 'step-up' work to help GPs prevent people going to hospital, as 'step-down' work to discharge people from hospital.

- A much leaner, **locally focused and clinically led management structure is required** to rapidly improve local performance and work with us to address local care

Where is our current thinking leaning towards?

- We are sharing our thinking with the Governing Body, the public and our partners, as it is important to set out the groundwork now so that all partners are aware of our journey

- We are looking for a **community partner in the future** who is committed to our vision with the ability to find solutions and transform local care at pace

- Our challenges mean we will need to rapidly **change how we currently contract for services to** meet future demand – whilst we wish to keep our GMS contract separate as it is a staple of Primary Care, the development of a Multi-Specialty Community Provider contract is the future direction of travel

- The clinical and corporate leadership needed to drive transformation is pivotal to making the contract work for all

- To rely on community services and influence how they operate, we require GPs to be invested in a joint venture, with one or more organisations, be it NHS, voluntary and private sector. Whoever can provide the best partnership and outcomes for patients

What could this mean?

- The community trust is beginning to understand our vision and should be **given time and support** to see if they can deliver this over the next 2 years - the life of the current contract.

- In the interests of patients and due to procurement law itself, we are leaning towards recommending to the Governing Body in May that a procurement process is initiated in 2017-18. We believe that many GPs across the country feel that local care will look need to look and feel very different by the time the current community contract ends in 2019.

- This is **not our final recommendation** and we would like to reassure all clinical staff that we wish to retain their expertise in the local care system

- We are meeting with the Trust on the 15th March to explore both current and future opportunities as part of our market engagement process and have shared this paper with them ahead of sharing in public.

4.	Recommendations

1. To note the progress on local care and current thinking of the localities for future joint ventures / partners for community services

2. To table our final recommendations and unscheduled care business case for the May Governing Body

Dover Health and Wellbeing Board

Maternal Smoking Cessation Update

Background

Smoking in pregnancy is associated with a wide range of problems, including complications during labour, increased risk of stillbirth, miscarriage, premature birth, low birth weight and sudden unexpected death in infancy **(Royal College of Physicians 1992)**. It increases the risk of infant mortality by 40% **(Department of Health 2007)**. Children exposed to tobacco smoke in the womb are more likely to experience wheezy illnesses in childhood. In addition, infants of parents who smoke are more likely to suffer from serious respiratory infections (such a bronchitis and pneumonia), symptoms of asthma and problems of the ear, nose and throat (including glue ear). Exposure to smoke in the womb is also associated with psychological problems in childhood such as attention and hyperactivity problems and disruptive and negative behaviour **(Button et al 2007)**. In addition, it has been suggested that smoking during pregnancy may have a detrimental effect on the child's educational performance **(Batstra et al 2003)**.

In 2010 the total annual cost to the NHS of smoking during pregnancy was estimated to range between £8.1 and £64 million for treating the resulting problems for mothers and between £12 million and £23 million for treating infants (aged 0-12 months). **(Godfrey et al 2010)**

Helping pregnant women who smoke to quit involves communicating in a sensitive, client centred manner, particularly as some pregnant women find it difficult to say that they smoke. **(NICE PH26)**

South Kent Coast Area

The CCG Improvement and Assessment Framework (IAF) provides a perspective on the effectiveness of local commissioning of Maternity services enabling CCGs, Local Health Systems and Communities to carry out a self-assessment of their progress and therefore assisting improvement. One aspect measured by the CCG IAF was in relation to Maternal Smoking. South Kent Coast currently stands at 17.5%. Therefore, NHSE offered South Kent Coast CCG additional financial support in order to allow us to go further in our efforts to reduce smoking in pregnant women. This funding is for £75,000 and can be used for a range of support which demonstrates effectiveness, including the following:

- Carbon monoxide monitors and consumables
- Training for midwives (both in using the equipment and in engaging with women, ensuring that they get the communication right)
- Leadership, project management and administration
- Training for stop smoking services to make the most of referrals

Pathway - Current Status

National Guidance recommends the use of CO monitoring at antenatal visits to identify smokers and opt out referral to smoking cessation support (NICE). In East Kent, Public Health (KCC) have funded a year secondment for a Specialist Midwife in smoking cessation. This post will be in place until September 2017. Work to date:

1. The training to use CO monitors is already in place and the numbers of women CO tested by their midwife at booking increasing. A further increase towards universal testing is being supported by the Specialist Midwife.
2. Training in place for acute based staff, including those working in NICU and SCBU. A policy is being written for NICU and SCBU.
3. Introduction of Nicotine replacement on the ward.
4. CO monitors have been recorded and calibrated. Consumables in place.
5. Monthly audit and reporting taking place.
6. Health Visitors and Family Nurse Partnership are to be offered training.

Further Challenges:

1. **Universal Testing** - CO Testing and referral to Stop Smoking Services in South Kent Coast needs to continue to increase and be strengthened.
2. **Strengthen the Message and Contact -** Once referred, women are hard to contact (73% unable to contact in January 2017 – East Kent) or actively decline the service. Only a small proportion of women accept the service with a smaller proportion going onto quit.
3. **Cultural/Perception -** Low birth weight is seen as an advantage as it would lead to an easier labour and delivery, women perceive the stress associated with attempting to quit as equal to the risks associated with smoking.

Evidence

- Evidence that the introduction of a system-wide intervention to promote smoking cessation during pregnancy increased referrals to the smoking cessation service by 2.5 times and the proportion of women quitting by delivery by nearly twofold. **(BMJ 2017).**
- Women want to hear the hard hitting message from their Midwife as this is the professional that they trust the most with their care during pregnancy. However, Midwives are reluctant to give a hard hitting message as they are concerned about 'compromising' their relationship with the women.
- Midwives need to believe that the referral to Stop Smoking Services will make a difference otherwise they are less likely to complete referral.
- Pregnant women expect their Midwife to talk about the fact they are smokers. If their smoking is not mentioned during appointments, women feel that it is not a major concern.
- Universal monitoring is essential. For Babyclear to work, CO monitoring should be seen as normal as having blood pressure taken.
- Mothers who are advised to give up smoking during pregnancy rather than cut down are more likely to succeed. Less than 1% of women who are advised to 'cut down' actually try to quit (**Public Health Maternity Needs Assessment 2017)**.

- Higher intensity interventions do not necessarily demonstrate a stronger effect. It is important to put the focus on the quality of intervention and ensuring the provision of support is convenient for women and does not over burden them **(Chamberlain et al 2013)**.
- A pregnant woman's success in stopping smoking is likely to be influenced by the smoking status of her partner as well as those around her. There is moderate evidence to show that smoking cessation interventions during pregnancy could improve smoking cessation in partners **(Hemsing et al 2012)**.

A Two Step Approach for South Kent Coast

1. **Training and Resources for Midwives**

- **Objectives**
  - Strengthen the skills and confidence of the Midwifery workforce in South Kent Coast to have challenging conversations with pregnant women concerning the hard hitting facts about smoking in pregnancy. In turn, increasing referrals and commitment to the Stop Smoking Service. This training will complement the existing Babyclear training offered by the Specialist Midwife.
  - Offer sustainable change within the workforce in order to drive progress forwards with reduction in smoking during pregnancy after the additional NHSE monies have been used, thereby creating a legacy.
  - To produce a leaflet with hard hitting information and images which can support conversations concerning quitting at any point during the pregnancy journey.
- **Action**
  - Build on the parts of the Babyclear programme already in place (use of CO monitoring at booking). Use an accredited Babyclear trainer to deliver training around Challenging Conversations to entire midwifery community workforce in South Kent Coast.
  - The course will be repeated and staggered to allow for the release of Midwives. The capacity of the course is for 20 attendees. Any additional places will be offered to Health Visitors, Family Nurse Partnership and other appropriate professionals.
  - This training will remain in the workforce following the secondment post finishing in September 2017.
  - Maternity Commissioner to speak directly to Midwives in South Kent Coast concerning the focus on reducing smoking in pregnancy, it's importance and how it is a shared objective.
  - The leaflet will be produced by the Communications Team at EKHUFT and therefore they will be able to update and reproduce the leaflet again in the future.

2. **Home Visits for Stop Smoking Advisor Sessions**

- **Objectives**
  - To increase the take up of the Stop Smoking Service by offering women a choice of a home visit for the quit programme.
  - Increase the possibility of further quits by accessing support at home as partners/carers may be present. Working towards a smoke free home when the baby is born.

- **Action**
  - Enhance the existing Stop Smoking Service within KCHFT to provide home visits. Ambition to fund 1 full time Stop Smoking Advisor for South Kent Coast pregnant Mothers for 9 months.
  - The Stop Smoking Advisor would be dedicated to seeing pregnant women only, would pick up the referrals from Midwives, follow them up, make contact and provide the Stop Smoking intervention 1-1 in the home environment.
  - May be capacity for the Stop Smoking advisor to offer additional interventions such as drop in clinics within the hospital environment.
  - Links made with Public Health, the commissioner of the KCHFT Stop Smoking Service. Public Health are keen to look at the success of home visit model and are interested to incorporate it into their contracting giving this approach sustainability.

3. **Additional Resources – CO Monitors**

- **Objective**
  - To increase the resource of CO monitors to ensure that each health practitioner has easy access to CO monitor equipment for universal testing.
- **Action**
  - Purchase CO monitors and calibration equipment to support the Babyclear training completed by the Specialist Midwife.

This approach will be mirrored in Thanet CCG. A short report will be delivered to NHSE in April 2017 to be followed by a centrally commissioned evaluation later in 2017.

BMJ Ref: http://tobaccocontrol.bmj.com/content/early/2017/02/10/tobaccocontrol-2016-053476

Claire Haywood

Commissioning Manager for Maternity and Acute Paediatrics

(East Kent Children's Commissioning Support Team)

16th February 2017