

# Public Document Pack



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25 April 2014

Dear Councillor

I am now able to enclose, for consideration at the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** on Tuesday 29 April 2014 at 3.00 pm, the following reports that were unavailable when the agenda was printed.

6 **MINUTES** (Pages 2 - 6)

To confirm the Minutes of the meeting of the Board held on 11 February 2014 and 18 March 2014.

9 **INTEGRATED COMMISSIONING GROUP UPDATE - INTERMEDIATE CARE PROJECT (6 MONTH PROGRESS REVIEW)** (Pages 7 - 10)

To receive a verbal update from Dr Joe Chaudhuri (South Kent Coast Clinical Commissioning Group).

12 **DRAFT SOUTH KENT COAST HEALTH AND WELLBEING STRATEGY** (Pages 11 - 27)

To consider the report of Mrs M Farrow (Head of Leadership Support, Dover District Council) and Ms J Mookherjee (Consultant in Public Health, Kent Public Health Department). (To follow)

Yours sincerely

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

Chief Executive

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 11 February 2014 at 3.00 pm.

Present:

Chairman: Councillor P A Watkins

Board: Ms K Benbow  
S S Chandler  
Dr J Chaudhuri  
Councillor J Hollingsbee  
G Lymer  
Councillor M Lyons  
Ms J Mookherjee  
P Parker  
Ms J Perfect  
Mr D Reid

Also Present: Mr M Lemon (Kent County Council)  
Ms N Reeves (Kent County Council)

Officers: Head of Leadership Support  
Head of Communication and Engagement  
Team Leader – Democratic Support

58 APOLOGIES

Apologies for absence were received from Mr S Inett (Healthwatch Kent) and Mr M Lobban.

59 APPOINTMENT OF SUBSTITUTE MEMBERS

In accordance with the Terms of Reference, Mr D Reid and Ms P Parker had been appointed as substitute members for Mr S Inett (Healthwatch Kent) and Mr M Lobban (Kent County Council) respectively.

60 DECLARATIONS OF INTEREST

There were no declarations of interest from Members.

61 MINUTES

It was agreed that the Minutes of the Board meetings held on 10 December 2013 and 21 January 2014 be approved as a correct record and signed by the Chairman.

62 TROUBLED FAMILIES PROGRESS

The Board received an update from Ms N Reeves (Troubled Families Programme Manager (Dover District) Kent County Council) on the progress made in respect of the Troubled Families programme for the Dover District.

Since the last update to the Board, it was stated that the eligibility criteria had been expanded to allow head teachers to nominate families for inclusion within the

programme in recognition of the importance of education in identifying potential troubled families through indicators such as absenteeism.

There had also been work undertaken in respect of anti-social behaviour through the multi-agency Dover Anti-Social Behaviour Action Group (DASBAG) that included amongst other agencies Kent Police and that this model was being used in other districts.

It was acknowledged that the target set by the Department of Communities and Local Government (DCLG) of successful intervention for 114 families was challenging given the timeframe of the programme and the level of available resources and that further engagement was needed with social services on information sharing. For Year 1 of the programme, 8 families had been 'claimed' and a further 40 were on track.

RESOLVED: That the update be noted.

### 63 ACCOMMODATION STRATEGY PROGRESS REPORT

The Board received an update from Ms P Parker (Kent County Council) on the progress of the Accommodation Strategy.

The development of the strategy was being led by Kent County Council with support from the Kent Housing Group and the Joint Policy and Planning Board (housing). The Clinical Commissioning Groups were encouraged to contribute to the development of the Strategy and to align the timescales of the development of its Commissioning Plans, particularly in relation to Intermediate Care and the review of Community Hospitals.

It was stated that the current draft of the strategy had been circulated to stakeholders for comment by the end of February 2014 with the final version expected to be produced in April 2014.

There had been 10 candidate projects identified across Kent, 2 of which were within the South Kent Coast CCG area, although it was acknowledged that 8 of the 10 were linked to the same issues. There were no projects involving mental health in the wave except where engaged as part of the older person care provision.

Members of the Board emphasised the need for the Better Care Fund to feed into the accommodation strategy.

RESOLVED: That the report be noted.

### 64 BETTER CARE FUND (INCLUDING DISABLED FACILITIES GRANT (DFG))

The Board was informed that the Better Care Fund Kentwide draft plan was being considered by the Kent Health and Wellbeing Board at its meeting to be held on 12 February 2014 after which it would be submitted to NHS England on 14 February 2014. The draft would then be subject to further refinement before the final plan had to be submitted on 4 April 2014.

The links between the Better Care Fund and local CCG plans and the Accommodation Strategy were discussed by Members, and in particular the

potential risks involved in the transfer of resources and responsibilities from hospital care to primary care. The shortage of GPs and the lead-in time to train new GPs as well as the need to improve IT links between primary care and hospitals were identified as challenges that would need to be addressed.

The importance of preventative measures, such as lifestyle changes, in freeing resources was also emphasised.

RESOLVED: That the report be approved.

65 CHILDRENS' SERVICES UPDATE

The Board received an update from Councillor S S Chandler on Childrens' Services.

It was stated that a 'Childrens' Summit' would be held to map current service provision and identify areas of shared ambition by service providers. It was intended that the summit would improve links between agencies (such as public health, social services, education and others) and tackle gaps in service provision.

RESOLVED: (a) That the update be noted.

(b) That KIIASS (Kent Integrated Adolescent Support Services) be invited to attend a future meeting.

66 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

67 URGENT BUSINESS ITEMS

There were no urgent business items.

The meeting ended at 4.35 pm.

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Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 18 March 2014 at 4.05 pm.

Present:

Chairman: Dr J Chaudhuri (Vice-Chairman in the Chair)

Board: Ms K Benbow  
Councillor P M Beresford  
Councillor P G Heath  
Councillor J Hollingsbee  
Councillor G Lymer  
Councillor M Lyons

Also Present: Councillor B W Bano

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

## 68 APOLOGIES

Apologies for absence were received from Councillor S S Chandler, Mr S Inett, Mr M Lobban, Ms J Mookherjee, Ms J Perfect and Councillor P A Watkins.

## 69 APPOINTMENT OF SUBSTITUTE MEMBERS

In accordance with the Terms of Reference, Councillor P M Beresford and Ms J Frazer had been appointed as substitute members for Councillor P A Watkins (Dover District Council) and Mr M Lobban (Kent County Council) respectively.

## 70 DECLARATIONS OF INTEREST

There were no declarations of interest made by Members.

## 71 BETTER CARE FUND

Ms K Benbow (South Kent Coast Clinical Commissioning Group) presented the report on the Better Care Fund.

The Board was advised that the CCG intended for the Better Care Fund to support the delivery of the five year East Kent Strategic Plan and the CCG's own five year strategy. The strategy had a focus on the management of long terms conditions and the subsequent impact of these on the local health care infrastructure.

The key areas were:

- integrated teams with single access points;
- intermediate care services
- enhanced neighbourhood care teams and care co-ordination

- enhancing primary care services
- the use of telehealth technology to help patients
- the more efficient use of care homes to support patients
- the reduction of unnecessary hospital admissions
- falls management and prevention

The importance of the local hospital trust being fully engaged was emphasised and the Board welcomed the involvement of East Kent Hospitals University Foundation Trust in the working group that developed the Better Care Fund programme.

The Board discussed the benefits and challenges in any sharing of patient data and the need for co-ordinated multi-disciplinary working to treat the 'whole person' in cases of older people with multiple conditions rather than treating individual conditions.

In respect of the governance arrangements for the Better Care Fund which had yet to be finalised, the need for a pooled local fund was discussed as under the s.75 agreement (which came into effect in 2015/16) no one party controlled the funding. It was acknowledged that the Disability Facilities Grant funding would be passed directly to district councils.

RESOLVED: That the report be noted and endorsed.

## 72 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 4.52 pm.

**INTEGRATED INTERMEDIATE CARE**  
**Report to South Kent Coast Health and Well Being Board**

**APRIL 2014**

**1 Introduction**

- 1.1 This report provides an update on the South Kent Coast Integrated Intermediate Care Project following a review undertaken last year to better understand patient flows and to agree a future model of care to achieve greater integration as patients flow across health and social care services when receiving intermediate care.
- 1.2 Last year's intermediate care review of patient flows led to a number of recommendations informed through better understanding patients flows data, obtaining feedback from patients and stakeholders and looking at future need and best practice. This report provides a summary of how each of these recommendations has been taken forward and also sets out details of other activities which are linked to these recommendations which collectively demonstrate how health and social care commissioners along with other stakeholders are working together to deliver more joined up care across the intermediate care pathway.

**2 Better Care Fund Plans**

- 2.1 Since last year's review on intermediate care the CCG has been working with partners to set out its plans for the Better Care Fund. One of the priority areas within the SKC plans is Integrated Teams, Rapid Response and Intermediate/reablement. A project group is established and meets monthly to oversee the work to deliver more integrated intermediate care. This project group includes health and social care commissioners as well as acute hospital and community service providers. The scope of this group has been widened to reflect the Integrated Intermediate Care Better Care Fund scheme and covers most of the previously agreed intermediate care recommendations.
- 2.2 The Better Care Fund is an opportunity to continue the pace of integration for intermediate care already started in SKC. The relevant scheme within the plans is aimed at full achievement of the integrated intermediate care pathway, on-going delivery of flexible use of community hospital and other reablement beds and effective use of those beds, developing integrated teams across the intermediate care pathway, developing enhanced rapid response models of care and extended access to therapists to support timely acute discharge and preventing readmissions.

### 3 Update on recommendations

3.1 The table below provides a summarised update on the status and next steps of each of recommendations agreed last year.

No	Recommendation	Status	Next Steps
1	<p><b>Integrated Care and Pathway</b> commissioners of health and social care to work jointly to ensure that services are formally integrated across a pathway to achieve significant improvements for patient / client care as well as the wider health and social care system. Commissioners to ensure that the integrated intermediate care pathway includes proactive management of patient care across the whole pathway and also linked with other integrated teams, including the Community Nursing Neighbourhood Care Teams. The local referral management system supporting the intermediate care pathway should also be aligned to other single points of contact to ensure coordination between services.</p>	<p>CCG commissioners have specified the new integrated pathway within the new service specification for the ICT's to include greater integration with the community nursing teams and better alignment with GP clusters. Integration of referral points to be achieved during 2014/15.</p>	<p>Requirements of integrated pathway to be discussed in greater detail with providers to ensure all elements delivered during 2014/15.</p>
2	<p><b>Levels of provision</b> commissioners to develop short term and long term plan to assess the on-going capacity requirements for intermediate care beds. There are several options to consider here:            (1) No additional beds to be commissioned - based on public health recommendations, that through more proactive integrated care over time this will reduce the need for step down intermediate care beds;            (2) Additional beds in the short term – reflects that additional beds are being commissioned in SKC to support the predicted winter pressures during 2013/14 and the recognition that intermediate care beds are currently being used by patients who don't require 24/7 nursing care (partial and non-weight bearing patients).</p>	<p>CCG have not specified within its 2014/15 commissioning intentions additional intermediate care beds however an evaluation is underway to assess the impact and model of care of the reablement beds commissioned during winter 2013/14. 20 additional beds were commissioned (13 in Hythe and 7 in Deal) and these became available late Dec/early Jan.</p>	<p>The evaluation of the interim reablement beds is not currently available in full. Commissioners expect to receive this by the end of April. The assessment of the beds will inform the development of reablement schemes for 2014/15 which may include additional short term beds.</p> <p>Reablement schemes, including potential additional rehabilitation beds, to be developed jointly between CCG and KCC commissioners to maximise outcomes and support this element of the BCF plans.</p>



	Commissioners to evaluate the use of these beds and specify the requirements beyond March 2014 when the funding for these beds ends. If additional capacity is commissioned beyond March 2014 this should be monitored on an on-going basis and be flexed to reflect the wider improvements following the implementation of a patient outcome focused integrated intermediate care pathway.		Further work to be undertaken during 2014/15 to better understand full needs of provision for non-weight bearing patients as occupancy rates remain high within community hospital for SKC patients on the non-weight bearing pathway.  Further work to review models of care at other sites where SKC patients are admitted for intermediate care including Broadmeadow during 2014/15.
3	<b>Integrated service reviews</b> commissioners of intermediate care services across the intermediate care pathway to jointly re-specify the data required by providers to monitor patient / client outcomes and overall service performance across this pathway. Health and Social Care commissioners to undertake joint integrated care performance reviews and audits to better understand the impact of the integrated intermediate care pathway ensuring that the right patient outcomes and system improvements are consistently met.	CCG and KCC commissioners have agreed a draft set of integrated KPIs which can start to be used across the intermediate care pathway as part of provider contract management.  The integrated KPIs are included within the new ICT service specification for implementation during 2014/15.  The integrated KPIs are being used to develop an integrated performance dashboard which will best tested during the early part of 2014/15.	Integrated KPIs to be further tested during 2014/15.  Integrated Performance dashboard to be trialled. Approaches for integrated performance management of providers to be further agreed between commissioners.
4	<b>Appropriate use of services</b> clear criteria, with an element of flexibility, to be developed for the use of community hospital beds and short term beds to ensure the beds are used appropriately and therefore making better use of these resources and balancing the availability of step up and step down beds to ensure avoidance of unnecessary acute admissions as well as supporting timely discharge from acute beds.	CCG commissioners have specified these requirements in the new intermediate care service specification to come into effect during 2014/15 including the requirement for revised admission criteria for the community hospital beds and agreeing a trajectory for achieving a 40% / 60% split for step up and step down beds which are currently 100% step down from acute.	Main ICT provider to adhere with this requirement once specification signed off and implemented by Sep/Oct 2014.  Delivery of 40% step up provision to be achieved at year end in preparation for the BCF 2015/16 plans.
5	<b>Location of service provision</b> commissioners to specify that patients should receive intermediate care	CCG commissioners have specified these requirements in the new intermediate care service	Main ICT provider to adhere with this requirement once specification signed off

	in the right location depending on their needs, preferably in the comfort of their own home where appropriate. Where patients require admission to beds in the community providers should ensure patients stay as close to home as possible, and when they are admitted to facilities outside of SKC all patients should be actively repatriated to the next available local bed as a preference to using that bed for the next step down referral. Also where patients are admitted outside of SKC the provider should make provisions for the patient's family and carers to visit them regularly.	specification to come into effect during 2014/15.	and implemented by Sep/Oct 2014.
6	<b>Patient engagement</b> commissioners and providers to jointly undertake further engagement activities with service users and their representatives to ensure co-design of services on an on-going basis.	CCG commissioners have specified these requirements in the new intermediate care service specification to come into effect during 2014/15.	Main ICT provider to adhere with this requirement once specification signed off and implemented by Sep/Oct 2014.  Further patient engagement activities planned during 2014 and 2015 to support the development of the BCF intermediate care scheme.
7	<b>Communication and training</b> providers to undertake regular communication and training with staff, particularly on falls prevention, dementia and end of life care (reflecting the growing number of older people) to ensure staff have the right knowledge to care for patients on the integrated intermediate care pathway.	CCG commissioners have specified these requirements in the new intermediate care service specification to come into effect during 2014/15.	Main ICT provider to adhere with this requirement once specification signed off and implemented by Sep/Oct 2014.
8	<b>Integrated commissioning implementation plan</b> commissioners of intermediate care services to jointly take forward the recommendations from this project and agree a timetable and plan to deliver the improvements	CCG and KCC commissioners have jointly agreed the details of the BCF intermediate care / reablement plans which are supported by a high level delivery plan.	CCG and KCC commissioners to continue working jointly to define details of plans for commissioning integrated intermediate care / reablement plans and schemes during 2014/15 to support full realisation of the BCF plans for 2015/16.

**South Kent Coast  
Health and Wellbeing Board**

**Health and Wellbeing Strategy**

**Helping people live  
longer, happier and  
healthier lives**

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- Kent & Medway Live It Well Strategy
- South Kent Coast CCG Strategy 2014-19
- South Kent Coast CCG Health Inequalities Action Plan
- South Kent Coast HWB Integrated Commissioning Strategy

# Introduction

This is the first South Kent Coast Health and Wellbeing Strategy. The strategy aims to address the health and wellbeing needs of people living on our communities at every stage of their lives and is written by the South Kent Coast Health and Wellbeing Board (SKC HWB).

The South Kent Coast HWB is a sub-group of the Kent Health and Wellbeing Board. It brings together GPs, district and county councillors, senior local government officers and the voluntary and community sector including HealthWatch. The aim of the Board is to improve the quality of life, health and wellbeing, including mental wellbeing, for our residents.

This strategy is based on the Kent Joint Strategic Needs Assessment, which identifies current and future needs for adults and children, and other local data. It is an evolving strategy that will respond to the changes that occur through new ways of working and challenges that we may face in the future. Priorities will modify over time.

## **Our vision:**

The South Kent Coast Health and Wellbeing Board will work together to make a positive difference to the health and wellbeing of local residents

It will do this by:

- Understanding and responding to the needs of the population now and in the future;
- Engaging effectively with the public.

## **Summary of the Health and Wellbeing Strategy**

The South Kent Coast Health and Wellbeing Strategy incorporates all of the work-streams of the South Kent Coast Health and Wellbeing Board and is based on the following ( These priorities represent the initial focus for the health and wellbeing board and not the whole range of priorities the board will seek to address over the coming years):

### **Crosscutting objectives:**

- Tackling health inequalities
- Mental Wellbeing

### **Overarching principles:**

- Equality and Equity of access
- 'Going the extra mile', with the right service, in the right place, at the right time
- Ensuring key services are provided for all residents, but that extra resources and interventions are targeted on those most in need
- Preventing and tackling the wider causes of ill health, poor lifestyle choices and health conditions
- Supporting people to take personal responsibility and make good lifestyle choices.

### **Strategic Priorities**

- Tackling Inequalities by improving health outcomes and ensuring the whole population of South Kent Coast has the best health possible.
- Improving the outcomes and treatment of people with Long Term Health Conditions

- Improving the access and quality of treatment in urgent care
- Improving the Mental Health and Well Being of the population of South Kent Coast
- Empower Children and Families to lead healthier and safer lives to achieve their full potential

## What are our priorities?

The South Kent Coast Health and Wellbeing Board have identified the following priorities. These priorities represent the initial focus for the health and wellbeing board and not the whole range of priorities the board will seek to address over the coming years.

### KENT WIDE

#### Kent Joint Health and Wellbeing Strategy

The Kent Joint Health and Wellbeing Strategy has four priorities:

- Tackle key health issues where Kent is performing worse than the England average
- Tackle health inequalities
- Tackle the gaps in provision
- Transform services to improve outcomes, patient experience and value for money

It identifies five outcomes it wants to achieve:

- Every child has the best start in life.
- Effective prevention of ill health by people 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 issues are supported to live well.
- People with dementia are assessed and treated earlier.

### SOUTH KENT COAST

#### South Kent Coast Localised JSNA Core Focus

The six issues identified in the Kent Joint Strategic Needs Assessment (JSNA) for the South Kent Coast are:

1. **Tackling Health Inequalities (LP1)**
2. **Urgent Care: Avoiding unnecessary admissions to hospital (LP2)**
3. **Supporting Children and Families (LP3)**
4. **Prevention of Illness (LP4)**
5. **Improving Long Term Conditions (LP5)**
6. **Improving Mental Health and Wellbeing (LP6)**

### South Kent Coast Health and Wellbeing Board Working Groups

#### Integrated Commissioning Group Priorities (Adults with disability and older people)

- Intermediate Care (LP2 and LP5)
- Falls Prevention (LP2 and LP4)
- Healthy Living (LP1, LP4 and LP6)
- Tele-technology (LP2 and LP5)

The group will also monitor and oversee the Better Care Fund Local Priority Schemes:

- Integrated Teams, Rapid response and Reablement
- Enhanced Neighbourhood Care Teams and Care Coordination
- Enhanced Primary Care
- Enhanced Support to Care Homes
- Integrated Health and Social Housing Approaches
- Falls Management and Prevention

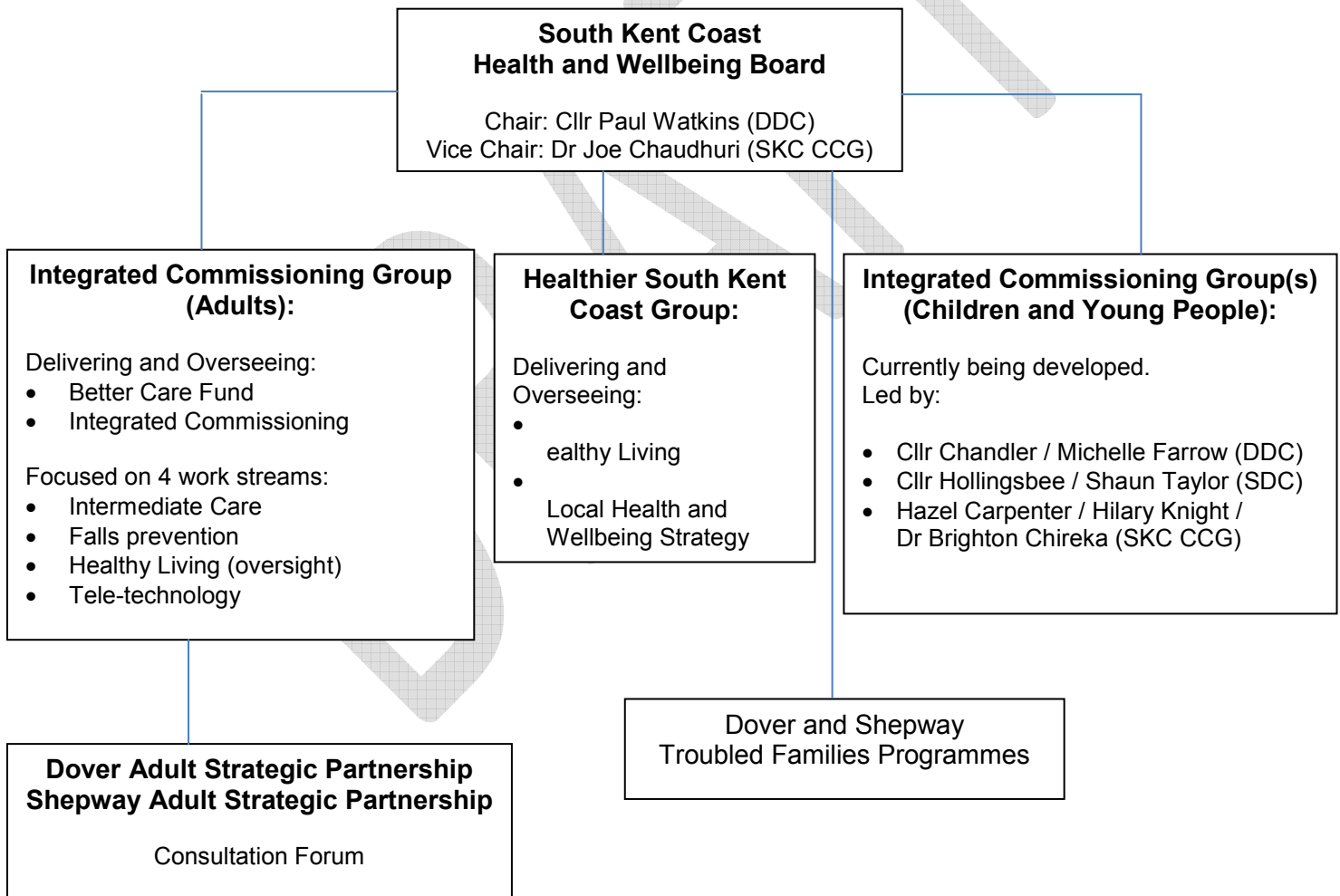
### Healthier South Kent Coast Sub-Group Agreed Priorities

- Reducing coronary heart disease (LP1, LP2 and LP4)
- Reducing the percentage of the population who smoke (LP1, LP2, LP4 and LP5)
- Improving breast-feeding prevalence (LP1, LP3 and LP4)
- Tackling Obesity (LP1, LP3, LP4 and LP6)

### Children’s Operational Group(s) Priorities (yet to be agreed – these are examples only)

- *Mental health and wellbeing*
- *The best start in life*

### South Kent Coast Health and Wellbeing Board Structure



## Where are we aiming to be in 5 to 10 years?

- The South Kent Coast Economy begins to thrive by attracting industry and jobs into the area
- Over 5 years the gap in life expectancy between South Kent Coast and Kent reduced, enabling the majority of South Kent Coast residents to live longer healthier lives.
- Within South Kent Coast wards, our aim is to improve and target those people living in the most deprived areas faster
- The number of people getting long-term health conditions begins to reduce in 10 years
- The people in South Kent Coast living with long-term health conditions feel better able to manage their conditions with the right support, at the right time in the right place.
- Within 5-years the system for providing and commissioning health and wellbeing is working efficiently, with good outcomes and providing high quality services and can show good results.
- The rate of suicide in South Kent Coast will reduce in 5 years and 10 years
- Those people with mental illness will be better supported and have good access to the right treatment at the right time.
- People in South Kent Coast will know where to go for support, help and advice to improve their mental wellbeing.
- More women will be empowered to keep their children healthy and have the best start in life e.g. help with breastfeeding, better access to mid wives, helping pregnant women stop smoking.
- The young people of South Kent Coast will have access to emotional support when they need it and good access to services.
- Young people will have opportunities to improve their life chances by better access to sport and recreation, education and skills.

## How do we propose to get there?

This strategy represents a commitment by a number of partners to work together to promote health and wellbeing and tackle some of the difficult and complex health inequalities that exist.

This strategy sets out what we propose to focus on, how we propose to deliver improvements to health and wellbeing across Dover and Shepway and what outcomes we want to achieve. However, responsibility to improve and protect our health lies with us all – government, local communities and with ourselves as individuals. **Together we can make a difference.**

The table below will need completing once the outcomes are approved (currently examples only).

Suggested Outcomes:	Local Action:	Key Partner(s):
5 year trajectory on inward investment	<ul style="list-style-type: none"> <li>• Local Authority Regeneration and Development Plans</li> </ul>	<ul style="list-style-type: none"> <li>• DDC, SDC, KCC</li> </ul>
Better access and provision of housing over 5 years	<ul style="list-style-type: none"> <li>• Housing Strategy Action Points</li> <li>• Accommodation Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• DDC, SDC</li> <li>• KCC</li> </ul>
10 year plan to reduce housing debt		
Improved Life Expectancy : trajectory 5 years and 10 years (reduction in the rate of early deaths under 75 years), with Improved life expectancy in the		



<b>Suggested Outcomes:</b>	<b>Local Action:</b>	<b>Key Partner(s):</b>
worst wards in 5 years		
Service user health and wellbeing outcomes / experience		
Quality of environment (in which people live / work)		
Reduction of teenage pregnancy	<ul style="list-style-type: none"> <li>• KCFN sponsored project</li> </ul>	
Reduction in coronary heart disease		<ul style="list-style-type: none"> <li>• Healthier SKC Group</li> </ul>
Reduction in the percentage of those who smoke		<ul style="list-style-type: none"> <li>• Healthier SKC Group</li> </ul>
Reduction in obesity levels, increased physical activity	<ul style="list-style-type: none"> <li>• Calorie maps</li> <li>• Provision of parks and open spaces</li> <li>• DDC Lottery Bid for parks and open spaces</li> </ul>	<ul style="list-style-type: none"> <li>• Healthier SKC Group</li> </ul>
Helping people with mental health needs get the appropriate support and treatment and early diagnosis	<ul style="list-style-type: none"> <li>• Dementia Friendly Communities</li> <li>• Asset Mapping project</li> </ul>	
Reduction of suicide rates		
Troubled Families targets and outcomes		
Reduced rates of Not in Employment, Education or Training (NEETS)		
Reduction in falls	<ul style="list-style-type: none"> <li>• Falls and Management Prevention (BCF Workstream)</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated Commissioning Group – Falls Sub Group</li> </ul>
Improved Equity and quality of access to health and wellbeing provision	<ul style="list-style-type: none"> <li>• Delivery of Intermediate Care Plan</li> <li>• Integrated Teams, Rapid Response and Reablement (BCF Workstream)</li> </ul>	
<b>Children's Outcomes to be agreed</b>		<ul style="list-style-type: none"> <li>• Children's Operational / Integrated Commissioning Group(s)</li> </ul>

It is vital that we work in partnership across the South Kent Coast to improve the key measures of health and wellbeing.

The responsibility to improve and protect our health lies with us all – government, local communities and with ourselves as individuals.

## Snapshot of the South Kent Coast

The priorities and outcomes outlines in this document are taken from the needs identified in the Kent Joint Strategic Needs Assessment (JSNA) and other local data. Data will be referred to in relevant documents so this Strategy can be kept as short and simple as possible.

Good health and wellbeing is fundamental to living a full and productive life. Overall residents in Dover and Shepway have a good standard of health and wellbeing, but this hides some significant areas of poorer health and differences in life expectancy and there are actions that we can take to continue improving health and wellbeing.

### Performing well

We are performing better than the national average in the following areas<sup>1</sup>:

- Hospital stays for alcohol related harm
- Drug misuse
- Acute sexually transmitted infections
- Deprivation
- Statutory homelessness
- Road injuries and deaths

**Key Issues** The following bullet points need to have references inserted (source / dates)

There are some significant health challenges in our area:

#### 1. Aging Population

- The population in the South Kent Coast area is older than that for Kent, with the lowest percentage of people under the age of 40 compared to other CCGs.
- Combining the data for Dover and Shepway districts, the population is projected to increase by 2.2% over the next 5 years and 5.2% over the next 8 years<sup>2</sup>.
- The greatest population growth is in the 65+ (14.4%) and 85+ (20.2%) age groups. The age group of 0 to 4 is projected to decrease by 2.2%.
- The proportion of the Dover and Shepway population aged 65+ is 21%, along with Thanet this is the greatest proportion of over 65+ within each of the Kent CCGs. 3% are over the aged of 85+.
- As the population ages the need for health care increases, with more people are living longer and managing long term conditions.

#### 2. Living with Long Term Conditions

- Having long term conditions can have a significant impact on the quality of a person's life – physically, emotionally, psychologically and socially as well as on the lives of those who care for them.
- More people in our area have long-term health conditions such as heart disease, stroke, diabetes, cancer, high blood pressure, epilepsy and learning disabilities than the national average for England. This figure is expected to significantly increase mirroring the growth in the older population.

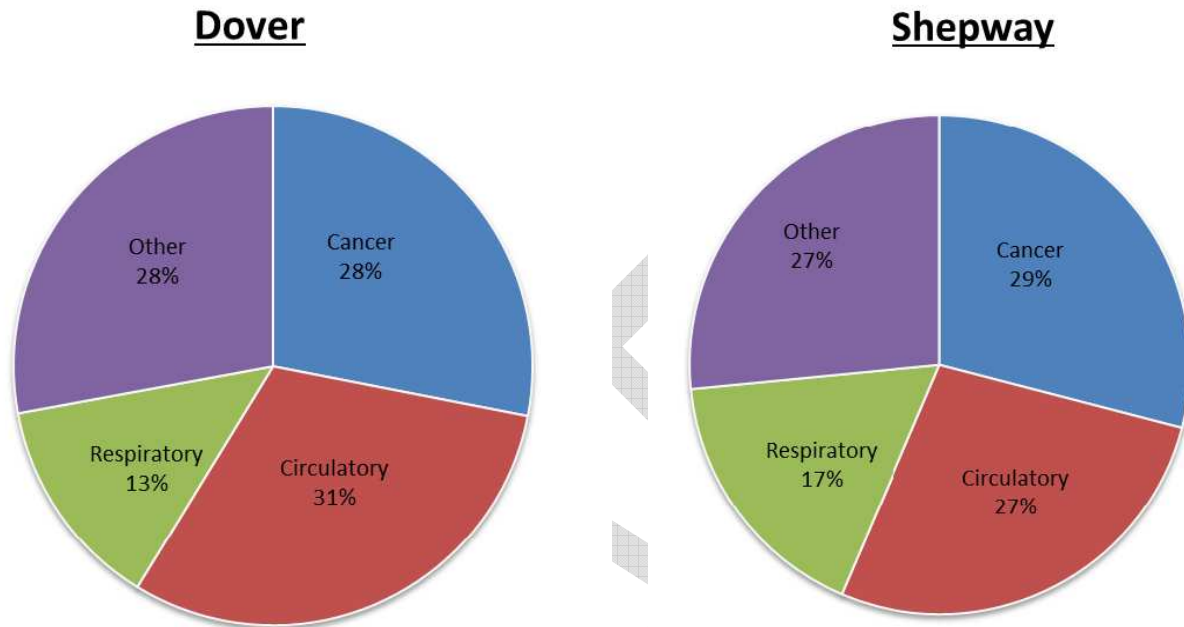
<sup>1</sup> Dover and Shepway Health Profiles 2013

<sup>2</sup> ONS 2011-Based population projections 2013-2018, 2013-2021 (from KMPHO)

### 3. Key Killers

- Across the South Kent Coast 76.3% of all deaths are attributable to three main diseases: Circulatory disease (34.2%), Cancer (27%) and respiratory disease (15%).

#### Key Killers 2012



- Within the circulatory disease category, nearly half are due to coronary heart disease. Just under a quarter are due to strokes in Dover and a fifth in Shepway. For cancer deaths the majority are for lung cancer (18% in Dover and 22% in Shepway).
- Trends in mortality rates show that although there have been reductions in deaths from circulatory conditions, there have been increases from all others, notably dementia. For men the main cause of death is coronary heart disease and for women, dementia<sup>3</sup>.

### 4. Health Inequalities

- There are significant health inequalities in the South Kent Coast area. These health inequalities can be found both compared to Kent as a whole and also within the South Kent Coast area.
- People living in the South Kent Coast have, on average, the fourth lowest life expectancy rates in Kent.
- The South Kent Coast is the third most economically deprived area in Kent.
- 53% of People in Dover, and 60% of people in Shepway are in the bottom 2 deprivation quintiles. A quarter of children and young people live in the 20% most deprived wards in South Kent Coast.
- South Kent Coast has made improvements in reducing the gap (difference) in life expectancy of those from the poorest areas compared to the richest areas – the only CCG area in Kent to do so.
- Trends in standardised mortality rates are increasing in the South Kent Coast, in relation to other CCGs in Kent and England. Therefore, although SKC CCG is less unequal than other CCGs, their patients are still dying at a higher rate than the average for a Kent CCG
- If the premature deaths for men in South Kent Coast were brought down to the Kent average - then 212 men's lives could be saved (2010-12 data).

<sup>3</sup> KMPHO 2012: Date for period 2008-2012

- Premature mortality rates are twice as high for men in the poorest 20% of super output areas in South Coast Kent compared to South Kent Coast as a whole, indicating there are poorer outcomes for those living in the poorest areas.

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## 5. Deprivation

- Relative deprivation is the single biggest contributor to health inequalities, with poorer health outcomes generally seen in populations that live in more deprived areas. Challenges such as the economic downturn and welfare reform could affect the most vulnerable communities and widen inequalities.
- In the Indices of Multiple Deprivation 2010, Shepway is ranked 97 and Dover is 127 out of 326 local authorities (using a rank of one to indicate the most deprived district council area). Shepway is the third most deprived district in Kent and Dover the fourth.
- 16.4% of Dover and 16.9% of Shepway's lower layer super output areas are in the 20% most deprived for England.
- The highest levels of deprivation are found within St.Radigunds, Buckland and Tower Hamlets (Dover), Folkestone Harvey Central, Folkestone Harbour and Folkestone East (Shepway).
- Coastal Deprivation is also an issue for both Dover and Shepway with unique challenges relevant to public health and regeneration such as alcohol problems, in-migration of older people and transient populations; houses in multiple occupation and limited opportunities for young people.

Index of Deprivation, 2010	Dover	Shepway	Kent	England
People living in means tested benefits households (No.)	14,904	15,709		
Children living in income deprived households (No.)	4,008	4,038		
People aged 60+ living in pension credit households (No.)	4,713	4,970		
Deprivation (%)	18	18.3	10.9	20.3
Income Deprivation (%)	14	15.7	12.3	14.7
Child Poverty (%)	20.4	22.4	17.8	21.8
Older People in Deprivation (%)	15.8	17.2	15	18.1

Source: PHE Local Health Reports

Significantly better than England	Not significantly different	Significantly worse than England
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## 6. Life Expectancy

Life expectancy is a proxy measure for the amount of disease in the population. Life expectancy for both men and women is strongly associated with level of deprivation. The population served by the SKC CCG has the fourth lowest life expectancy at birth of the CCGs in Kent, and considerable variations exist between different localities.

### Dover District

- Life expectancy at birth for Dover is estimated to be 80.4 years.
- The difference in male life expectancy at birth between those living in the most deprived areas and those living in the least deprived areas is 11.3 years. In females, the difference was 7.6 years (persons 7.7 years)<sup>4</sup>.
- In Dover, only 4 out of 21 wards are over the Kent average life.
- The ward with the highest life expectancy at birth is St Margarets-at-Cliffe (84.7); this is 7.7 years more than the lowest life expectancy which is in Lydden and Temple Ewell (77.1).
- The wards with the lowest life expectancy at birth in the Dover district are: Tower Hamlets, Lydden and Temple Ewell, Aylesham, Middle Deal, Town and Pier, Buckland and Castle.
- The wards with the poorest life expectancy at age 65 are: Aylesham, Whitfield, Middle Deal and Sholden, Tower Hamlets, Little Stour and Ashstone, Lydden and Temple Ewell.

### Shepway

- Life expectancy at birth for Shepway is estimated to be 80.8 years.
- In the Shepway district, the difference in male life expectancy at birth between those living in the most deprived areas and those living in the least deprived areas was 8.3 years. In females, the difference was 11.6 years (Persons: 9.3 years).
- In Shepway, only 8 out of 22 wards are over the Kent average life.

<sup>4</sup> Source: PHMF 2008-12, ONS, SEPHO, KMPHO

- The ward with the highest life expectancy at birth is Folkestone Morehall (85.5); this is 9.3 years more than the lowest life expectancy which is in Folkestone Harbour (76.2).
- The wards with the lowest life expectancy at birth in the Shepway district are: Folkestone Harbour, Folkestone Harvey Central, Folkestone East, New Romney Coast, Folkestone Foord, Hythe East and Romney Marsh.
- The wards in Shepway with the poorest life expectancy at age 65 are: Lydd, New Romney Coast, Folkestone Harvey Central, Tolsford, Romney Marsh and Folkestone Harbour.

### Years of life lost by people dying early

- Modifiable lifestyle factors such as smoking, maintaining a healthy diet and limiting alcohol consumption can have a significant impact on health and social care outcomes.
- A simple way to identify the impact of poor health and lifestyle choices on life expectancy is by looking at how many years of life are lost by people dying prematurely. In Dover and Shepway, the average annual number of years of life lost by people dying of preventable causes before the age of 75 is 9,019<sup>5</sup>.
- At present, most years of life are being lost prematurely to coronary heart disease (especially in men), respiratory disease, cancer and liver disease, all of which can be reduced by taking a more proactive approach to health and care. Dementia is beginning to emerge as an increasingly common cause of death, especially in women.

## 7. Adults

- In the South Kent Coast CCG there are approximately 48,000 people who can be classified as obese (or not in a healthy weight range). The prevalence of obese adults in Dover is 26.8%, which is significantly higher than England (24.2%) The rate for Shepway is 25.9%.
- The 2012-13 QOF registers show that the population of South Kent Coast have a higher prevalence of Coronary Heart Disease (CHD), stroke, hypertension, diabetes, epilepsy, hypothyroidism, cancer, arterial fibrillation and learning disabilities when compared to England.
- South Kent Coast have a higher emergency admission rate than Kent and Medway for all long term conditions (Chronic Obstructive Pulmonary Disease - COPD, Stroke, CHD, Dementia and Diabetes), except Cancer. For all conditions except Cancer the trend shows an increase in the rate of emergency admissions. Emergency hospital admissions can be an indicator of how well patients are being managed within primary care.
- Although performing better than England average, the number of admissions to hospital due to alcohol specific conditions has been rising year on year for South Kent Coast CCG.
- The percentage of people reporting their health to be good or very good in Shepway was 78.3% and in Dover was 78.8%. This is the second and third lowest in Kent.

Adults' lifestyle indicators	Dover	Shepway	Kent	England
Obese adults (%) 2006-08	26.8	25.9	26.3	24.1
Binge drinking adults (%) 2006-08	17	16.6	16.9	20
Healthy eating adults (%) 2006-08	26	26.6	27.3	28.7
Adults smoking (%) 2011/12	27.4	20.9	20.1	20
Physically active adults (%) 2012	56.2	48.7	57.2	56
Drug misuse (per 1,000) 2010/11	5.4	6.5	5.0	8.6

Source: PHE Local Health Reports / Health Profiles 2013

Significantly better than England	Not significantly different	Significantly worse than England
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<sup>5</sup> Source: HSCIC, December 2013. Years of Life Lost, 2010-12 pooled, numbers and crude rates per 10000 population

<b>Health and care indicators, Census 2011</b>				
<b>2011: Self report health</b>	<b>Dover</b>	<b>Shepway</b>	<b>Kent</b>	<b>England</b>
General health very bad (%)	1.3	1.5	1.1	1.2
General health bad or very bad (%)	6.3	6.4	5.1	5.5
Limiting long-term illness or disability (%)	20.8	21	17.6	17.6
Provides 1 hour or more unpaid care per week (%)	11.3	11.4	10.4	10.2
Provides 50 hours or more unpaid care per week (%)	2.9	2.9	2.5	2.4

Source: PHE Local Health Reports

The environment in which residents live and work influences lifestyle and behaviour choices which impacts on the health of individuals and communities.

<b>Housing and Living Environment Indicators</b>	<b>Dover</b>	<b>Shepway</b>	<b>Kent</b>	<b>England</b>
Households with central heating (%) 2011	97.6	96.7	97.6	97.3
Overcrowding (%) 2011	6	8	6.9	8.7
Pensioners living alone (%) 2011	31.4	31.7	30.2	31.5
Statutory homelessness (rate per 1,000) 2012/13	1.63	1.24	1.72	2.37
Total recorded crime (rate per 1,000) 2012/13	50.8	53.8	55.6	66

Source: PHE Local Health Reports; KCC Community Safety Portal; ONS

Significantly better than England	Not significantly different	Significantly worse than England
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## 8. Children and Young People

- Dover has the third highest infant mortality rate in Kent (2012-2012) and higher than the England average, although the trend fluctuates from year-to-year, on average the trend appears to be decreasing.
- Low birth weight has serious consequences for health in later life. Dover (4.9%) has a lower proportion of babies with low birth weight than the Kent average (5.2%). Shepway (5.2%) has an equal proportion to the Kent average<sup>6</sup>.
- There are significantly fewer physically active children in Shepway (48.3%) compared to England (55.1%). However, the rate for Dover is 63.9% - which is significantly more than the England average.
- In Dover and Shepway in 2010 women recorded as smoking at the time of delivery was 20% - significantly worse than England (14%). In quarter 2 of 2013/14 the percentage of women recorded as smoking during pregnancy was 15.2% compared to the Kent County figure of 12.2%<sup>7</sup>.
- Both Dover and Shepway have lower than average rates of breastfeeding (70% compared to 73.6%). In quarter one (2013/14) the breastfeeding initiation rate in South Kent Coast was 61% whilst the Kent County rate was 58%<sup>7</sup>.
- Shepway and Dover, along with Thanet, have the highest rates of teenage conception in Kent – although rates have been reducing. The teenage conception rate (per 1,000 women aged 15-17) for Shepway of 43.3 is significantly higher than the rate for England of 34.0. The rate for Dover is 38.2<sup>8</sup>.
- Both Dover and Shepway are under the recommended 95% coverage rate for MMR.
- The rate of family homelessness is better than the England average.
- A quarter of children and young people live in the 20% most deprived wards in South Kent Coast CCG.

<sup>6</sup> KMPHO, pooled data for 2010-2012

<sup>7</sup> KMPHO, CCG Dashboards September 2013

<sup>8</sup> ONS, Conception Statistics

Children lifestyle indicators	Dover	Shepway	Kent	England
Obese children (Reception) (%) 2009/10-2011/12	9.9	8.5	9	9.6
Obese children (Year 6) (%) 2009/10-2011/12	19.3	19.6	18.3	19
Smoking in pregnancy (%) 2011/12	18.2	18.2	15.2	13.3
Start breast feeding (%) 2011/12	71.7	71.7	73.1	74.8
Teenage pregnancy (aged 15-17) (per 1,000)	38.2	43.3		34
Physical activity (%)	63.9	48.3		55.1

Source: PHE Local Health Reports / Health Profiles 2013 / ONS

Child Development, Education and Employment Indicators	Dover	Shepway	Kent	England
Low birth weight births (%) 2010-2012 pooled data	4.9	5.2	5.2	
Child development at age 5 (%) 2010/11	63.8	62	64.8	58.8
GCSE achievement (5A* - C inc Eng & Maths) (%) 2011/12	56.6	60.3	61.1	59
Unemployment 2010/11 monthly average	3.3	4	2.9	3.6
Long term unemployment (rate per 1,000) 2010/11	4.5	8.2	4.9	6
NEETs (%) April 2013	6.04	6.91	5.36	

Source: KMPHO; PHE Local Health Reports / Health Profiles 2013; CXK

Significantly better than England	Not significantly different	Significantly worse than England
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## 9. Mental Wellbeing

- Good mental health and wellbeing is about feeling good about yourself and your life and being able to cope with problems when they happen. It can be affected by a wide range of factors such as secure employment and a sustainable income.
- The South Kent Coast CCG has a higher prevalence of mental health issues than the average for Kent and Medway<sup>7</sup>.
- Adult Mental Health contact rates in Dover and Shepway are joint second highest of all districts in Kent: 27.4 per 100,000 (adults aged 16-64) compared to 23.6 for Kent (JSNA 2012).
- The mental health needs index shows that the wards: Aylesham; North Deal; Middle Deal and Sholden; Buckland, St Radigunds, Tower Hamlets and Castle (in the Dover district<sup>8</sup>) and Folkestone Harbour; Folkestone Harvey Central; Folkestone Harvey West (in the Shepway district<sup>9</sup>) have an expected rate of mental health admissions at least 20% more than national levels.
- The numbers of people with dementia in Kent are set to increase by 83% by 2026. The Kent JSNA makes recommendations for an improved model of care for dementia.
- From 2012 to 2020, dementia is predicted to increase by 25.9% (from 1,681 to 2,116) in the Dover district and 17.5% (from 1,697 to 1,994) in Shepway<sup>10</sup>

## 10. Veterans

- Veterans healthcare needs can be different from those of other patients because of their military service.
- The South Kent Coast has a large proportion of all ex-military in Kent, with an estimated 11,064 in Dover and 10,051 in Shepway (12.5% and 12.0% of 16 and over population respectively).

## 11. Finding the 'Missing People'

- The Health and Wellbeing Strategy covers the whole population and life-course.

<sup>7</sup> Mental Health and Wellbeing – Kent, KMPHO 12/02/2014

<sup>8</sup> Mental Health and Wellbeing – Dover, KMPHO 30/01/2014

<sup>9</sup> Mental Health and Wellbeing – Shepway, KMPHO 30/01/2014

<sup>10</sup> Table produced on 23/04/14 from www.poppi.org.uk version 8.0



- The total population for the South Kent Coast area is approximately 220,500 (111,800 in Dover and 108,700 in Shepway<sup>11</sup>). There are 33 practices within the South Kent Coast CCG (15 in the Dover district and 18 in the Shepway district) with approximately 200,000 registered patients.
- GP's only see a patient if he or she comes through the surgery door and it is estimated that millions of people in England are living with undiagnosed diseases. There is a huge opportunity for the NHS to prevent people from dying too soon by diagnosing conditions as early as possible and getting them the treatment they need before the condition worsens.
- Access to health professionals is vital to support good health outcomes and finding and visiting a GP can be more difficult for those experiencing disruption in their lives - including looked after children and the homeless.
- All partners must be proactive and help direct good health care to those who need it.

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<sup>11</sup> 2012 Mid Year Population Estimates, ONS

This document is supported in delivery through the following partners' plans:

### District Corporate Plans

Our Corporate Plans provide a framework for the delivery of services. They are a clear statement of our vision and strategic priorities and provides the context for other strategies and plans that we may produce:

- **Dover District Council Corporate Plan 2012-2016:**  
[Our Vision: A high speed district of growth, enterprise and opportunity](#)
- **Shepway District Council Corporate Plan 2013 – 2018:**  
[Investing for the next generation](#)

### Kent Joint Strategic Needs Assessment

Joint Strategic Needs Assessment (JSNA) is an on-going process by which a range of data, information and analysis about the health and wellbeing of Kent is collated, assessed and compared in order to present an understanding of the issues impacting on the population of Kent

- [JSNA for Kent 2012: Working together to Keep Kent Healthy](#)

### Kent Joint Health and Wellbeing Strategy

This strategy is the starting point for a long term partnership approach to improve health and care services whilst reducing health inequalities in Kent.

- [Kent Joint Health and Wellbeing Strategy](#)

### Kent Health Inequalities Action Plan

The action plan is based around six priorities, which follow our life course and are:

1. Give every child the best start in life;
  2. Enable all children, young people and adults to maximise their capabilities and have control over their lives;
  3. Create fair employment and good work for all;
  4. Ensure a healthy standard of living for all;
  5. Create and develop healthy and sustainable places and communities; and
  6. Strengthen the role and impact of ill-health prevention.
- [Mind the Gap: Building Bridges to better health for all 2012/15](#)

### Kent & Medway Live It Well Strategy

Live It Well is the strategy that looks to improve the mental health and wellbeing of people in Kent and Medway from 2010 to 2015. The strategy makes ten commitments, including:

- ensuring people have easy access to care in a crisis
- reducing the number of people with common mental health problems such as anxiety and depression
- giving people more choice and more say over their care and
- reducing the number of suicides.
- [Live it well](#)

### South Kent Coast Clinical Commissioning Group Strategy 2014-19

This strategy sets out the high level ambitions and plans for the next 5 years. The CCG has identified 6 key issues which its strategy and plans will set out to address:

1. Tackling Health Inequalities
  2. Improving the management of Long term Conditions
  3. Urgent Care: Avoiding unnecessary admissions to hospital
  4. Improving Mental Health and Wellbeing
  5. Supporting Children and Families
  6. Prevention of Illness
- [South Kent Coast CCG Strategy 2014-19: insert link](#)

## **South Kent Coast Clinical Commissioning Group Health Inequalities Action Plan**

A Plan for South Kent Coast CCG to Reduce Health Inequalities for their Patients. The Action Plan has the following components:

1. Improving Equity in Access and Treatment
  2. Doing the Job properly
  3. Being Leaders
  4. Making Every Contact Count
  5. Going the Extra Mile
- Right Treatment, Right Place, Right Time: [insert link](#)

## **South Kent Coast Integrated Commissioning Strategy**

This strategy focuses on adults with a disability and older people and aims to co-ordinate the way services are provided for adults living in the area so they can lead healthier and more active lives. Four agreed priority areas of work:

1. Intermediate Care
  2. Falls Prevention
  3. Tele-technology / Assisted Technology
  4. Healthy Living (Healthier South Kent Coast sub-group)
- South Kent Coast Integrated Commissioning Strategy: [insert link](#)

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