

Public Document Pack



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24 June 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 24 June 2014 at 3.00 pm, the following reports that were unavailable when the agenda was printed.

- 6 **YOUR LEISURE: PREVENTING ILL-HEALTH THROUGH PHYSICAL ACTIVITY**
(Pages 2 - 18)

To receive a presentation from Mr K Fordham, Deputy Managing Director (Your Leisure).

- 8 **ACCOMMODATION STRATEGY UPDATE** (Pages 19 - 29)

To receive a verbal update from Mr M Lobban, Director of Strategic Commissioning (Kent County Council).

Yours sincerely

A handwritten signature in black ink, appearing to read "Nicky", written over a white, wave-like shape that matches the Dover District Council logo.

Chief Executive

The Role of Physical Activity in Improving Health and Well Being & Potential Links Between Your Leisure and SKC HWBB

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Kevin Fordham

Deputy Managing Director

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“creating opportunities to enjoy life and have fun”

To improve health, wellbeing and lifestyles of our local communities

ω
Work together to continually improve services and facilities so we become the first choice to enjoy life and have fun





SWIMMING



THEATRES



HEALTH & FITNESS



YOUR FEELGOOD FACTORY



CATERING & HOSPITALITY



YOUR SPA

Active People Survey

30 mins of sport at moderate intensity at least once P.W
(approx. 500 respondents 14+ per district)

	Oct 12 – Oct 13	April 13 – April 14
Kent	35.7%	36.8%
o Dover	33.5%	34.2%
<i>Shepway</i>		32.4%
<i>Thanet</i>		27.1%
<i>Tunbridge Wells</i>		46.3%

Top five sports

Number of adults taking part at least once a week by sport



Source: Active People Survey 7 Q3 to 8 Q2 (Sport England 2013-14)



More people
More active
More often

Turning the Tide of Inactivity

- Physical inactivity ? less than 30 mins of moderate intensity physical activity p.w (Chief Medical Officer/ Active People Survey) – 29% of adults do not
- 150 mins of physical activity p.w - 44% of adults do not
- 37,000 needless deaths in UK from inactivity
- Reduce inactivity levels by 1% year on year over five-year period would save local taxpayers £44 per household
- Average L.A spend: 2.4% of health budgets on tackling

Health costs of disease

Estimates of the cost of the main disease categories related to physical inactivity



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Source: National Programme Budget Project / Cost of physical inactivity data (Sport England, 2009-10)

Way Forward

L.A's

- Prioritise and resource physical inactivity programmes to the same level as other top tier public health risks
- Partner with local activity and sports providers to deliver a local ambition of a 1% reduction in inactivity year on year for the next 5 years

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Providers

- Focus on engaging and supporting inactive people
- Deliver evidence-based programmes tailored towards inactive groups
- Better record, analyse and evaluate the users of facilities and effectiveness of programmes to improve the evidence base

What is Your Leisure doing ?

⇒



Exercise Referral Scheme

Referral from health professional to registered provider

Dover or Tides Leisure Centre (287 referrals in 13/14)

↔
12 week trial period on a programme

Data analysis and review to improve outcomes



- Kent Healthy Business Award
- Corporate Memberships
- Sport Premium Delivery in Schools
- Play Tennis for Free
- Kent FA Just Play





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How can we work together ?

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HAFOS (Health and Fitness Omnibus Survey)

- Only regular industry barometer of UK consumers' attitudes and perceptions towards, health, activity and the active leisure sector
- Street based consumer survey
- Core questions focus around the physical activity agenda including:
 - How people undertake their current activity ?
 - How we can help them increase their current levels ?
 - To what extent people are aware of the recommended levels/guidelines for physical activity ?

NICE Return on Investment (ROI) tool for interventions and strategies to increase Physical Activity

[Click to Begin](#)

**Return on investment tool
v1.00 (May 2014)**



Accommodation Strategy

Better Homes : Greater Choice



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Mark Lobban, Director of Commissioning
SKC Health and Wellbeing Board June 2014

Why we need an Accommodation Strategy

- ASC spends £180m on residential and nursing care
- The right type of accommodation in the right place
- Stimulate the market or directly intervene
- Inform planning applications
- Secure better outcomes and make savings
- Quality and safeguarding

Accommodation Strategy Overview

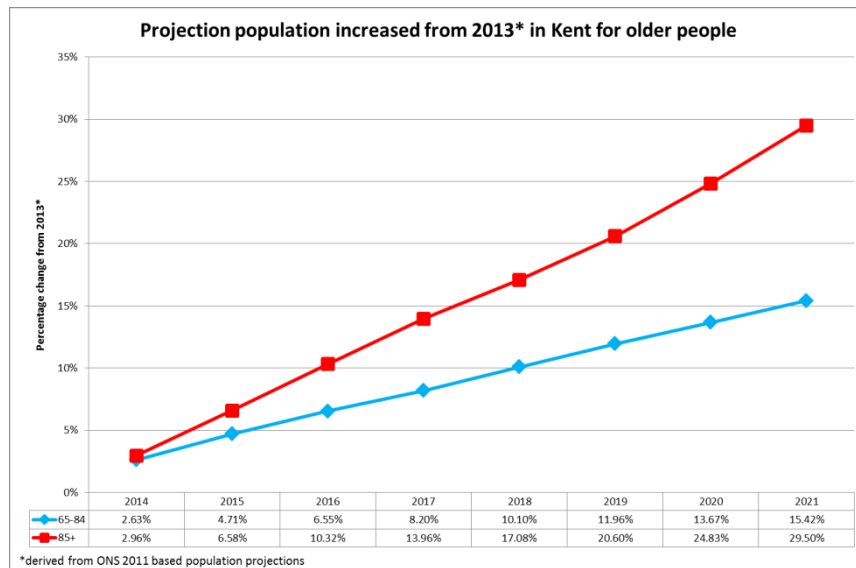


- Dynamic strategy
- On-line with links
- Evidence base
- Case studies
- Key findings by user group
- Financial Impact
- District Profiles
- Design Principles
- District and CCG aligned

Accommodation for Older People Analysis

Service Type	National Ratio	Kent Ratio	Future need?
Sheltered	125 units per 1000 pop 75+	144	↓
Extra Care	45 units per 1000 pop 75+	1.51	↑
Residential Care	65 units per 1000 pop 75+	65.7	↔
Nursing Care	45 units per 1000 pop 75+	30	↑
Intermediate Care	26.3 units per 100,000 pop	29.7	↓

- National Ratios
- Population forecast
- Impact of enhanced community provision
- Placement patterns
- Market appraisal
- Workshops with KCC, CCGs and Districts



Numbers are indicative and will be used to target priority areas. Numbers will need to be periodically reviewed and adjusted in line with the performance of enhanced community services

South Kent Coast Accommodation Strategy

Vacancy Rate 2% SKC
National rate 7%

Dover		
Older People:	+/-	Known
Residential incl Dementia Care	-318	
Nursing incl Dementia Care	297	
Extra Care	331	140
Sheltered Housing	-25	

Shepway		
Older People:	+/-	Known
Residential incl Dementia Care	-360	
Nursing incl Dementia Care	195	110
Extra Care	234	
Sheltered Housing	0	

KCC currently working with Council partners and private developers for 140 new extra care units and 110 nursing beds

KCC funds 40% of the placements

Need to consider what existing sheltered provision could be remodelled to extra care

Intermediate Care – CCG confirm that the numbers of IC will remain the same with greater focus on rehab

South Kent Coast Accommodation Strategy – Supply and Demand

Provision	Residential		Nursing		Of which dementia		Sheltered	Extra Care	Intermediate Care	
	Home	Beds	Home	Beds	Home	Beds	Units	Scheme	Units	Beds
Shepway	33	840	8	280	18	480	2160	1	39	20
Dover	28	830	5	210	15	460	1380	1	40	26
Total	61	1670	13	490	33	940	3540	2	79	46

FSC Caseload	Residential		Nursing		Community	Direct Payments	Vacancy %	Average Size of Care Home
	Funded	%	Funded	%				
Shepway	320	38%	96	34%	550	120	1%	27.3
Dover	349	42%	99	47%	310	60	4%	31.5
Total	669	40%	195	40%	860	180	2%	29

South Kent Coast Accommodation Strategy – Ratios

Service Type	National Ratio	Kent Ratio	Shepway	Dover
Sheltered	125 units per 1000 pop 75+	144	208	130
Extra Care	45 units per 1000 pop 75+	1.51	1.85	1.78
Residential Care	65 units per 1000 pop 75+	65.7	78	78.4
Nursing Care	45 units per 1000 pop 75+	30	26	20
Intermediate Care	26.3 units per 100,000 pop	29.7	40.9	

Intermediate Care – South Kent Coast



- SKC reviewed its bed utilisation in intermediate care – concluded that the numbers are probably correct if delivering the right outcomes
- Services in Deal and Folkestone – Dover town currently not served



- Many of the beds are not used for intermediate care
- SKC are reviewing the efficiency and effectiveness of the service to focus more on rehabilitation

Next Steps

- Launch the Strategy and publish supporting evidence
- Develop Market Position Statements
- Prioritise and sequence projects
- Develop options appraisals and business cases
- Establish consultation route where appropriate
- Undertake workshops for all other user groups



Questions

Mark Lobban, Director of Commissioning