SOUTH KENT COAST HEALTH AND WELLBEING BOARD

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14 September 2015

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 Council Chamber at these Offices on Tuesday 22 September 2015 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:

Councillor P A Watkins (Chairman)	Dover District Council
Dr J Chaudhuri (Vice-Chairman)	South Kent Coast Clinical Commissioning Group
Ms D Barry	Community and Voluntary Sector Representative
Councillor P M Beresford	Dover District Council
Ms K Benbow	South Kent Coast Clinical Commissioning Group
Councillor S S Chandler	Local Children's Trust Representative
Councillor J Hollingsbee	Shepway District Council
Mr M Lobban	Kent County Council
Councillor M Lyons	Shepway District Council
Councillor G Lymer	Kent County Council
Ms J Mookherjee	Kent Public Health, Kent County Council
Ms T Oliver	Healthwatch Kent

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 - 10)

To confirm the attached Minutes of the meeting of the Board held on 23 June 2015.

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 **NEXT STEPS FOR THE SOUTH KENT COAST HEALTH AND WELLBEING BOARD**

To receive a presentation from Ms K Benbow (Chief Operating Officer, South Kent Coast Clinical Commissioning Group) and Ms M Farrow (Head of Leadership Support, Dover District Council).

7 **PUBLIC HEALTH SERVICES TRANSFORMATION AND COMMISSIONING PLANS** (Pages 11 - 34)

To consider the attached report of Ms J Mookherjee (Consultant in Public Health, Kent County Council).

8 **INTEGRATED CARE ORGANISATION AND LOCALITY GROUP UPDATES** (Pages 35 - 39)

To consider the attached report of Ms K Benbow (Chief Operating Officer, South Kent Coast Clinical Commissioning Group).

9 **HEALTHIER SOUTH KENT COAST GROUP** (Pages 40 - 44)

To consider the attached report of Ms J Mookherjee (Consultant in Public Health, Kent County Council).

10 **CHILDREN'S OPERATIONAL GROUP**

To receive an update from Councillor S S Chandler (Dover District Council).

11 **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, 23 June 2015 at 3.00 pm.

Present:

Chairman: Councillor P A Watkins (Minute No. 1 to 9 only)

Board: Councillor P M Beresford
Ms K Benbow
Councillor S S Chandler (Chairman for Minute No. 9 to 14 only)
Councillor J Hollingsbee
Councillor M Lyons
Ms J Mookherjee
Ms T Oliver

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

1 ELECTION OF A CHAIRMAN

The Team Leader – Democratic Support called for nominations for a Chairman for the ensuing municipal year 2015/16.

It was moved by Councillor M Lyons, duly seconded and in the absence of any other nominations it was

RESOLVED: That Councillor P A Watkins be elected as Chairman of the South Kent Coast Health and Wellbeing Board for the ensuing municipal year 2015/16.

(Councillor P A Watkins took the Chair upon his appointment)

2 APPOINTMENT OF A VICE-CHAIRMAN

It was moved by Councillor P A Watkins, duly seconded by Councillor M Lyons, and in the absence of any other nominations it was

RESOLVED: Dr J Chaudhuri be appointed as Vice-Chairman for the ensuing municipal year 2015/16.

3 APOLOGIES

Apologies for absence were received from Dr J Chaudhuri (South Kent Coast Clinical Commissioning Group), Mr M Lobban (Kent County Council) and Ms J Perfect (Case Kent).

4 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointed.

5 DECLARATIONS OF INTEREST

Councillor M Lyons advised that he was a Governor of the East Kent Hospitals University NHS Foundation Trust.

6 MINUTES

It was agreed that the Minutes of the Board meeting held on 20 January 2015 be approved as a correct record and signed by the Chairman.

7 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

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

8 EAST KENT HOSPITALS UNIVERSITY FOUNDATION TRUST

The Board received a presentation from Ms R Jones (Director of Strategy and Business Development, East Kent Hospitals University NHS Foundation Trust) on the Trusts 2 to 10 Year Strategy 'Delivering our Future'.

The Board was informed that a recent Care Quality Commission (CQC) report had provided an overall rating of 'inadequate' for the Trust. A further inspection was planned for July 2015 by the CQC.

The Trust faced operational issues in respect of A&E services, poor performance in respect of waiting time targets (the A&E four-hour target was unmet) and workforce constraints, with significant agency staff costs.

The Board was advised that the Trust had performed well in respect of infection control rates for Methicillin-Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile (C. Diff) and had a hospital death ratio that was 20% lower than the national average. In addition, new models of care and service improvement were being developed (one-stop Out Patient clinic facilities and a new hospital in Dover).

However, there were pressures of increasing demand (1% growth per year) which equated to an additional 76,000 people using the Trusts services over a 10 year period and increased patient expectations for quality care provided close to home. Demographically, East Kent was predicted to have both an increasing younger population (1.3% growth per year) and over 75 year old population (3.5% growth per year).

In addition, the Trust faced financial challenges despite a £6 million surplus for 2013/14 on a turnover of £526 million. The financial position of the Trust was projected to worsen with a deficit of £40 million projected for 2017/18 rising to a deficit of £147 million by 2020.

The Board was advised that if no changes were made, the Trust would be dealing in 2023 with a 16% increase in inpatient demand (an additional 15,000 people), an increase of 17% for day cases (12,000 people) and an increase of 15% for outpatient services (92,000 people) that it did not have the spare capacity in staff, estate or beds to deliver.

The proposals for meeting this demand involved:

- Changes to the current pattern of unsustainable services over 3 hospital sites, which was supported by a clinical consensus that reconfiguration was

required and concerns that 3 site unselected medicine was unsustainable in the medium term;

- The reconsideration of future care delivery (service consolidation/centralisation, local service delivery, delivering existing services in different setting and/or starting new service delivery); and
- An integrated care strategy (health and social care campus) with integration with primary care services and the creation of teaching nursing homes. As part of this, some services could be localised - Tier 0 (self-care and preventative activities), Tier 1 (primary care), and Tier 2 (non-acute care) – and some services could be centralised - Tier 3 (secondary non-complex acute care) and Tier 4 (tertiary complex acute care).

The Trust was working with Ernst and Young to model possible options and researching good practice and models of care. It was seeking to develop a clinical model with clinicians and staff and working with Clinical Care Groups and other providers to agree an East Kent Health Economy approach to the issues. There was also an on-going patient and public engagement strategy that had seen the trust speak to over 767 people (56% face-to-face).

The process for the strategy was based on two phases:

- Phase A – Preparatory works (stakeholder analysis and mapping with the gathering of general views) followed by Pre-Consultation (gathering views on proposed changes prior to public consultation).
- Phase B – Formal public consultation (gather views on the details of the proposed changes), post consultation (feedback analysis and report generation) and finally the identification and agreement of a preferred option.

The outcome would have to deliver a clinically, operationally and financially sustainable position for the Trust.

In response to Councillor P A Watkins question as to whether the proposed timetable for public consultation in early 2016 was achievable given the length of time previous consultations had taken, the Board was advised that the important factor was that a proper public consultation with clear and viable options needed to be conducted and that if it meant the public consultation needed to be undertaken at a later date than planned then it would be.

The Board discussed the need for reducing agency expenditure in the NHS, both locally and nationally, and the importance of encouraging local schools and colleges to promote health careers in order to develop a new generation of clinical staff with local ties. Ms R Jones acknowledged that while the Trust's focus was on more traditional methods of recruitment, it had tried alternative models for recruitment, such as a programme targeted at local schools and colleges to promote careers in health which had provided sufficient new staff to tackle a shortfall in theatre staff at Queen Elizabeth the Queen Mother Hospital (QEQM).

Councillor J Hollingsbee urged the Trust to review its position in respect of work experience opportunities so that 15 year olds could take part as there was more chance of influencing career choices at that age.

Ms K Benbow informed that Board that the integrated care plans for both the South Kent Coast CCG and the Trust were compatible, although still in early phases. The importance of avoiding unnecessary admissions to A&E and hospital were emphasised.

RESOLVED: (a) That Ms R Jones be thanked for the presentation and it be noted.

(b) That the Board receive a further presentation prior to the proposals going to public consultation.

9 CCG 2015/16 OPERATIONAL PLAN AND THE 2015/16 QUALITY PREMIUM

Ms K Benbow (Chief Operating Officer, South Kent Coast Clinical Commissioning Group) introduced the report on the CCG's Operational Plan 2015/16 and the Quality Premium 2015/16.

The Board was advised that the main focus of the commissioning plans related to 'Out of Hospital' services as part of a multi-speciality community provider (MCP) model. However, the plan also included schemes that would impact on 'in hospital' pathways and the patient overlap between 'in hospital' and 'out of hospital' care.

In respect of mental health services, the intention was to embed a psychiatry liaison in hospitals to reduce the number of sections taking place for patients presenting with mental health issues and deliver an improved patient experience with better outcomes in the setting of an acute hospital. A new performance indicator in respect of 'Early Intervention in Psychosis' had also been adopted.

As part of the hospital programme in the operational plan, emphasis was placed on working with the East Kent Hospitals University NHS Foundation Trust (EKHUFT) and other secondary care providers to develop new models for secondary care and engaging with EKHUFT to ensure that the consolidation of outpatient services to six sites preserved equitable access to outpatient services, particularly for Deal and Shepway patients.

The CCG also planned to implement a new practice level model for community nursing to ensure that care was better co-ordinated with GP Specialist Nursing for vulnerable patient groups and managing the care of patients with long term conditions.

RESOLVED: That the South Kent Coast Operational Plan 2015/16 and Quality Premium 2015/16 be noted.

10 ELECTION OF A CHAIRMAN FOR THE REMAINDER OF THE MEETING

The Chairman, Councillor P A Watkins, left the meeting during Minute Number 9 and in the absence of the Vice-Chairman, the Team Leader – Democratic Support called for nominations for a Chairman to preside at the remainder of the meeting.

It was proposed by Councillor M Lyons, and duly seconded, that Councillor S S Chandler be elected Chairman for the remainder of the meeting. In the absence of any other nominations it was

RESOLVED: That Councillor S S Chandler be elected as Chairman for the remainder of the meeting.

(On being elected, Councillor S S Chandler assumed the Chairmanship for the remainder of the meeting.)

11 PUBLIC HEALTH PERFORMANCE AND PROGRAMME UPDATE

Ms J Mookherjee (Consultant in Public Health, Kent County Council) presented the report on developing the Public Health Strategic Delivery Plan and Commissioning Strategy.

A strategic review was being undertaken to develop a new commissioning model that tackled health inequalities and reflected the shared priorities and objectives of local partners. Key outcomes would be delivered through integrated service delivery rather than standalone provision. In addition, new contracts would be commissioned to allow for flexibility to reflect changes in demand.

However, key programmes would continue to be commissioned while the review took place, structured under a 'Starting Well', 'Living Well' and 'Ageing Well' approach.

The key public health priorities were:

- Smoking (particularly while pregnant)
- Healthy eating, physical activity and obesity
- Alcohol and substance abuse
- Wellbeing including mental health and social isolation
- Sexual health and communicable disease
- Wider determinants of health (including Crime)

Overall, greater innovation and integrated working was vital to ensuring the maximum impact on shared priorities and public health outcomes was achieved against the backdrop of reductions in the public health budget. The work of falls prevention

Members of the Board discussed the Folkestone Community Hub approach to service delivery, noting that while well received it was not a 'one-size-fits-all model' and might not be the best approach for all locations. However, lessons learnt from the Hub approach could be applied elsewhere.

RESOLVED: That the update be noted.

12 INTEGRATED CARE ORGANISATION UPDATE

The update on Integrated Care Organisation was presented by Ms K Benbow (Chief Operating Officer, South Kent Coast Clinical Commissioning Group).

The Board was advised that locality areas had been agreed and Local Delivery Groups had been formed in Dover, Deal, Folkestone and Romney Marsh. The composition of each of the Groups was the same with GP lead support, statutory and voluntary agency attendance and patient and public attendance. It was recognised that each locality had its own issues and would have its own service delivery model as a consequence. The Dover and Folkestone localities were also in receipt of the Prime Minister's Challenge Fund.

Each of the Groups had a 'hub' which was Buckland Hospital for Dover; Deal Hospital for Deal; Romney Marsh Day Centre and Martello for Romney Marsh; and Royal Victoria Hospital for Folkestone.

The Board was advised that as part of the Integrated Care Organisation programme, best practice was being developed for patient and public involvement and both groups had been involved from an early stage.

RESOLVED: That the update be noted.

13 FEEDBACK FROM THE DEVELOPMENT SESSION AND NEXT STEPS

Ms M Farrow (Head of Leadership Support, Dover District Council) presented the feedback from the Development Session held on 31 March 2015. Members of the Board were advised that an update would be given at the next meeting in respect of the agreed next steps from the Development Session, particularly around clarifying the role of the Board in respect of Integrated Care Organisation development.

RESOLVED: That the feedback be noted.

14 URGENT BUSINESS ITEMS

There were no items of urgent business.

The meeting ended at 4.46 pm.

To: **South Kent Coast Health and Wellbeing Board**

From: **Jess Mookherjee, Consultant in Public Health**

Karen Sharp, Head of Commissioning Public health

Date: **22nd September 2015**

Subject: **Public Health Services Transformation and Commissioning Plans**

Summary

Public Health programmes are delivered by many partners in the Health and Wellbeing Board and play a key role in delivering the outcomes of the Health and Wellbeing Strategy.

During 2015 the Kent County Council (KCC) Public Health team have reviewed the programmes commissioned from the public health grant, and are seeking the views of partners on transforming the approach. The aim is to embed an approach which is more locally focussed to promote health and wellbeing, and is focused on tackling health inequalities.

This paper outlines some of the work to date and the changes that are being considered.

The Board are asked to:

1. Note and comment on the work to date.
2. Participate in identifying local priorities and shaping future service delivery.
3. Promote the public consultation on public health programmes during November.

1. Introduction

1.1. This paper is to update the South Kent Coast Health and Wellbeing Board on KCC Public Health transformation work that is currently underway and to seek the Board's views.

2. Background

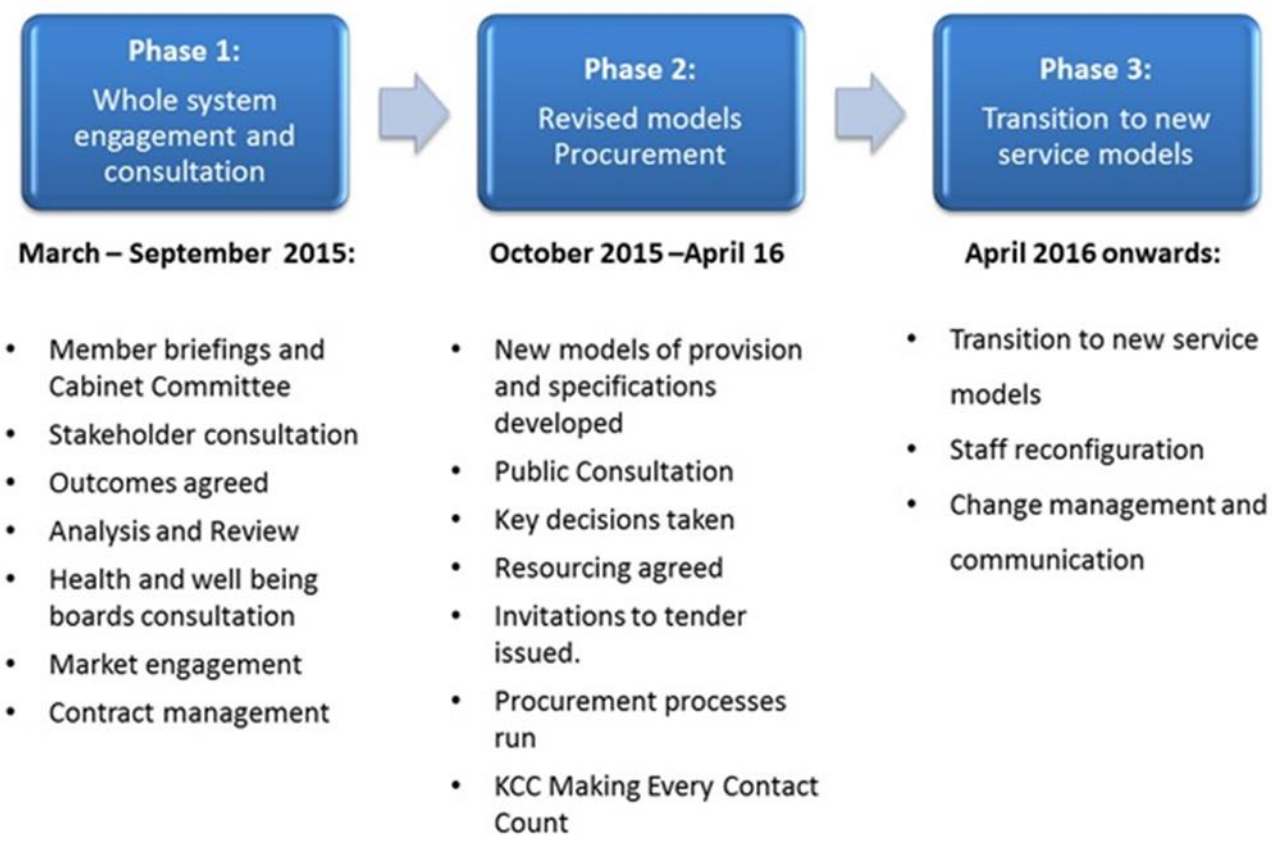
2.1. In April 2015 KCC decided to begin a review of the use of the public health grant, and the programmes commissioned through the grant. National drivers for this review included The NHS Five Year Forward View which identifies the need to **radically increase** the role of prevention, and The Care Act which describes new responsibilities that clearly show that effective prevention is key. It is also clear that in many parts of the country Local Authorities are examining the approach to public health, in particular the adult health improvement services.

2.2. During this time the Public Health team have been conducting a review and analysis of the programmes commissioned through the Public Health grant. This review is providing a more thorough understanding of the potential and the limitations of the current services and there are clear opportunities for a new and more integrated approach.

2.3. Reports such as The King's Fund Report – *Clustering of Unhealthy Behaviours Over Time* (2012) set out the need to review services and focus on a holistic approach to health improvement and the wider health system. Other parts of the country are also proposing changes in line with these drivers, with the aim to integrate and realign these services. Please see appendix B for further details on these changes.

3. Timeline

3.1 The timeline for this programme of work is as follows.



4. Progress to date

4.1. In June 2015 KCC Adult Social Care and Public Health Cabinet Committee agreed to extend as needed and align all of the current adult health improvement contract dates so that a new model of provision could include within scope the range of services currently commissioned as standalone services.

4.2. Using the drivers for change outlined above a vision and outcomes framework has been developed. The vision is: "to improve and protect the health of the people across Kent, enabling them to lead healthy lives, with a focus on the differences in outcomes within and between communities".

4.3. The analysis has been structured locally and also into a Life Course approach as outlined in Sir Michael Marmots review. This life course review structures the understanding of our approach into the following

- Starting Well
- Living Well
- Ageing Well

4.4. We have mapped health outcomes and priorities with each stage of the Life Course Approach. The priority areas are:

- Smoking
- Healthy eating, physical activity and obesity
- Alcohol and substance abuse
- Wellbeing (including Mental Health and Social Isolation)
- Sexual Health & Communicable Disease
- Wider Determinants of health

A review has taken place of the mandated provision that the Local Authority must ensure how the public health grant is prioritised and the performance of services.

The tables below summarises this work.

	Starting Well – South Kent Coast		
	Agreed Outcomes	**Current Health Prevalence** *Source: PHOF unless stated*	**PH Activity**
Smoking	Reduce smoking prevalence at age 15	Smoking prevalence at age 15 (2009-12) – *reg smokers only*: Dover: 10.0%; Shepway: 10.1%	Stop Smoking Service Tobacco control programmes
	Reduce smoking prevalence at time of delivery	Smoking prevalence at time of delivery (Q2 14/15) SKC CCG: 18.0%	
Healthy Eating, Physical Activity and Obesity	Reduce levels of excess weight in children	% children classified as overweight or obese (2013/14) 4-5 yr olds (YR): Dover : 20.7% Shepway: 22.2% 10-11 yr olds (Y6): Dover: 31.5% Shepway: 34.0%	Early Help Workforce funding Ready Steady Go Change4Life
	Increase levels of breastfeeding	% all mothers who breastfeed their baby in first 48hrs after delivery (breastfeeding initiation) (2013/14): Kent: 71.3%	Community Infant Feeding Service
	Increase physical activity in young people	*No data available*	Sky Ride
	Reduce levels of tooth decay	% children with one or more decayed, missing or filled teeth (aged 5 years) (2012): Kent: 19.8%	Dental Health Programmes
Alcohol & Substance Misuse	Reduce under 18 hospital admissions due to alcohol	Alcohol specific admission rate per 10,000 population aged <25 (2011/12 to 2013/14) - Source: SUS, ONS Dover: 13.0; Shepway: 12.8	Young People's Substance Misuse Service
	Reduce levels of drug taking and use of legal highs	Drug specific hospital admissions: rate per 10,000 population aged <25 (2011/12 to 2013/14) – Source: SUS, ONS Dover: 16.4; Shepway: 14.3	
Wellbeing	Increasing emotional resilience in families and young people	Admissions for mental health, rate per 1,000 population, ages 0-17 (2011/12 to 2013/14) – Source: SUS, ONS Dover: 1.0; Shepway: 1.0	Domestic Abuse Projects Mental Health First Aid Youth Mental Health Matters Helpline Positive Relationships Social Integration Activities Project Young Healthy Minds
	Ensure levels of social and emotional development		
	Reducing levels of self-harm and suicide rates	Deliberate self harm admission rate per 10,000 population aged 0-17 (2011/12 - 2013/14) – Source: Dover: 16.0; Shepway:14.0	
Sexual Health, Communicable Disease	Reduce rates of Chlamydia	chlamydia positivity screening rate/ 100,000 15-24yrs (Q2 14/15) Dover: 1366; Shepway: 1581	Condom Programme Integrated Sexual Health Service National Chlamydia Screening Programme Pharmacy Sexual Health Programme
	Reduce rates of STIs	all new STI diagnoses (exc. Chlamydia <25 yrs) 15-64 yrs/100,000 (2013) Dover: 367; Shepway: 620	
	Reduce levels of teenage pregnancy	<18 conception rate /1,000 (2013) Dover: 30.3; Shepway:25.8	
All Priorities	As above	As above	Children Centres Health Visiting & FNP School Nursing

Living Well – South Kent Coast

	Agreed Outcomes	Current Health Performance *Source: PHOF unless stated*	PH Activity
Smoking	Reduce smoking prevalence in general population	Smoking prevalence in general population 18+ (2013) Dover: 24.3%; Shepway: 22.0%	Smoking Cessation Service Tobacco Control
	Reduce smoking prevalence in routine and manual workers	Smoking prevalence in routine and manual workers (2013) Dover:40.2%; Shepway: 17.2%	
Healthy Eating, Physical Activity and Obesity	Reduce levels of excess weight	% excess weight in adults (2012) Dover: 63.2%; Shepway: 66.0%	Ready Steady Go Change 4 Life Fresh Start Tier 2 & 3 Weight Management
	Increase levels of physical activity	% physically inactive adults (2013) Dover: 30.8%; Shepway: 27.6%	Health Walks Exercise Referral Scheme
Alcohol & Substance Misuse	Reduction in number of people drinking at problem levels	Alcohol specific admission rate /10,000 population aged 25 - 64 (2011/12 - 2013/14) – Source: SUS, ONS Dover: 54.7; Shepway:63.4	Adult Substance Misuse Service
	Reduction in hospital admissions due to alcohol	Drug specific hospital admissions, rate per 10,000 population aged 25+ (2011/12 to 2013/14) – Source: SUS, ONS Dover: 16.4; Shepway: 14.3	
	Reduction in drug misuse		
Wellbeing	Improve wellbeing of population	Mental Health Contact rate per 1,000 people, aged 25-64 (2014) – Source: KMPT, ONS Dover: 34.6; Shepway: 36.9	Domestic Abuse Projects Kent Sheds Mental Health Community Services Mental Health First Aid Mental Health Matters Helpline Mental Wellbeing Programmes Primary Care Link Workers
	Reduction in suicide rates	age-standardised mortality rate from suicide and injury of undetermined intent/100,000 population (2011-13) Dover: 10.5; Shepway: 9.6	
	Reduction in domestic abuse	rate of domestic abuse incidents (recorded by the Police) /1,000 (2013/14) Kent: 18.1	
Sexual Health, Communicable Disease	Increase early diagnosis of HIV	Late diagnosis of HIV % newly diagnosed with a CD4 count less than 350 cells per mm^2 (2011-2013) Dover: 19.0%; Shepway: 57.1%	Integrated Sexual Health Service Pharmacy Sexual Health Programme Psychosexual Counselling
	Reduce rates of STIs	all new STI diagnoses (exc. Chlamydia <25 yrs) 15-64 yrs /100,000 (2013) Dover: 367; Shepway: 620	
	Reduce excess under 75 mortality rates	Mortality rate from diseases considered preventable (persons) /100,000 (2011-2013) Dover: 188.7 Shepway:193.7	NHS Health Checks Programme
All Priorities	As above	As above	Children's Centres Health Trainers Healthy Living Pharmacies Learning Disability Health Improvement Programme NHS Health Checks Programme

Ageing Well – South Kent Coast

	Agreed Outcomes	Current Health Performance *Source: PHOF unless stated*	PH Activity
Smoking	Reduce smoking prevalence	Smoking prevalence in general population 18+ (2013) Dover: 24.3%; Shepway: 22.0%	Smoking Cessation Service Tobacco Control
Healthy Eating, Physical Activity and Obesity	Reduce levels of excess weight	% excess weight in adults (2012) Dover: 63.2%; Shepway: 66.0%	Fresh Start Tier 2 & 3 Weight Management Health Walks Exercise Referral Scheme
Alcohol & Substance Misuse	Reduction in number of people drinking at problem levels	Alcohol specific admission rate per 10,000 population aged 65+ (2011/12 - 2013/14) – Source: SUS, ONS Dover: 34.3; Shepway: 40.9	Adult Substance Misuse Service
	Reduction in hospital admissions due to alcohol		
Wellbeing (inc Mental Health & Social Isolation)	Improve wellbeing	Mental Health Contact rate per 1,000 people, aged 65+ (2014) – Source: KMPT, ONS Dover: 28.5; Shepway: 28.4	Kent Sheds Mental Health Community Services Mental Health First Aid Mental Health Matters Helpline Mental Wellbeing Programmes Primary Care Link Workers
	Reduce social isolation	% all households occupied by single person aged 65+ (2011) Kent: 5.52%	
	People with mental ill health are supported to live well	Mental Health Contact rate per 1,000 people, aged 65+ (2014) – Source: KMPT, ONS Dover: 28.5; Shepway: 28.4	
Sexual Health	Reduce rates of STIs	*No data available for 65+s*	Integrated Sexual Health Service
All Priorities	As above	As above	Health Trainers Healthy Living Pharmacies Learning Disability Health Improvement Programme NHS Health Checks Programme

5. Wider engagement

5.1. Public Health have conducted a series of market engagement events which indicated a strong willingness by many providers to engage in the transformation work. The exercise involved representatives from more than 80 service provider organisations from the public, private and voluntary sector. Feedback included the below points :

- A strong appetite to engage in the programme.
- Different models emerging nationwide: many providers come with knowledge wider than Kent and & keen to share what has and hasn't worked elsewhere.
- Keenness to collaborate between public private and voluntary sector providers.
- Providers keen to explore new contract opportunities, in many cases beyond services that they are already providing - many providers are keen to diversify the service offer
- Suggestions that go beyond traditional 'service-based' approaches e.g. using behavioural science and marketing approaches to generate motivation.
- Many providers are thinking about their strategies and in some cases re-focusing their service offer in order to respond to the potential market for health improvement
- A number of different providers suggested commissioning a generic 'behaviour change service'
- Pharmacies keen to be more engaged

5.2. Customer insight work is also in progress. A focussed piece of work into women who smoke during pregnancy has been completed. Insight focus groups will take place in October and November with aim of gaining further insight into why people engage in multiple unhealthy behaviours and what will motivate them to access a health improvement service. A full public consultation on the proposed model will then be undertaken in November and December and will include an on-line survey to gather the general public's views and opinions on the model, and secondly focus groups will be held and targeted at those with greater need so that we gather in depth feedback from the populations that we want to access the new service.

5.2.1. Whilst we are still in consultation there have been no decisions taken about future models. However a number of themes have come out of the work to date. This includes some core principles for the approach moving forwards.

5.3. <u>Health promotion across the population</u>

5.3.1. One of the strongest pieces of feedback has been that the approach to public health messaging could be hugely strengthened and coordinated much more with partners.

There has been feedback that the approach to date in public health has tended to be to invest in services, relying on people to feel motivated to use those services. There is a need for a highly proactive approach to increase the use of campaigns, social marketing and communication channels across partners to produce high profile, high impact messages.

5.4. A focus on health inequalities

5.4.1. A key theme for both children and adult services has been to further identify the opportunity to enhance public health into partner programmes of work already in place in communities where there are high health inequalities. It is also clear that better use of data and intelligence that is available can be used to target communities with high health inequalities

5.5. Locally flexible services

5.5.1. The current approach has been based on a one size fits all across Kent. Future procurement should include local representation to ensure a model which varies according to local priorities. The service models in development must enable better alignment with local population need. Local representatives are welcomed to be involved in developing this model.

5.6. Adult health improvement services

5.6.1. A core theme has been to move from a standalone provision which is in place in health improvement services to a much more integrated service, strengthening the approach currently taken in the health trainer service.

5.7. Children and Young People's services

5.7.1. A review of Children and Young People's services, including the School Public Health services and Substance Misuse services for young people, has been completed. From October 2015 KCC will inherit the commissioning responsibility for the Health Visiting Service from NHS England and prior to transfer we have worked closely with CCG's, General Practice and KCC to develop a new specification for the service based on the national framework.

5.7.2. Key themes from the review include a need for better visibility of core services including health visiting and school nursing, shared records and a more closely aligned approach with KCC Early help services particularly in relation to emotional wellbeing and drug and alcohol services.

6. Conclusion

6.1. Since May, Public Health has been undertaking a review and analysis of the services commissioned through the public health grant and which it welcomes engagement and feedback on the proposed changes to service.

7. Recommendation

7.1. The Board are asked to:

1. Note and comment on the work to date.
2. Participate in identifying local priorities and shaping future service delivery.

3. Promote the public consultation on public health programmes during November.

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Public Health Transformation -

South Kent Coast Health & Wellbeing Board 9th Sept 2015

Kent County Council
kent.gov.uk

PH Transformation Programme - Drivers for Change

NHS Five Year Forward View

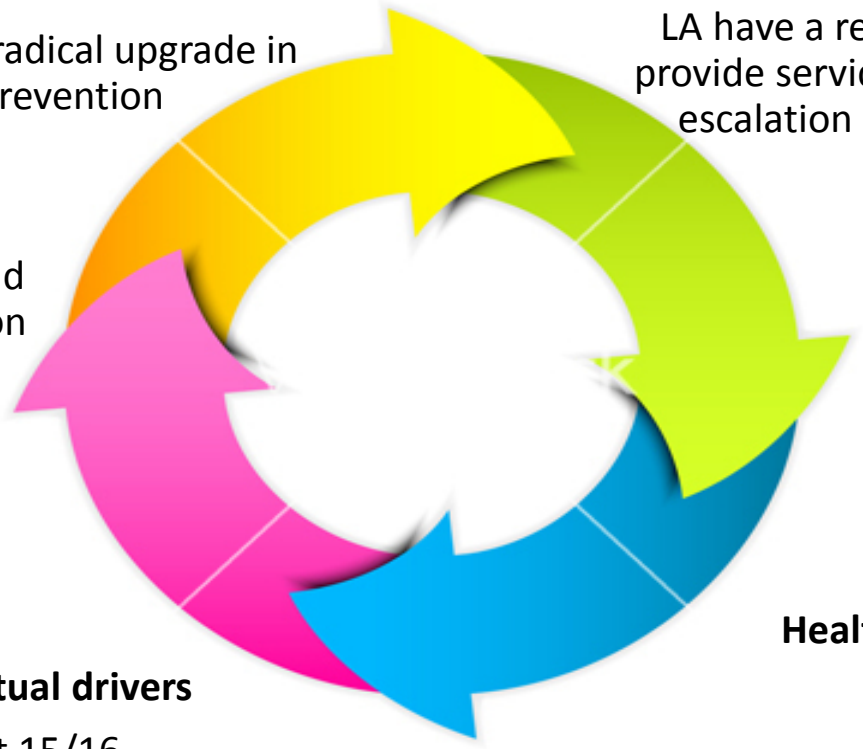
Calls for radical upgrade in prevention

Care Act

LA have a responsibility to provide services that prevent escalation of care needs

Demographics

A growing, ageing and diversifying population



Health & Wellbeing Board priorities

Calls for radical upgrade in prevention

Financial and contractual drivers

Reduction in grant 15/16

Health inequalities

Improving healthy life expectancy

Timeline

Phase 1:
Whole system engagement and consultation

Phase 2:
Revised models Procurement

Phase 3:
Transition to new service models

March – September 2015:

- Member briefings and Cabinet Committee
- Stakeholder consultation
- Outcomes agreed
- Analysis and Review
- Health and well being boards consultation
- Market engagement
- Contract management

October 2015 –April 16

- New models of provision and specifications developed
- Public Consultation
- Key decisions taken
- Resourcing agreed
- Invitations to tender issued
- Procurement processes run
- KCC Making Every Contact Count

April 2016 onwards:

- Transition to new service models
- Staff reconfiguration
- Change management and communication

Public Health Transformation - Our Key Questions

- Are our services fit for purpose?
- Do we invest our grant in the right way?
- What is mandated and what is discretionary?
- How many people and do the right people benefit from our services?
- How do our services perform?
- How do our contractual arrangements limit what we can do?
- Are we planning for the future?

Review

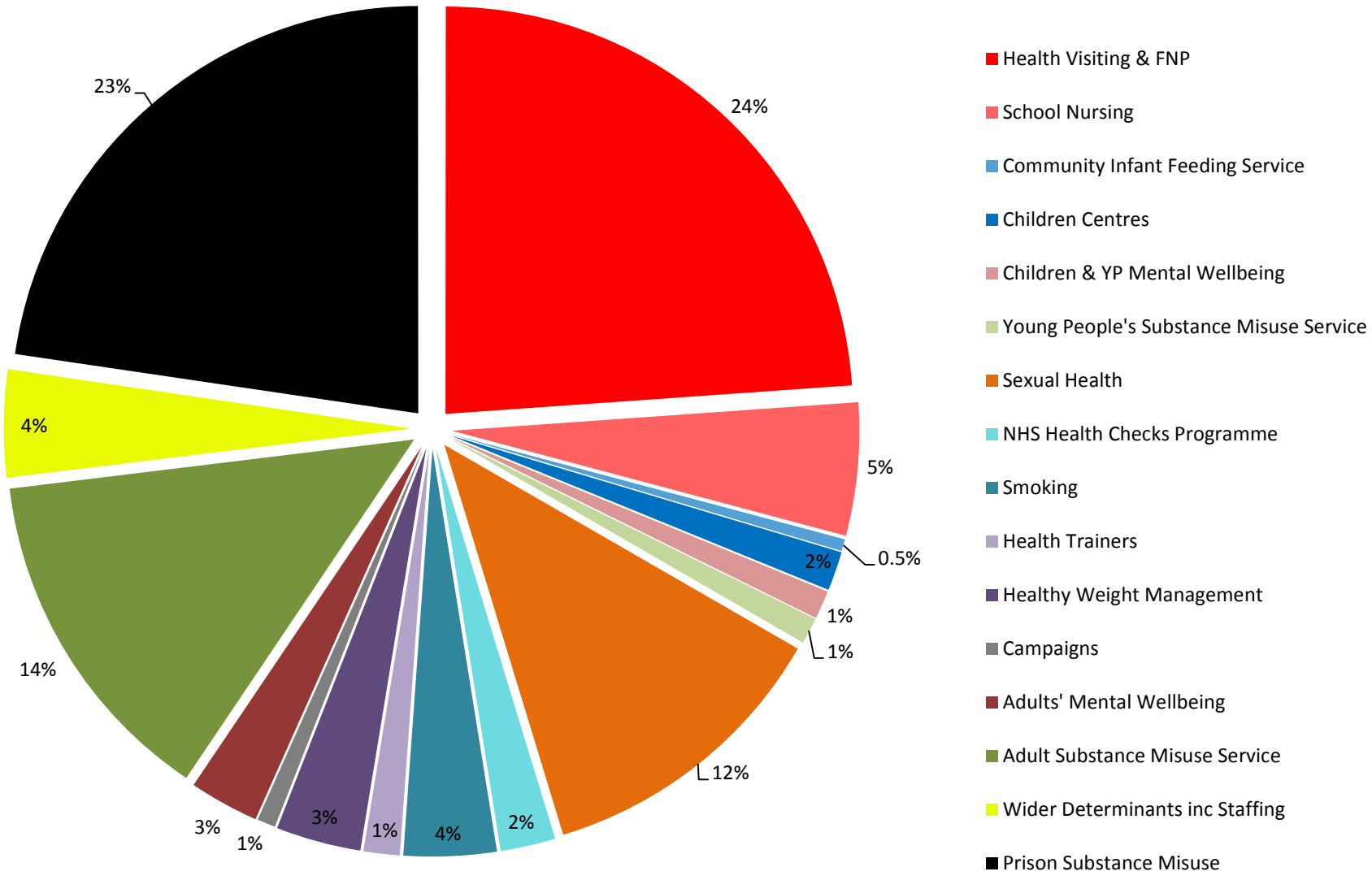
- Reviewed:

  - Outcomes
  - Spend
  - Performance of services
  - Health profiles across Kent
  - National developments and Key research
  - The Market
  - Wider system priorities
  - Customer insight

Key Outcomes

	Starting Well	Living Well	Ageing Well
Smoking	• Reduce smoking prevalence in general • Reduce in target populations such as: at age 15, at time of delivery and in routine & manual workers		
Healthy Eating, Physical Activity & Obesity	• Reduce levels of excess weight • Increase levels of physical activity • Increase levels of breastfeeding • Reduce levels of tooth decay in children (5 year olds)		
Alcohol & Substance Misuse	• Reduce alcohol-specific admissions to hospital • Increase successful completions for drug and alcohol misusers		
Wellbeing (including Mental Health and Social Isolation)	• Improve wellbeing of population • Reduce self harm and suicide rates • Reduce social isolation • People >65 with mental ill health are supported to live well		
Sexual Health & Communicable Disease	• Maintain access to specialist sexual health services • Reduce rates of sexually transmitted infections • Reduce levels of teenage pregnancy • Reduce excess <75 mortality rates		

South Kent Coast Public Health Spend Breakdown 15/16 - based on NHS England Formula



Starting Well – South Kent Coast

	Agreed Outcomes	Current Health Prevalence *Source: PHOF unless stated*	PH Activity
Smoking	Reduce smoking prevalence at age 15	Smoking prevalence at age 15 (2009-12) – *reg smokers only*: Dover: 10.0%; Shepway: 10.1%	Stop Smoking Service Tobacco control programmes
	Reduce smoking prevalence at time of delivery	Smoking prevalence at time of delivery (Q2 14/15) SKC CCG: 18.0%	
Healthy Eating, Physical Activity and Obesity	Reduce levels of excess weight in children	% children classified as overweight or obese (2013/14) 4-5 yr olds (YR): Dover : 20.7% Shepway: 22.2% 10-11 yr olds (Y6): Dover: 31.5% Shepway: 34.0%	Early Help Workforce funding Ready Steady Go Change4Life
	Increase levels of breastfeeding	% all mothers who breastfeed their baby in first 48hrs after delivery (breastfeeding initiation) (2013/14): Kent: 71.3%	Community Infant Feeding Service
	Increase physical activity in young people	*No data available*	Sky Ride
	Reduce levels of tooth decay	% children with one or more decayed, missing or filled teeth (aged 5 years) (2012): Kent: 19.8%	Dental Health Programmes
Alcohol & Substance Misuse	Reduce under 18 hospital admissions due to alcohol	Alcohol specific admission rate per 10,000 population aged <25 (2011/12 to 2013/14) - Source: SUS, ONS Dover: 13.0; Shepway: 12.8	Young People's Substance Misuse Service
	Reduce levels of drug taking and use of legal highs	Drug specific hospital admissions: rate per 10,000 population aged <25 (2011/12 to 2013/14) – Source: SUS, ONS Dover: 16.4; Shepway: 14.3	
Wellbeing	Increasing emotional resilience in families and young people	Admissions for mental health, rate per 1,000 population, ages 0-17 (2011/12 to 2013/14) – Source: SUS, ONS Dover: 1.0; Shepway: 1.0	Domestic Abuse Projects Mental Health First Aid Youth Mental Health Matters Helpline Positive Relationships Social Integration Activities Project Young Healthy Minds
	Ensure levels of social and emotional development	School readiness: % children achieving a good level of development at end of reception year (2013/14) Kent: 68.5%	
	Reducing levels of self-harm and suicide rates	Deliberate self harm admission rate per 10,000 population aged 0-17 (2011/12 - 2013/14) – Source: Dover: 16.0; Shepway:14.0	
Sexual Health, Communicable Disease	Reduce rates of Chlamydia	chlamydia positivity screening rate/ 100,000 15-24yrs (Q2 14/15) Dover: 1366; Shepway: 1581	Condom Programme Integrated Sexual Health Service National Chlamydia Screening Programme Pharmacy Sexual Health Programme
	Reduce rates of STIs	all new STI diagnoses (exc. Chlamydia <25 yrs) 15-64 yrs/100,000 (2013) Dover: 367; Shepway: 620	
	Reduce levels of teenage pregnancy	<18 conception rate /1,000 (2013) Dover: 30.3; Shepway:25.8	
All Priorities	As above	As above	Children Centres Health Visiting & FNP School Nursing

Living Well – South Kent Coast

	Agreed Outcomes	Current Health Performance *Source: PHOF unless stated*	PH Activity
Smoking	Reduce smoking prevalence in general population	Smoking prevalence in general population 18+ (2013) Dover: 24.3%; Shepway: 22.0%	Smoking Cessation Service Tobacco Control
	Reduce smoking prevalence in routine and manual workers	Smoking prevalence in routine and manual workers (2013) Dover:40.2%; Shepway: 17.2%	
Healthy Eating, Physical Activity and Obesity	Reduce levels of excess weight	% excess weight in adults (2012) Dover: 63.2%; Shepway: 66.0%	Ready Steady Go Change 4 Life Fresh Start Tier 2 & 3 Weight Management
	Increase levels of physical activity	% physically inactive adults (2013) Dover: 30.8%; Shepway: 27.6%	Health Walks Exercise Referral Scheme
Alcohol & Substance Misuse	Reduction in number of people drinking at problem levels	Alcohol specific admission rate /10,000 population aged 25 - 64 (2011/12 - 2013/14) – Source: SUS, ONS Dover: 54.7; Shepway:63.4	Adult Substance Misuse Service
	Reduction in hospital admissions due to alcohol		
	Reduction in drug misuse	Drug specific hospital admissions, rate per 10,000 population aged 25+ (2011/12 to 2013/14) – Source: SUS, ONS Dover: 16.4; Shepway: 14.3	
Wellbeing	Improve wellbeing of population	Mental Health Contact rate per 1,000 people, aged 25-64 (2014) – Source: KMPT, ONS Dover: 34.6; Shepway: 36.9	Domestic Abuse Projects Kent Sheds Mental Health Community Services Mental Health First Aid Mental Health Matters Helpline Mental Wellbeing Programmes Primary Care Link Workers
	Reduction in suicide rates	age-standardised mortality rate from suicide and injury of undetermined intent/100,000 population (2011-13) Dover: 10.5; Shepway: 9.6	
	Reduction in domestic abuse	rate of domestic abuse incidents (recorded by the Police) /1,000 (2013/14) Kent: 18.1	
Sexual Health, Communicable Disease	Increase early diagnosis of HIV	Late diagnosis of HIV % newly diagnosed with a CD4 count less than 350 cells per mm² (2011-2013) Dover: 19.0%; Shepway: 57.1%	Integrated Sexual Health Service Pharmacy Sexual Health Programme Psychosexual Counselling
	Reduce rates of STIs	all new STI diagnoses (exc. Chlamydia <25 yrs) 15-64 yrs /100,000 (2013) Dover: 367; Shepway: 620	
	Reduce excess under 75 mortality rates	Mortality rate from diseases considered preventable (persons) /100,000 (2011-2013) Dover: 188.7 Shepway:193.7	NHS Health Checks Programme
All Priorities	As above	As above	Children's Centres Health Trainers Healthy Living Pharmacies Learning Disability Health Improvement Programme NHS Health Checks Programme

Ageing Well – South Kent Coast

	Agreed Outcomes	Current Health Performance *Source: PHOF unless stated*	PH Activity
Smoking	Reduce smoking prevalence	Smoking prevalence in general population 18+ (2013) Dover: 24.3%; Shepway: 22.0%	Smoking Cessation Service Tobacco Control
Healthy Eating, Physical Activity and Obesity	Reduce levels of excess weight	% excess weight in adults (2012) Dover: 63.2%; Shepway: 66.0%	Fresh Start Tier 2 & 3 Weight Management Health Walks Exercise Referral Scheme
Alcohol & Substance Misuse	Reduction in number of people drinking at problem levels	Alcohol specific admission rate per 10,000 population aged 65+ (2011/12 - 2013/14) – Source: SUS, ONS Dover: 34.3; Shepway: 40.9	Adult Substance Misuse Service
	Reduction in hospital admissions due to alcohol		
Wellbeing (inc Mental Health & Social Isolation)	Improve wellbeing	Mental Health Contact rate per 1,000 people, aged 65+ (2014) – Source: KMPT, ONS Dover: 28.5; Shepway: 28.4	Kent Sheds Mental Health Community Services Mental Health First Aid Mental Health Matters Helpline Mental Wellbeing Programmes Primary Care Link Workers
	Reduce social isolation	% adult social care users who have as much social contact as they would like (2013/14) Kent: 45.8%	
	People with mental ill health are supported to live well	Mental Health Contact rate per 1,000 people, aged 65+ (2014) – Source: KMPT, ONS Dover: 28.5; Shepway: 28.4	
Sexual Health	Reduce rates of STIs	*No data available for 65+s*	Integrated Sexual Health Service
All Priorities	As above	As above	Health Trainers Healthy Living Pharmacies Learning Disability Health Improvement Programme NHS Health Checks Programme

Market Engagement and research

- Understanding issues with clustering of unhealthy behaviours (King's Fund analysis)
- Researching health improvement models in other local authority areas
- Providers keen to explore new opportunities and diversify their service offer to engage with us
- Many providers are doing a great deal of thinking about their strategies - some are re-focusing their service offer to respond to the potential market for health improvement
- Pharmacies are keen to engage in health improvement agenda offer a wider range of public health services
- A number of different providers suggested commissioning a generic 'behaviour change service'

Market Engagement and research

- Many have knowledge wider than Kent & keen to share what has and hasn't worked elsewhere - examples included integrated health improvement hub models that have recently been established e.g. Live Well Dorset, Live Well Suffolk.
- Providers wish to understand more about how VCS can come together in partnerships to bid
- Some concerns about be required / expected to work collaboratively with providers who are normally their competitors
- Suggestions for commissioning programmes that go beyond traditional 'service-based' approaches e.g. using behavioural science and marketing to generate motivation for healthier lifestyles
- Few suggestions for reductions in spend; most suggestions on principles of 'invest to save over the long-term'
- Some providers expressed concern about the idea of creating an integrating health improvement model. Eg dilution of specialist expertise, risk of restricting the market

Key themes

- Health Promotion across the population
  - Co-ordination with partners
  - Enhancing the approach to motivation
- Focus on health inequalities
- Locally flexible services (co-design)
- Integration of adult health improvement services
- Children and young people's services
  - Better visibility
  - Shared records
  - Better and further integration of services
- Embedding a the focus on emotional health and wellbeing

Local Public Health Model

Local priorities to inform approach, with mental and emotional wellbeing underpinning everything we do

Whole Population Health Promotion

Campaigns and communications Making Every Contact Count Community Champions

Websites and social marketing Partner Communications

Universal Access Services

Health Visiting School Nursing Health Checks

Healthy Living Centres Healthy Living Pharmacies

Universal Health Improvement Services

Targeted Health Improvement Services

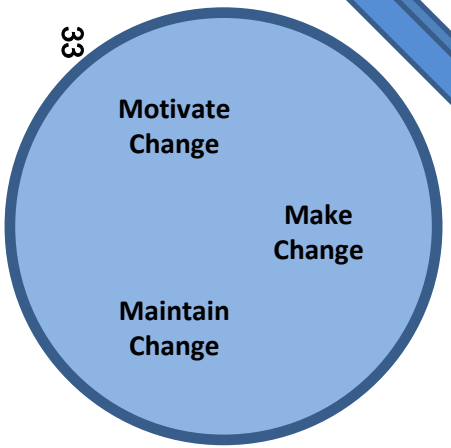
Integrated Adult Health Improvement Service

Motivational approaches

Specialist Services

Alcohol, drugs &

Sexual health



Integrated community approaches

Community Health and Wellbeing

Building community capacity and improving access to community resource

Next Steps

- New models of provision and specifications will be developed
- Invitations to tender
- Procurement processes
- Public Consultation
- Customer Insights
- Resourcing agreed

NHS
South Kent Coast
Clinical Commissioning Group

Update on Locality Developments

Dover

- Local Delivery Group in place - membership mirrors Deal
- Prime Ministers Challenge Fund (PMCF) started 23rd March
- Paramedic visiting for GP's in place
- MIU to extended hours to match (PMCF) from September/October
- New Dover Hospital – working with EKHUFT to develop as the Dover locality 'Hub'
- Exploring options for Intermediate Care Beds in Dover
- Working to pilot Integrating Intermediate Care, KCC enablement and mental health crisis services
- Aligning Community Nursing to General Practice and building the integrated primary care team
- Broadening the skills of specialist nursing
- Developing training for domiciliary carers in early identification deterioration of service users

Update on Locality Developments

Deal

- Local Delivery Group in place – GP lead support, statutory & voluntary agency attendance, patient and public
- Developing alternatives to traditional out -patient services for Deal in preparation for OPD move to Dover Hospital
- Deal Hospital will be the locality 'Hub'
- Utilising space at Deal Hospital for other providers ie: Substance Misuse Services, carers support, benefits advice, KCC OT assessments
- Completed pilots of Dementia Coordinator and Clinical Care Coordinator role
- Ensuring access to step up beds
- Extended MIU hours from 8am-6pm to 8am -8pm (minor injury & illness)
- Piloting Integrating Intermediate Care, KCC enablement and mental health crisis services –end of October
- Aligning Community Nursing to General Practice and building the integrated primary care team
- Broadening the skills of specialist nursing
- Exploring options for delivery of ambulatory care
- Developing training for domiciliary carers in early identification deterioration of service users

Update on Locality Developments

Folkestone

- Local Delivery Group in place - membership mirrors Dover /Deal/Romney Marsh
- Prime Ministers Challenge Fund (PMCF) started October 2014
- Paramedic visiting for GP's in place
- Planning to pilot a locality urgent care response by aligning Nurse Practitioners (MIU-outreaching) and Rapid Response Nurses with the Paramedic Practitioners
- Walk in Centre became an MIU and reduced hours to match (PMCF) 8am-8pm
- Royal Victoria Hospital (RVH)– working with EKHUFT to develop as the RVH as the locality 'Hub'
- Working to pilot Integrating Intermediate Care, KCC enablement and mental health crisis services
- Aligning Community Nursing to General Practice and building the integrated primary care team
- Broadening the skills of specialist nursing
- Working with the Rainbow Centre with mental health services, counselling services, health trainers and nurse practitioner at the Rainbow Centre and linked and the 'Hub'
- Access to step beds
- Developing training for domiciliary carers in early identification deterioration of service users

Update on Locality Developments

Romney Marsh

- Local Delivery Group in place - membership mirrors Dover /Deal/Folkestone
- Utilising Romney Marsh Day Centre and Martello as the ‘Hubs’
- Bidding for funds to test virtual consultations with GP’s and support reducing social isolation
- Aligning Community Nursing to General Practice and building the integrated primary care team
- Broadening the skills of specialist nursing
- Exploring options for beds for step up/step down
- Developing alternatives to traditional out -patient services for Romney Marsh
- Developing training for domiciliary carers in early identification deterioration of service users

To: **South Kent Coast Health and Wellbeing Board**

From: **Jess Mookherjee, Consultant in Public Health**

Ivan Rudd, Public Health Specialist

Date: **22 September 2015**

Introduction: **Healthier South Kent Coast Group**

The aim of this paper is to:

- Share progress on the Healthier South Kent Coast Group's priorities
- To look forward to the group development event on 20 October 2015

1.0 Background

1.1 The Healthier South Kent Coast Group is made up of representatives from KCC Public Health, Dover and Shepway District Councils, and is chaired by South Kent Coast CCG's Deputy Chair and Mental Health Clinical lead; Dr Joe Chaudhuri. Other public sector partners such as housing or leisure providers are invited to join the group to explore specific challenges and help find solutions. The Group's purpose is, through inter-agency partnership working, to support the achievement of the objectives set by the SKC Health and Wellbeing Board (HWB). The Healthier SKC Group works alongside the CCG's Prevent and Self Care and cardiovascular disease (CVD) / chronic obstructive pulmonary disease **(**COPD) Groups as well as Folkestone Community Safety Partnership (CSP) Health and Wellbeing Group (which includes the functions of the previously Substance Misuse Group).

2. Current activities:

- **CVD and inequalities** (shared with SKC CCG's CVD subgroup):
  - Health checks – working with health trainers to increase activity in priority areas such as east Folkestone
  - Connected health trainers with Folkestone sports center; they now have regular sessions at the center and direct clients to the leisure provisions there
  - Networked health trainers into breakfast meetings

- Health trainer leads will also be involved in Asset Based Community Development Discussions with Shepway District Council and Dover in the future
- Smoking Cessation for Young People in Shepway - meetings and action plan.

- **Alliance building to increase physical activity and wellbeing** across priority wards in Shepway District Council and Dover with leisure providers and others including:

    - East Kent Housing
    - Job Centre Plus
    - Local creative artists
    - Community wardens, etc

  - Dover*: Your Time to Move* (YTTM) physical activity bid. Successful – Kevin Fordham attended Healthier SKC and we provided Public Health support for a successful big lottery bid. YTTM is a one year multi-sport/activity project focused on engaging physically inactive men aged 30+ living within specific wards in Dover. The project starts in the autumn and offers a supportive process to help encourage individuals who do not participate in any physical activity for a variety of reasons, to engage with local leisure, sport and activity opportunities
  - SDC: A similar model is being explored in the context of Shepway's physical activity strategy development.

3 Progress review and developmental workshop 20 October

3.1 The Healthier SKC is meeting on 20 October for a developmental meeting to explore the SKC HWB future work programme and how we can achieve its outcomes in the new integration environment. The Healthier SKC development day will review SKC Health and Wellbeing Board priorities in line with the September Health and Wellbeing Board PH paper and explore how Healthier SKC can support programme tackling:

- Smoking
- Healthy eating, physical activity and obesity
- Alcohol and substance abuse
- Wellbeing (including mental health and social isolation)
- Sexual health and communicable disease
- Wider determinants of health including teenage pregnancy

Healthier SKC progress to date has been around the CVD prevention pathway to:

- Decrease percentage of inactive adults in SKC – ie supported Leisure Trust in bid to Sport England – support similar in SDC

- Reduce Shepway/Dover smoking - task and finish group on young people Smoking in SDC
- Health trainers – work with GPs to improve access in priority wards in SDC including an east Folkestone evaluation
- Support relevant alcohol strategy actions
- Drug and Alcohol Partnerships – future direction workshop mapped in SDC; with Hilary Knight from the CCG who now co-chairs the Shepway Health and Wellbeing Group (previously substance misuse group)
- Integration support for the following key programmes:

    - sheds: good working to support mobile shed (supporting Euro – 2 Seas bid to develop further sheds)
    - assets – Shepway District Council and Dover District Council ABCD toolkit workshops to disseminate learning planned
    - integration and planning for Mental Health Core Offer to go live in April 2016.

- Good links with planning system discussion - agreed to invite DDC and SDC planners back to join us in the developmental workshop on 20 October and to support review of primary prevention pathway; Dover planners also delighted to have effective voice for their consultations
- Reviewed health needs of Roma community in Dover and SDC: Ivan Rudd supporting link with Roma network and Philippa Burden health visitor and work of the fire service and police in developing Community Hub pilots alongside community safety teams.

4 CVD sub-group partnership activities:

- Healthier SKC to help CVD group support the annual health check programme to monitor for uptake across deprivation categories at individual patient level
- Prevention pathway - patient identified as at risk of cardio-vascular disease through the health check programme should be supported with the appropriate range of adjunct primary and secondary prevention interventions in line with an integrated primary prevention pathway.

5 Prevention and Self-care Sub Group partnership activities:

- Building up a model of an integrated primary prevention pathway taking advantage of Shepway ABCD
- Evaluating east Folkestone support
- Diabetes bid development and support.

6 Health Inequalities Project in Folkestone
Clinical lead: Dr Jonathan Bryant

- Project is focused on three practices, Manor Clinic, Guildhall Street and Folkestone East – all sited in areas of high deprivation and poorer health outcomes
- The project is focused on preventative care and to ensure that patients' access the full range of local health and wellbeing services that are available
- The project aims to support the three practices reach groups of patients that do not regularly access health and care services.
- The project involves multi agency working across a wide range of partners e.g. drug and alcohol, mental health, health visiting and heath trainers.
- Some key outcomes expected from the project are: increased capacity within each of the practices to enable holistic management of long term conditions, increased uptake of the NHS Health Check from vulnerable groups, reduced hospital admissions for those with Long Term Conditions.

7 Rainbow Centre
Clinical lead: Dr Tuan Nguyen

- Project to improve the health of homeless people
- Involves key agencies working together to provide a range of services at the centre
- Drug and alcohol services, mental health and counselling services, health trainers and nurse practitioners.
- Aims to improve access to services and health outcomes for this 'hard to reach' group.

8 Falls prevention
Clinical lead: Dr Joe Chaudhuri

- The falls prevention project is developing an integrated falls pathway across South Kent Coast
- A project that brings together a wide range of partners e.g. Public Health, KCC Social Care Services, EKHUFT, KCHFT, SECAMB
- The pathway will include preventative steps to identify potential fallers and aim to reduce the number of patients who are admitted to hospital following a fall.

9 Contact Details

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