Sevenoaks
DISTRICT COUNCIL

Despatched: 03.09.13

HEALTH LIAISON BOARD

11 September 2013 at 12.30 pm

Conference Room, Argyle Road, Sevenoaks

AGENDA

Membership:

Chairman: Cllr. Mrs. Cook Vice-Chairman: Cllr. Davison

Cllrs. Mrs. Bosley, Brookbank, Mrs. George and Searles

		Pages	Contact
Apologies for Absence			
1.	**Declarations of Interest** Any interests not already registered.		
2.	**Minutes** Minutes of the meeting held on 11 July 2013.	(Pages 1 - 4)	
3.	**Action from the last meeting of the Board**	(Pages 5 - 6)	
4.	**Updates from Members**	(Pages 7 - 38)	
5.	**Children Centres Consultation**	(Pages 39 - 88)	Alan Whiting Tel: 07132 227446
6.	**Local Children's Trust Board arrangements** Verbal update		Alan Whiting Tel: 07132 227446
7.	**Dementia Friendly Communities Update** Verbal update		Hayley Brooks Tel: 01732 227272
8.	**Mind The Gap - District Level Health Inequalities Plan** Verbal update		Hayley Brooks Tel: 01732 227272
9.	**Work Plan**	(Pages 89 - 90)	
10.	**Date of next meeting**		

To assist in the speedy and efficient despatch of business, Members wishing to obtain factual information on items included on the Agenda are asked to enquire of the appropriate Contact Officer named on a report prior to the day of the meeting.

Should you require a copy of this agenda or any of the reports listed on it in another format please do not hesitate to contact the Democratic Services Team as set out below.

For any other queries concerning this agenda or the meeting please contact:

The Democratic Services Team (01732 227241)

HEALTH LIAISON BOARD

Minutes of the meeting held on 11 July 2013 commencing at 12.30 pm

Present: Cllr. Mrs. Cook (Chairman)

Cllrs. Mrs. George and Searles

Apologies for absence were received from Cllrs. Mrs. Bosley, Brookbank and Davison

Cllrs. Mrs. Sargeant was also present.

1. Declarations of Interest

Cllr Searles declared that he was a Governor of Darenth Valley NHS Trust.

Change of order of items

With the agreement of the Chairman it was decided that the order of the agenda would be changed.

2. Terms of Reference

The Members of the Board agreed that they were happy with the Terms of Reference.

3. Links with Economic and Community Development Advisory Committee

The minutes from the Health Liaison Board would go to the Economic and Community Development Advisory Committee. If further discussions were necessary on specific topics these would be referred to the Committee.

4. Development of Work Plan

Members of the Health Liaison discussed the topics they would look at over the next year. The Chairman suggested that, in addition to its liaison role, the Board look at the health priorities in the Community Plan. It was also thought that Dementia should be a key priority. The Head of Community Development said that dementia was also a key County priority. Projects were being developed. Looking at Dementia and Alzheimer's would fit in with the Community Plan.

Autism and Asperger Syndrome was also discussed as a topic for the group to look into. This was a topic that would be covered under Barriers to Learning in the Community Plan.

The Local Children's Trust Boards had been disbanded by the County Council. Local organisations hoped that a partnership looking at children's issues would carry on. The County Council had suggested that former Local Children's Trust Board matters should now be dealt with by Health and Wellbeing Boards.

There was currently a consultation regarding the future of Children's Centres across the county which would finish in October 2013. This would need to be responded to and the Head of Community Development said that Officers would consult all Members in order to draft a Council response as Children's Centres were widely regarded a key local services.

The Health, Leisure and Tourism Manager understood from the Manager of the Children's Trust in Edenbridge that there were concerns that it was seen as a Satellite Centre and not a hub. It was a vital facility as Edenbridge was isolated. A response to the consultation was being addressed at a local level.

A presentation on dementia would be arranged for a future Health Liaison Board meeting. Members asked that Carers First also be invited.

The Health, Leisure and Tourism Manager informed the Board that there would be an event on 9 August in Swanley. It would be for the Voluntary Sector, carers and sufferers of Dementia to take part to identify gaps and focus for a new pilot scheme called 'Dementia Friendly Communities'. This was a county-wide scheme being piloted in Swanley. Members suggested that it should also reach more rural areas around Swanley and that the Housing Associations should be included.

Feedback from the workshop would be given to the Board at its next meeting as this would be a good starting place for the Board to identify a focus.

5. Updates from Members

Cllr Searles gave an update from the Dartford Gravesham and Swanley (DGS) Clinical Commissioning Group (CCG). At the next meeting three priorities would be identified to take forward. There would be more to report after this.

Cllr Searles also reported that Monitor had asked that the merger between Dartford, Gravesham and Medway be put on hold. In order for mortality rates in Medway to be investigated. Consideration was being given to whether Darenth Valley Hospital could merge with South London NHS Healthcare Trust rather than Medway.

There had been discussions regarding the new 111 emergency telephone number. A general comment presently was that it was not working efficiently and that people were not using it. Hospitals were more open about the rising costs and these were now being shared with the public. Patients were being encouraged to see their Doctor rather than go to A&E due to the increased costs associated with hospital admission.

Dementia cafés were held once a month in Swanley and Sevenoaks and were well supported. There were pilot Dementia buddy schemes running in other areas.

6. The District Council's contribution to the Health Agenda

The Health, Leisure & Tourism Manager gave a presentation on the District Council's contribution to Health. The presentation can be found at:
http://cds.sevenoaks.gov.uk/documents/s12222/HLB%20District%20Action%20on%20Health%20presentation%20110713.pdf

(Cllr Searles left the meeting at 1:15pm)

The Chairman of the Board thanked the Health, Leisure and Tourism Manager for the presentation and requested that a copy be given to the Members who sent their apologies and the Portfolio Holder for Economic and Community Development.

> *Action 1: That the presentation be circulated to the other Members of the Board and the Portfolio Holder.*

It was also recommended that the presentation also be given at Economic and Community Development Advisory Committee.

A press release and leaflet was tabled regarding the new provider for Patient Transport Services. It was agreed that it would be helpful to monitor this service.

To date there had not been any confirmed Terms of Reference or Delegated Powers from the County Board for the Health and Wellbeing Boards.

It was agreed that the next meeting of the Health Liaison Board would be on 11 September at 12.30pm

THE MEETING WAS CONCLUDED AT 1.27 PM

CHAIRMAN

ACTIONS FROM THE MEETING HELD ON 11.07.13			
Action	**Description**	**Status and last updated**	**Contact Officer**
ACTION 1	That the presentation be circulated to the other Members of the Board and the Portfolio Holder.	The presentation was circulated within the minutes.	Hayley Brooks

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NHS
West Kent
Clinical Commissioning Group

Agenda and Papers

for the

NHS West Kent Clinical Commissioning Group Governing Body

To be held on

Tuesday 27 August 2013

At 1.30 pm

In

The River Centre, Medway Wharf Road, Tonbridge, Kent, TN9 1RE

Summary Financial Position

The CCG is reporting on plan for Month 4. Across the year as a whole the CCG continues to reflect the planned surplus of 1% (£4.66m).

In addition, the table adjusts financial performance for NR applications of funds. The principal item is the 2% Headroom reserve (£9.3m), together with a small amount of Non-recurrent expenditure items (£0.8m). Adjusting the planned in-year performance for these items produces an underlying recurrent surplus of £14.8m.

A summary of the CCGs financial performance is shown in the Table below: £'000

	Year to Date			Full Year		
	Original Plan per NHSE	Actual	Variance	Original Plan per NHSE	Revised Plan/Forecast	Variance
Total Resource Limit	158,923	152,800	6,123	482,426	474,061	8,366
Total Programme costs	(153,470)	(147,412)	(6,058)	(466,067)	(457,896)	(8,171)
Total Administration	(3,900)	(3,835)	(65)	(11,700)	(11,505)	(195)
Total Expenditure	(157,370)	(151,247)	(6,123)	(477,767)	(469,401)	(8,366)
Net Surplus /(Deficit)	1,553	1,553	0	4,660	4,660	0
Non Recurrent Items	3,364	3,364	0	10,093	10,093	0
Underlying Surplus /(Deficit)	4,917	4,917	0	14,753	14,753	0

Overall Financial Position

The CCG position reported for Month 4 is a surplus in line with planned levels.

Corporate running costs are performing below budget at the present time due to £65,000 underspend on pay costs year to date from vacancies and appointments due to start. The use of interim staff is eroding the level of pay under expenditure against budget and should the long term use of interim staff continue, this under expenditure could be completely eroded. The Acute Trust position for the CCG reflects the impact of MTW performance of a £1.25m year to date over performance which would project forwards to an over expenditure of £3.75m. The Governing Body should be aware that this position does not reflect the full extent of the Trust reported over-performance, and an assumption is included as to the impact of contractual challenges and contract efficiencies. The difference between the Trusts reported position and the CCG position clearly represents a financial risk within the local health system. This forecast position is currently being mitigated by the forecast deployment of contingency and reserves.

Remaining service line budgets are set to plan at this stage. In some instances where over-performance against issued budgets has been indicated, the CCG has available specific reserves, which are at this stage sufficient to offset any adverse position.

Year To Date	Plan	Actual	Variance
Overall Financial Position	**152,800**	**151,247**	**1,553**

Year End Forecast	Plan	Forecast	Variance
Overall Financial Position	**474,061**	**469,401**	**4,660**

Year To Date	Plan £'000	Actual £'000	Variance £'000
Mental Health	12,839	12,839	0
Acute	86,071	87,321	-1,250
Primary Care	24,674	24,674	0
Continuing Care	10,220	10,220	0
Community Health Services	11,831	11,831	0
Other	3,265	527	2,738
Total Programme costs	**148,900**	**147,412**	**1,488**
Corporate (Running Costs Allowance)	3,900	3,835	65
Total Administration	**3,900**	**3,835**	**65**
Total	**152,800**	**151,247**	**1,553**

Year End Forecast	Plan £'000	Forecast £'000	Variance £'000
Mental Health	38,517	38,517	0
Acute	258,214	261,964	-3,750
Primary Care	74,023	74,023	0
Continuing Care	30,659	30,659	0
Community Health Services	35,493	35,493	0
Other	25,455	17,240	8,215
Total Programme costs	**462,361**	**457,896**	**4,465**
Corporate (Running Costs Allowance)	11,700	11,505	195
Total Administration	**11,700**	**11,505**	**195**
Total	**474,061**	**469,401**	**4,660**

Statement of Financial Position

The work to transfer balances from the former West Kent PCT into legacy organisations continues. The CCG has now received the transfers with respect to Fixed Assets (primarily IT related) - £500k, and still anticipating any legacy debtors/creditor balances where transactions have not yet been concluded. It is expected that this legacy programme work will continue through until the end of September. Progress is being made towards addressing the delays in processing payments, as measures are put in place to manage invoice validation in the context of new Information Governance rules. Finally, the level of cash balance at the end of July is higher than would be expected as part of managing the on-going position. CCGs have yet to be provided with a formal cash limit for the year. Once this is received, the level of cash drawings will need to be re-profiled and geared towards minimising the level of cash balances at the end of each month.

	Actual £k	Notes
Property, Plant and Equipment	0	
Intangible Assets	0	
Other Assets	0	
Receivables		
Inventories		
Trade and Other Receivables	2,328	
Cash and Cash Equivalents	8,052	
Non Current Assets Held for Sale	0	
Payables		
Trade and Other Payables	(25,165)	
Borrowings	0	
Other Financial Liabilities	0	
Provisions	0	
Other Liabilities	0	
Payables greater than 1 year		
Provisions	0	
TOTAL ASSETS EMPLOYED	**(14,785)**	
Financed by:		
Public Dividend Capital	14,785	
Retained Earnings	0	
Surplus/(Deficit) for Year	0	
Revaluation Reserve	0	
TOTAL TAXPAYERS EQUITY	**14,785**	

	Plan £k	Full Year Forecast £k	Variance £k	Notes
Property, Plant and Equipment	873	582	(291)	
Intangible Assets			0	
Other Assets			0	
Receivables			0	
Inventories			0	
Trade and Other Receivables		799	799	
Cash and Cash Equivalents		15,118	15,118	
Non Current Assets Held for Sale			0	
Payables				
Trade and Other Payables	(23,683)	(12,339)	11,344	
Borrowings			0	
Other Financial Liabilities			0	
Provisions	(6,767)	(6,767)	0	
Other Liabilities			0	
Payables greater than 1 year				
Provisions	(626)	(626)	0	
TOTAL ASSETS EMPLOYED	**(30,203)**	**(3,233)**	**26,970**	
Financed by:				
Public Dividend Capital	(34,863)	(7,893)	26,970	
Retained Earnings			0	
(Surplus)/Deficit for Year	4,660	4,660	0	
Revaluation Reserve			0	
TOTAL TAXPAYERS EQUITY	**(30,203)**	**(3,233)**	**26,970**	

Activity

The following activity data is provided by NHS England and is in the process of being validated by the CCG. The CCG is over plan YTD within Electives (Daycases) and Outpatients, further analysis has been provided within the Activity Analysis part of this report. The CCG is forecasting to be on plan for the year. The data below is presented as follows - actual for April 13 and May 13 and forecast for June 13 and July 13

The Governing Body should be aware that the Kent & Medway Commissioning Support Unit has identified some specific areas where changes in pathway/processes initiated at MTW have contributed towards the apparent increase in reported activity.

The increase in first outpatient reported activity is particularly significant and is a key focus area for further examination.

Year To Date	Plan	Actual	Variance
Total Activity	**72,681**	**80,582**	**7,901**

Year End Forecast	Plan	Forecast	Variance
Total Activity	**294,630**	**294,630**	**0**

Year To Date	Plan	Actual	Variance
Elective	10,233	11,323	1,090
Non-Elective	9,304	8,870	-434
Outpatient - First Att	24,821	30,674	5,853
A&E Att (Avg)	28,323	29,715	1,392
Total Activity	**72,681**	**80,582**	**7,901**

Year End Forecast	Plan	Forecast	Variance
Elective	41,927	41,927	0
Non-Elective	37,319	37,319	0
Outpatient - First Att	102,093	102,093	0
A&E Att (Avg)	113,291	113,291	0
Total Activity	**294,630**	**294,630**	**0**

Budget Breakdown

Year To Date	Plan	Actual	Variance
Overall Financial Position	152,800	151,247	-1,553

Year End Forecast	Plan	Forecast	Variance
Overall Financial Position	474,061	469,401	-4,660

Year To Date	Plan £'000	Actual £'000	Variance £'000
East Kent Hospitals University NHS FT	1,910	1,910	0
Medway NHS FT	1,777	1,777	0
Maidstone and Tunbridge Wells	58,779	60,029	1,250
Dartford & Gravesham NHS Trust	377	377	0
South East Coast Ambulance	4,204	4,204	0
Queen Victoria Hospital	1,498	1,498	0
East Sussex Hospitals NHS Trust	613	613	0
High Cost Drugs	2,474	2,474	0
Other SEC trusts (incl.contract exclusions)	286	286	0
sub SEC acute trusts	**71,920**	**73,170**	**1,250**
KCHT	10,288	10,288	0
GP Prescribing	21,991	21,991	0
Non GP Prescribing	720	720	0
Primary Care LES	787	787	0
Primary Care OOH	1,177	1,177	0
Other Community Services	1,543	1,543	0
sub community services	**36,506**	**36,506**	**0**
Guy's & St.Thomas NHS FT	2,831	2,831	0
Kings College Hospitals FT	2,033	2,033	0
Barts & the London NHS Trust	154	154	0
Great Ormond Street Hospital NHS Trust	82	82	0
University College London FT	330	330	0
The Royal Marsden NHS FT	372	372	0
The Royal National Orthopaedic Hospitals NHS Trust	340	340	0
Royal Free Hampstead NHS Trust	83	83	0
St Georges Healthcare NHS Trust	282	282	0
Moorfields Eye Hospital NHS FT	114	114	0
Chelsea and Westminster NHS FT	68	68	0
Imperial College Healthcare NHS Trust	139	139	0
Royal Brompton & Harefield NHS FT	169	169	0
South London Healthcare NHS Trust	1,913	1,913	0
Other	1,578	1,578	0
Non SEC Acute Trusts	**10,487**	**10,487**	**0**
KMPT	9,410	9,410	0
CAMHS	1,003	1,003	0
Mental Health Placements	1,186	1,186	0
Other	1,240	1,240	0
Mental Health Services	**12,839**	**12,839**	**0**
Continuing Care Placements	10,260	10,260	0
Children's Placements	180	180	0
Horder Centre	1,002	1,002	0
Will Adams ISTC	28	28	0
BMI Hospitals	366	366	0
Spire Hospitals	196	196	0
GPwSI	640	640	0
Other independent sector	1,236	1,236	0
Other (re-ablement & transport)	503	503	0
Non NHS Contracts	**14,410**	**14,410**	**0**
Corporate	3,900	3,835	-65
Contingency	1,185	0	-1,185
1% Surplus	1,553	0	-1,553
Corporate	**6,638**	**3,835**	**-2,803**
			0
Total	**152,800**	**151,247**	**-1,553**

Year End Forecast	Plan £'000	Forecast £'000	Variance £'000
East Kent Hospitals University NHS FT	5,731	5,731	0
Medway NHS FT	5,331	5,331	0
Maidstone and Tunbridge Wells	176,338	180,088	3,750
Dartford & Gravesham NHS Trust	1,132	1,132	0
South East Coast Ambulance	12,613	12,613	0
Queen Victoria Hospital	4,495	4,495	0
East Sussex Hospitals NHS Trust	1,839	1,839	0
High Cost Drugs	7,423	7,423	0
Other SEC trusts (incl.contract exclusions)	857	857	0
sub SEC acute trusts	**215,759**	**219,509**	**3,750**
KCHT	30,864	30,864	0
GP Prescribing	65,974	65,974	0
Non GP Prescribing	2,160	2,160	0
Primary Care LES	2,360	2,360	0
Primary Care OOH	3,530	3,530	0
Other Community Services	4,629	4,629	0
sub community services	**109,517**	**109,517**	**0**
Guy's & St.Thomas NHS FT	8,492	8,492	0
Kings College Hospitals FT	6,098	6,098	0
Barts & the London NHS Trust	463	463	0
Great Ormond Street Hospital NHS Trust	246	246	0
University College London FT	989	989	0
The Royal Marsden NHS FT	1,115	1,115	0
The Royal National Orthopaedic Hospitals NHS Trust	1,019	1,019	0
Royal Free Hampstead NHS Trust	250	250	0
St Georges Healthcare NHS Trust	846	846	0
Moorfields Eye Hospital NHS FT	341	341	0
Chelsea and Westminster NHS FT	203	203	0
Imperial College Healthcare NHS Trust	417	417	0
Royal Brompton & Harefield NHS FT	506	506	0
South London Healthcare NHS Trust	5,740	5,740	0
Other	4,735	4,735	0
Non SEC Acute Trusts	**31,460**	**31,460**	**0**
KMPT	28,229	28,229	0
CAMHS	3,008	3,008	0
Mental Health Placements	3,559	3,559	0
Other	3,721	3,721	0
Mental Health Services	**38,517**	**38,517**	**0**
Continuing Care Placements	30,780	30,780	0
Children's Placements	541	541	0
Horder Centre	3,005	3,005	0
Will Adams ISTC	83	83	0
BMI Hospitals	1,097	1,097	0
Spire Hospitals	587	587	0
GPwSI	1,920	1,920	0
Other Independent Secor	3,709	3,709	0
Other (re-ablement & transport)	1,508	1,508	0
Non NHS Contracts	**43,230**	**43,230**	**0**
Corporate	11,700	11,505	-195
Contingency	19,218	15,663	-3,555
1% Surplus	4,660	0	-4,660
Corporate	**35,578**	**27,168**	**-8,410**
Total	**474,061**	**469,401**	**-4,660**

Financial Risk

The schedule of risks and mitigations has been re-assessed in light of the best information available. Compared to last month, the principal changes reflect the potential for excess performance at Acute Trust to be higher than envisaged, and a reduction in the scale of financial risk associated with changes to the new commissioning architecture – specifically specialised commissioning.

To mitigate the impact of these risks will require effective contractual management where it is evident that apparent costs increases are not in accord with contract rules, a focussed effort on the delivery of planned QIPP, and potentially the delay or cancellation of planned investments in order to achieve our financial duties.

Forecast	£'000
Residual Financial Risk	14,300
Mitigated	14,000
Residual Risk	300

Principal financial risks	YTD RAG	Forecast RAG	Total £'000	Probability of risk being realised (75 / 50 /25)%	Residual value	Position	Explanation of Risk	Action if Risk materialises
Acute SLAs			13,000	75%	9,750	Minimal data available to support position with regard to principal SLAs.	Relates to activity and case mix /coding impact. Initial M2 report from IPM indicates a net overperformance of SLAs .	
Community SLAs					-		Block contract	
Mental Health SLAs			1,000	80%	800		No activity reports have been received in respect of Mental Health and Learning Disablity placements which are not deemed specialist commissioning	
Continuing Care			1,000	25%	250		Relatively low probability, as a result of further significant investment in continuing care placements	
Prescribing			2,000	10%	200		Relatively low probability based on actual performance to date issued by PPA and assumes that opening balances from WKPCT are secure	
HCD			1,000	50%	500		Details of impact of Lucentis replacement still to be factored in which is anticpated to reduce risk	
QIPP KMPT not achieved			500	50%	250		KMPT activity due to QUIPP non delivery through primary care mental health teams	
QIPP Not applied to SLA			2,600	50%	1,300	Minimal data available to support achievement of QIPP on a Year to date basis. Concerns over capacity within commissioning team.	Past experience of QIPP achievement has been in the range 60% to 70%.	
Other - Running Costs			1,000	50%	500			
Performance Issue - PTS			500	50%	250			
Performance Issue - IVF			500	100%	500			
Performance Issue - retrospective continuing care					-			
Movement to new commissioning architecture			5,000	20%	1,000	Interim position agreed and adopted with South of England Commissioners. To be kept under review. Residual risk relates to Other NHS England Commissioners	Specifically relating to the possibility that the allocation deduction advised to to the CCG exceeds the level of cost reduction that will be achieved during 2013-14. See below.	
TOTAL RISKS			26,100		14,300			

MITIGATION	YTD RAG	Forecast RAG	Total £'000			IMPACT	MITIGATION	NEXT STEPS
Uncommitted Funds (Excluding 2% NR Headroom):								
Contingency Held			2,330	100%	2,330			
Actions to implement:								
Further QIPP extensions			4,000	50%	2,000		Identify additional measures to eliminate waste and avoid cost	To be discussed at Clinical Strategy Group, to agree list of schemes to extend current QIPP
Non-recurrent measures			3,300	90%	2,970			Specific schemes to be worked up
Application of discretionary reserves			9,000	30%	2,700			
Delay / reduce investment plans			2,000	75%	1,500		Specific schemes to be worked up	Range of options to be devised and brought to Clinical Strategy Group.
Others...								
Renegotiate allocation transfer with NCB			5,000	20%	1,000		See key risk above. Assumes the ability to open up a dialogue with NHS England in the event of signficiant and material gaps between allocation reductions and expenditure change	
PH prescribing - recharge to Local Authority			1,500	100%	1,500		The CCG has identified a possible anomaly within allocation adjustments made in respect of Public Health (Local Authority) adjustments, which it intends to pursue	
TOTAL MITIGATIONS			**27,130**		**14,000**			

The NHS belongs to the people A CALL TO ACTION

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NHS England

Foreword: NHS Call to Action

The NHS is 65 this year: a time to celebrate, but also to reflect. Every day the NHS helps people stay healthy, recover from illness and live independent and fulfilling lives. It is far more than just a public service; the NHS has come to embody values of fairness compassion and equality. The NHS is fortunate in having a budget that has been protected in recent times, but we realise that even protecting the budget will not address the financial challenges that lie ahead.

If the NHS is to survive another 65 years, it must change. We know there is too much unwarranted variation in the quality of care across the country. We know that at times the NHS fails to live up to the high expectations we have of it. We must urgently address these failures, raise performance across the board, and ensure we always deliver a safe, high quality, value-for-money service. We know that we must place far greater emphasis on keeping people healthy and well in order to lead longer, more illness-free lives: preventing illness rather than treating illness. And we also know that we need to do far more to help those with mental illness.

The NHS belongs to the people — A CALL TO ACTION

There are a number of future pressures that threaten to overwhelm the NHS. The population is ageing and we are seeing a significant increase in the number of people with long-term conditions - for example, heart disease, diabetes and hypertension. The resulting increase in demand combined with rising costs threatens the financial stability and sustainability of the NHS. Preserving the values that underpin a universal health service, free at the point of use, will mean fundamental changes to how we deliver and use health and care services.

This is not about unnecessary structural change; it is about finding ways of doing things differently: harnessing technology to fundamentally improve productivity; putting people in charge of their own health and care; integrating more heath and care services; and much more besides. It's about changing the physiology of the NHS, not its anatomy.

For these reasons, this new approach cannot be developed by any organisation standing alone and we are committed to working collectively to improve services. This is why Monitor, the NHS Trust Development Authority, Public Health England, NICE, the Health and Social Care Information Centre, the Local Government Association, the steering group of NHS Assembly, Health Education England and NHS England want to work in partnership to understand the pressures that the NHS faces and to work together alongside patients, the public and other stakeholders to improve standards, outcomes and value.

We are all committed to preserving the values that underpin the NHS and we know this new future cannot be developed from the top down. A national vision that will deliver change will be realised locally by clinical commissioning groups, Health & Wellbeing Boards and other partners working with patients and the public. That is why we are supporting a national 'Call to Action' that will engage staff, stakeholders and most importantly patients and the public in the very process of designing a renewed, revitalised NHS. This is all about neighbourhoods and communities saying what they need from their NHS; it is about individuals and families saying what they want from their NHS. Above all, this is about ensuring the NHS serves the current and future generations as well as it has served those in the past.

NHS England	NHS Trust Development Authority	National Institute for Health and Care Excellence	The steering group of NHS Assembly	Public Health England
Health and Social Care Information Centre	Health Education England	Monitor	Local Government Association	Care Quality Commission

NHS England

The NHS belongs to the people: a call to action

Executive Summary

Every day the NHS saves lives and helps people stay well. It is easy to forget that only 65 years ago many people faced choosing between poverty if they fell seriously ill or forgoing care altogether. Over the decades since its inception the improvements in diagnosis and treatment that have occurred in the NHS have been nothing short of remarkable. The NHS is more than a system; it is an expression of British values of fairness, solidarity and compassion.

However, the United Kingdom still lags behind internationally in some important areas, such as cancer survival rates.[1] There is still too much unwarranted variation in care across the country, exacerbating health inequalities.[2] As the Mid-Staffordshire and Winterbourne View tragedies demonstrated, in some places the NHS is badly letting patients down and this must urgently be put right.

But improving the current system will not be enough. Future trends threaten the sustainability of our health and care system: an ageing population, an epidemic of long-term conditions, lifestyle risk factors in the young and greater public expectations. Combined with rising costs and constrained financial resources, these trends pose the greatest challenge in the NHS's 65-year history.

The NHS has already implemented changes to make savings and improve productivity. The service is on track to find £20 billion of efficiency savings by 2015. But these alone are not enough to meet the challenges ahead. Without bold and transformative change to how services are delivered, a high quality yet free at

[1] "UK health performance: findings of the Global Burden of Disease Study", Christopher JL Murray et al, 2010, 23 March 2013.

[2] For example, unwarranted variation in common procedures and in expenditure. See "Variations in health care: the good, the bad and the inexplicable", John Appleby et al,King's Fund, 2011 and "NHS Atlas of Variation in Healthcare: Reducing unwarranted variation to increase value an improve quality", Department of Health, 2011.

the point of use health service will not be available to future generations. Not only will the NHS become financially unsustainable, the safety and quality of patient care will decline.

In order to preserve the values that underpin it, the NHS must change to survive. Change does not mean top-down reorganisation. It means a reshaping of services to put patients at the centre and to better meet the health needs of the future. There are opportunities to improve the quality of services for patients whilst also improving efficiency, lowering costs, and providing more care outside of hospitals. These include refocusing on prevention, putting people in charge of their own health and healthcare, and matching services more closely to individuals' risks and specific characteristics. To do so, the NHS must harness new, transformational technology and exploit the potential of transparent data as other industries have. We must be ready and able to share these data and analyses with the public and to work together with them to design and make the changes that meet their ambitions for the NHS.

So this document is a 'Call to Action' – a call to those who own the NHS, to all who use and depend on the NHS, and to all who work for and with it. Building a common understanding of the challenges ahead will be vital in order to find sustainable solutions for the future. NHS England, working with its partners, will shortly launch a sustained programme of engagement with NHS users, staff and the public to debate the big issues and give a voice to all who care about the future of our National Health Service. This programme will be the broadest, deepest and most meaningful public discussion that we have ever undertaken.

Bold ideas are needed, but there are some options we will not consider. First, doing nothing is not an option – the NHS cannot meet future challenges without change. Second, NHS funding is unlikely to increase; it would be unrealistic to expect anything more than flat funding (adjusted for inflation) in the coming years. Third, we will not contemplate cutting or charging for core NHS services – NHS England is governed by the NHS Constitution which rightly protects the principles of a comprehensive service providing high quality healthcare, free at the point of need for everyone.

The Call to Action will not stifle the work that clinical commissioning groups and their partners have already accomplished. It is intended to complement this work and lead to five year commissioning plans owned by each CCG. The Call to Action will also shape the national vision, identifying what NHS England should do to drive service change. This programme of engagement will provide a long-term approach to achieve goals at both levels.

The NHS belongs to all of us. This Call to Action is the opportunity for everyone who uses or works in the NHS to have their say on its future.

"DOING NOTHING IS NOT AN OPTION – THE NHS CANNOT MEET FUTURE CHALLENGES WITHOUT CHANGE."

NHS England

How is the NHS currently performing?

Quality at the core

Over recent years, the quality of NHS services has improved and, as a result, so has the nation's health. However, there is still too much unwarranted variation across the country. In England the Government measures the quality of care in five areas, collected together in the NHS Outcomes Framework. Each of these areas is discussed below.

Preventing people from dying early

As a nation we are living longer than ever before. Between 1990 and 2010, life expectancy in England increased by 4.2 years.[3] The NHS has made significant improvements in reducing premature deaths from heart and circulatory diseases but the UK is still not performing as well as other European countries for other conditions.[4]

Preventing disease in the first place would significantly reduce premature death rates. Early diagnosis and appropriate treatment of disease can also reduce premature deaths.

Around 80% of deaths from the major diseases, such as cancer, are attributable to lifestyle risk factors such as excess alcohol, smoking, lack of physical activity and poor diet.[5]

[3] Office for National Statistics, 2011: http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-227587

[4] "European Health For All", World Health Organization http://data.euro.who.int/hfadb/

[5] "Global Status Report on Non-communicable Diseases", World Health Organization, 2010 (2011), p. 1: http://www.who.int/nmh/publications/ncd_report_full_en.pdf

Enhanced quality of life for people with long-term conditions

Long-term conditions (LTC) or chronic diseases cannot currently be cured, but can be controlled or managed by medication, treatment and/or lifestyle changes. Examples of long-term conditions include high blood pressure, depression, dementia and arthritis.

Over 15 million people in England have an LTC. They make up a quarter of the population yet they use a disproportionate amount of NHS resources: 50% of all GP appointments, 70% of all hospital bed days and 70% of the total health and care spend in England.[6] People living at higher levels of deprivation are more likely to live with a debilitating condition, more likely to live with more than one condition, and for more of their lives.[7]

The NHS, working with local authorities and the new health and wellbeing boards, needs to be much better at providing a service that appropriately supports these patients' needs and helps them to manage their own conditions. Better management by patients will mean fewer hospital visits and lower costs to the NHS overall, and more community-based care, including care delivered in people's homes

"BETTER MANAGEMENT BY PATIENTS WILL MEAN FEWER HOSPITAL VISITS & LOWER COSTS TO THE NHS OVERALL."

Helping people recover following episodes of ill health or following illness

Demand on NHS hospital resources has increased dramatically over the past 10 years, 35% increase in emergency hospital admissions and a 65% increase in secondary care episodes for those over 75.[8] A combination of factors, such as an ageing population, out-dated management of long term conditions, and poorly joined-up care between, adult social care, community services and hospitals, accounts for this increase in demand.

Compounding the problem of rising emergency admissions to hospital is the rise in urgent readmissions within 30 days of discharge from hospital. There has been a continuous increase in these readmissions since 2001/02 of 2.6% per year.[9]

Different thinking about how to provide integrated services in the future is needed in order to give individuals the care and support they require in the most efficient and appropriate care settings, across health and social care, and in a safe timescale. The limited availability of some hospital services at weekends has a negative impact on all five domains of the NHS Outcomes Framework: preventing people from dying prematurely; enhancing the quality of life for people with long-term conditions; helping people to recover from ill health and injury, ensuring people have a positive experience of care, and caring for people in a safe environment and protecting them from avoidable harm.

[6] Long Term Conditions Compendium, 3rd edition, 30th May 2012: https://www.gov.uk/government/news/third-edition-of-long-term-conditions-compendium-published

[7] Fair society health lives, Marmot, 2011

[8] "Hospitals on the edge? The time for action", Royal college of physicians, 201
http://www.rcplondon.ac.uk/sites/default/files/documents/hospitals-on-the-edge-report.pdf

[9] Hospital Episode Statistics, Health and Social Care Information Centre
http://www.hscic.gov.uk/searchcatalogue?q=title%3A%22Hospital+Episode+Statistics%2C+Admitted+patient+care+-+England%22&area=&size=10&sort=Relevance]

This is why the first offer in Everyone Counts; Planning for Patients, is to support the NHS in moving towards more routine services being available seven days a week. The National Medical Director has established a forum to identify how to improve access to more comprehensive services seven days a week which will report in the autumn of 2013.

NHS England recently announced a review of urgent and emergency services in England, which will also recommend ways to meet the objective of a seven-day-a-week service. Not only will this offer improved convenience for patients, full-week services will also improve quality including safety.

Patient experience

The UK rates highly on patient experience compared to other countries. A 2011 Commonwealth Fund study[10] of eleven leading health services reported that 88% of patients in the UK described the quality of care they had received in the last year as excellent or very good, ranking the UK as the best performing country. However, the data also show that the UK has improvements to make in the coordination of care and patient-centred care.

Everyone working in the NHS must strive to maintain and improve on this high level of patient satisfaction and extend it to everyone who uses the NHS. People from disadvantaged groups, including the frail older population, some black and minority ethnic groups, younger people and vulnerable children, generally access poorer quality services and have a poorer experience of care (some also have lower life expectancies). This can be made worse by these groups having lower expectations of the experience of care and being less likely to seek redress. We must act to improve access and the quality of services for these less advantaged groups.

"EVERYONE WORKING IN THE NHS MUST STRIVE TO MAINTAIN AND IMPROVE ON THIS HIGH LEVEL OF PATIENT SATISFACTION AND EXTEND IT TO EVERYONE WHO USES THE NHS."

[10] 2011 Commonwealth Fund International Health Policy Survey http://www.commonwealthfund.org/Surveys/2011/Nov/2011-International-Survey.aspx

Patient safety

Although great improvements in patient safety have been made, the findings from the Mid-Staffordshire public inquiry set out starkly what can happen when safety is not at the heart of everything the NHS does. The NHS must work to ensure that all patients experience the safe treatment they deserve. Global healthcare expert Professor Don Berwick was recently asked by the Prime Minister to look into improving safety in the NHS and will report back with his findings later this year.

In addition to reducing harmful events, we must make it easier for staff to report incidents. In 2011, 1,325,360 patient safety incidents were reported to the National Reporting and Learning System,[12] of which 10,916, less than 1% were serious. Despite this large number of reports we know we have not captured everything, and are working to make it easier for staff and patients to report incidents or near-misses. Learning from even largely minor incidents is vitally important as it helping the NHS to avoid more serious ones in the future.

Over the past 15 years, international studies have suggested that around 9 in 10 patients admitted to hospital experience safe treatment without any adverse events and our NHS is no different. But even these relatively low levels of adverse events are far too high Of those people who do experience adverse events a third of them experienced greater disability or death.[11]

Health inequalities

Health inequalities is the term that describes the unjust differences in health, illness and life expectancy experience by people from different groups of society. In England, as elsewhere, there is a so-called 'social gradient' in health: the more socially deprived people are, the higher their chance of premature mortality, even though this mortality is also more avoidable. People living in the poorest areas of England and Wales, will, on average, die seven years earlier than people living in the richest areas.[13] The average difference in disability-free life expectancy is even worse: fully 17 years between the richest and poorest neighbourhoods.[14] Health inequalities stem from more than differences in just income - education, geography, and gender, can all play a role.

The NHS cannot address all the inequalities in health alone. Factors such as housing, income, educational attainment and access to green-space are also important (the "wider social determinants of health"). In fact, it is estimated that only 15-20% of inequalities in mortality rates can be directly influenced by health interventions that prevent or reduce risk. If the NHS is to help tackle these inequalities we must work closely with Government departments, Public Health England, local authorities and other local partners to ensure the effective coordination of healthcare, social care and public health services.

[11] "Adverse events in British hospitals: preliminary retrospective record review", BMJ, 2001 March 3; 322(7285): 517–519

[12] "National Reporting and Learning System Quarterly Data Workbook" up to June 2012
http://www.nrls.npsa.nhs.uk/resources/collections/quarterly-data-summaries/?e[illegible]

[13] Fair Society Health Lives (The Marmot Review), 2010 [http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review]

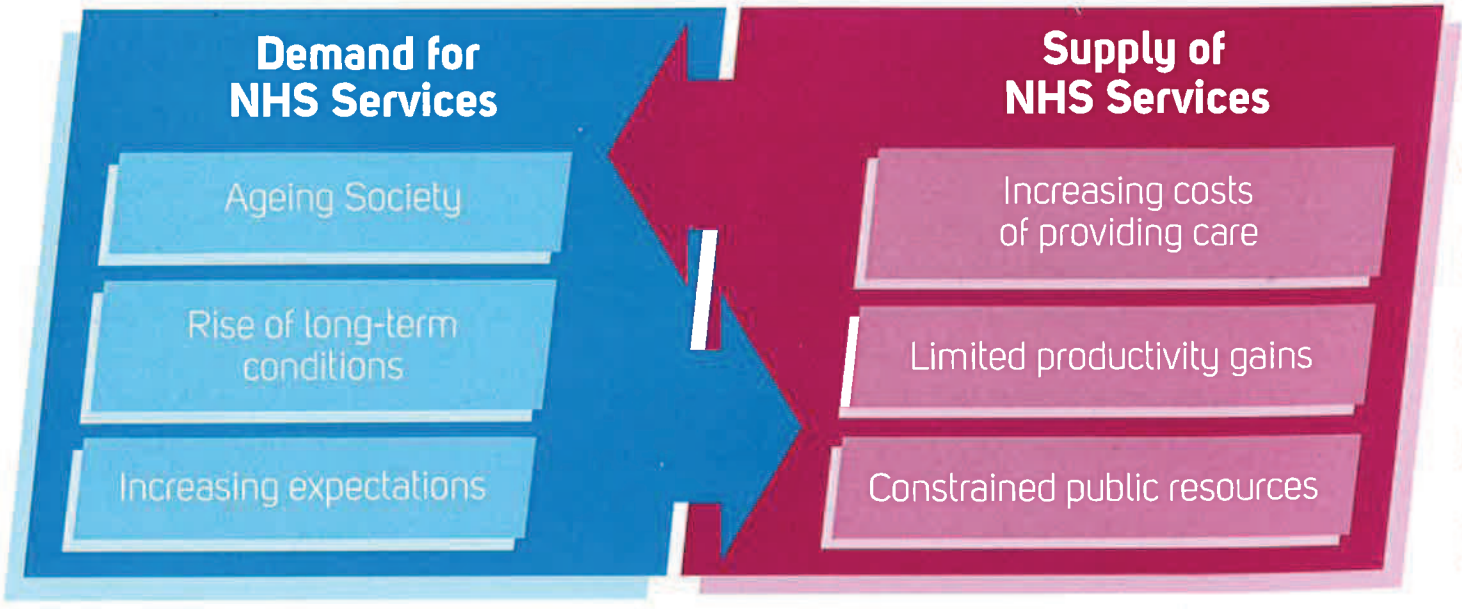
[14] Fair Society Health Lives (The Marmot Review), 2010 [http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review]

NHS England

What challenges will the health and care service face in the future?

As the NHS strives to improve the quality and performance of current NHS services and live up to the high expectations of patients and the public, we must anticipate the challenges of the future - trends that threaten the sustainability of a high-quality health service, free at the point of use. It is the potential impact of these trends that means that while a new approach is urgently needed, we must take a longer-term view when developing it.

Future pressures on the health service



Changing Demographics

People are living longer and while this is good news an ageing population also presents a number of serious challenges for the health and social care system:

- Nearly two-thirds of people admitted to hospital are over 65 years old.
- There are more than 2 million unplanned admissions per year for people over 65, accounting for nearly 70 per cent of hospital emergency bed days.[15]
- When they are admitted to hospital, older people stay longer and are more likely to be readmitted.[16]
- Both the proportion and absolute numbers of older people are expected to grow markedly in the coming decades. The greatest growth is expected in the number of people aged 85 or older - the most intensive users of health and social care.[17]

Studies suggest that older patients account for the majority of health expenditure. One analysis found that health and care expenditure on people over 75 was 13-times greater than on the rest of the adult population.[18] The NHS is also about our children and young people. The national birth rate has increased by 22% in the past decade and pregnancy is now the largest single reason for admission to hospital.[19]

"STUDIES SUGGEST THAT OLDER PATIENTS ACCOUNT FOR THE MAJORITY OF HEALTH EXPENDITURE."

Extra care housing: supporting older people to stay independent

Extra care housing is sometimes referred to as very sheltered housing or housing with care. It is social or private housing that has been modified to suit people with long-term conditions or disabilities that make living in their own home difficult, but who don't want to move into a residential care home.

This 'retirement village' type of housing offers an alternative to traditional nursing homes, providing a range of community and care services on site. Compared with residence in institutional settings, extra care housing is associated with better quality of life and lower levels of hospitalization, bringing the potential for overall cost savings.[20]

15 "Older people and emergency bed use: exploring variation", Candice Imison et al, King's Fund, August 2011
16 "Continuity of care for older hospital patients: A call for action", Jocelyn Cornwell et al, King's Fund, March 2012
17 "Fairer Care Funding: The Report of the Commission on Funding of Care and Support", July 2011
18 "Understanding patients' needs and risk: a key to a better NHS", McKinsey, 2013
19 "Commissioning Maternity Services A Resource Pack to support Clinical Commissioning Groups", NHS England, July 2012
19 "Improving housing with care choices for older people: an evaluation of extra care housing", Netten A, Darton R, Bäumker T, Callaghan L, Personal Social Services Research Unit, University of Kent, Canterbury 2011.

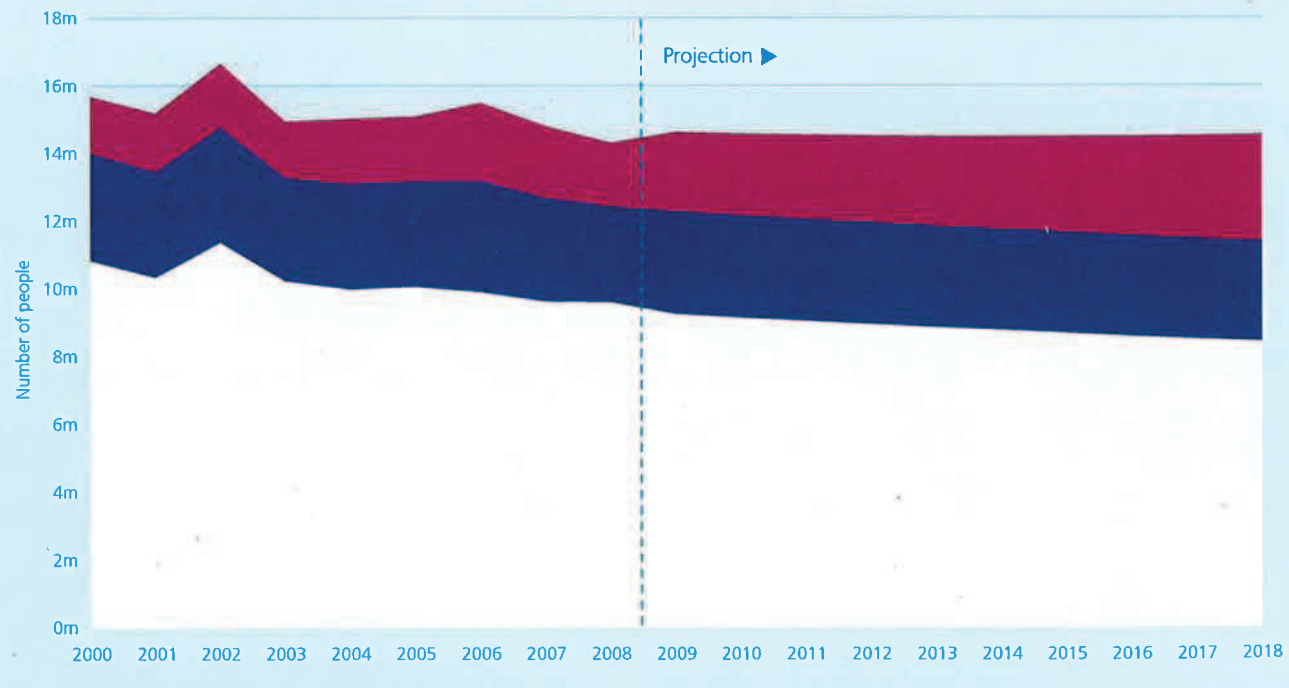
Changing burden of disease

People with one or more long-term conditions are already the most important source of demand for NHS services: the 30% who have one or more of these conditions already account for £7 out of every £10 spent on health and care in England. Those with more than one long-term condition have the greatest needs and absorb more healthcare resources; for example, patients with a single long-term condition cost about £3,000 per year whilst those with three or more conditions cost nearly £8,000 per year. These multi-morbid, high-cost patients are projected to grow from 1.9 million in 2008 to 2.9 million in 2018.[21]

Patients with multiple long-term conditions must be managed differently. A hospital-centred delivery system made sense for the diseases of the 20th century, but today patients could be providing much more of their own care, facilitated by technology, and supported by a range of professionals including clinicians, dieticians, pharmacists and lifestyle coaches. They also need close coordination amongst these different professionals.

"THE 30% WHO HAVE ONE OR MORE (LONG TERM CONDITIONS) ACCOUNT FOR £7 OUT OF EVERY £10 SPENT ON HEALTH AND CARE IN ENGLAND"

Actual/projected numbers with one or more long-term conditions by year and number of conditions



Source: Department of Health projections (2008 based)

[21] Long Term Conditions Compendium, 3rd edition, 30th May 2012: https://www.gov.uk/government/news/third-edition-of-long-term-conditions-compendium-published

Meeting the dementia challenge: rapid diagnosis and referral

There are now 800,000 people living with dementia in the UK. By 2021, the number of sufferers is projected to exceed one million and dementia is estimated to cost the NHS, local authorities and families £23 billion a year. As the Prime Minister's 2012 Challenge on Dementia noted, diagnosis comes too late for many dementia patients and they and their families don't always get the care and support they need. This is in part because too little is known about the causes of this disease and how to prevent it, but some areas are leading the way in offering better care. In Stockport, Greater Manchester, local GPs are working with the Alzheimer's Society to increase diagnosis rates and provide post-diagnosis support. GPs have agreed a 'fast-track' referral process for suspected dementia patients that will also trigger support from Alzheimer's Society staff and volunteers. The scheme also sets out to improve the skills of clinicians to better recognise the early signs of dementia and increase early detection.[22]

Lifestyle risk factors in the young

We know that the risk of developing debilitating diseases is greatly increased by personal circumstances and unhealthy behaviours such as drinking, smoking, poor diet and lack of exercise, all of which contribute to premature mortality. If predictions are correct, and 46% of men and 40% of women are obese by 2035, the result is likely to be 550,000 additional cases of diabetes and 400,000 additional cases of stroke and heart disease.[23] Although we understand the problem, we do not yet have enough evidence to be sure about what will facilitate sustainable weight loss and other associated behaviours. Working together with individuals, their families, employers and communities to develop effective approaches will be an extremely important task for the next generation NHS.

Rising expectations

Patients and the public rightly have high expectations for the standards of care they receive–increasingly demanding access to latest therapies, more information and more involvement in decisions about their care. If the convenience and quality of NHS services is compared to those in other sectors, many people will wonder why the NHS cannot offer more services online or enable patients to receive more information on their mobile telephones. Patients want seven-day access to primary care, provided near their homes, places of work, or even their local shop or pharmacy. They also want co-ordinated health and social care services, tailored to their own needs. To provide this level of convenience and access, we need to rethink where and how services are provided.

[22] "A national challenge", Alzheimer's Society (2012), Dementia 2012, London

[23] "Health and economic burden of the projected obesity trends in the USA and the UK", Wang YC, McPherson K, Marsh T, Gortmaker SL, Brown M (2011), The Lancet, vol 378, pp 815–25.

[24] See for example "Fixing Healthcare: The Professionals Perspective", Economist Intelligence Unit, 2009.

Increasing costs

The cost of providing care is getting more expensive. The NHS now provides a much more extensive and sophisticated range of treatments and procedures than could ever have been envisaged at its inception. New drugs, technologies and therapies have made a major contribution to curing disease and extending the length and quality of people's lives. The NHS can now treat conditions that previously went undiagnosed or were simply untreatable. It is of course a good thing that the NHS has more therapies at its disposal and can now diagnose and treat previously neglected illnesses. However, many healthcare innovations are more expensive than the old technologies they replace - for example, the latest cancer therapies[25] which raises affordability questions. We must ensure that we invest in the technology and drugs that demonstrate the best value and this rigour must be extended throughout the system, evaluating not just therapies and technologies, but also different models of delivering health and care services.

Limited financial resources

The NHS is facing these challenges at the same time that the UK is experiencing the most challenging economic crisis since the 1930s and is adjusting to an era of much tighter public finances. The broad consensus is that for the next decade, the NHS can expect its budget to remain flat in real terms, or to increase with overall GDP growth at best. This represents a dramatic slow-down in spending growth.

Since it began in 1948, the share of national income that the NHS receives has more than doubled, an average rise of about 4% a year in real terms. As part of its deficit reduction programme, the Government's recent spending review has severely constrained funding growth.

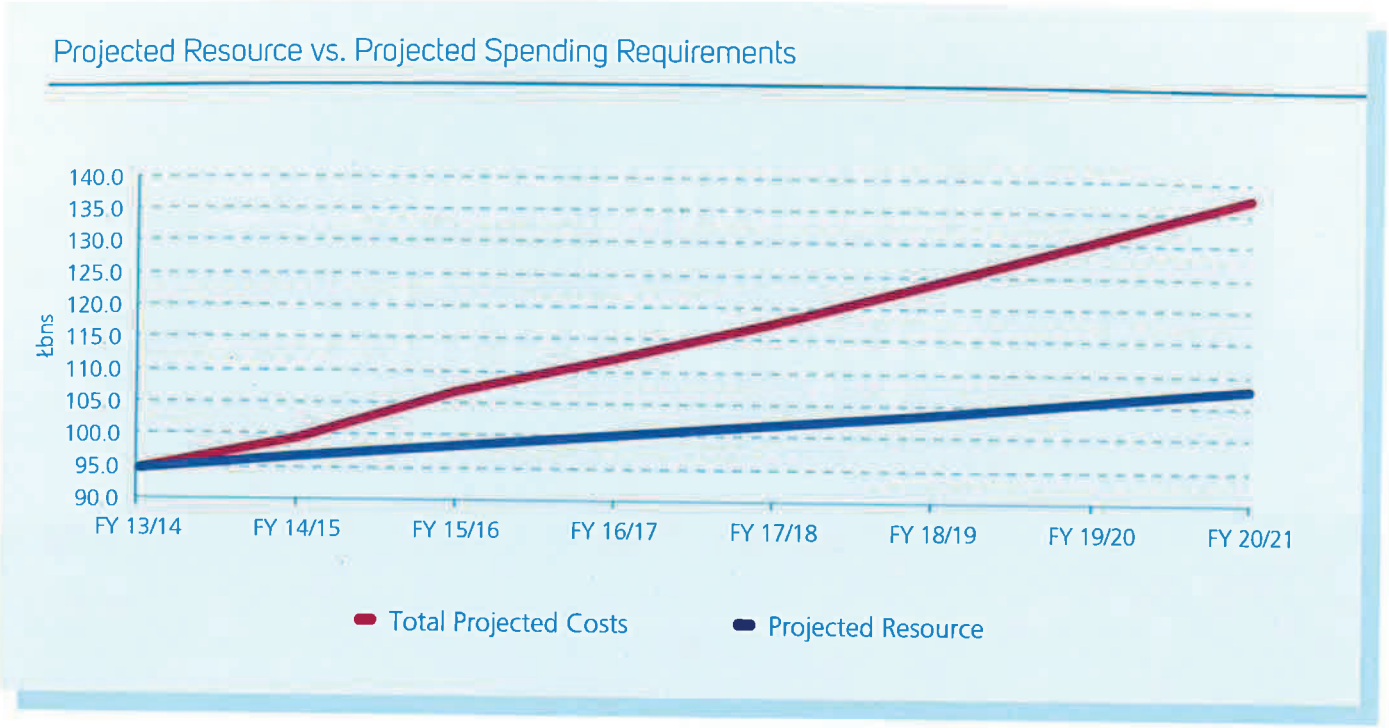
In addition, recent spending settlements for local government have not kept pace with demand for social care services. Unlike healthcare funding, social care funding is not ring-fenced; councils decide how much of their budget to spend on services based on local need. As a result, financially challenged local authorities have, in some locations, reduced spend on social care to shore up their finances. Reduced social care funding can drive up demand for health services, with cost implications for the NHS.[27] We therefore need to consider how health and care spending is best allocated in the round rather than separately in order to provide integrated services.

In England, continuing with the current model of care will result in the NHS facing a funding gap between projected spending requirements and resources available of around £30bn between 2013/14 and 2020/21 (approximately 22% of projected costs in 2020/21). This estimate are before taking into account any productivity improvements and assume that the health budget will remain protected in real terms.[26]

[25] "Delivering affordable cancer care in high-income countries", Richard Sullivan et al,The Lancet Oncology, Volume 12, Issue 10, Pages 933 - 980, September 2011.

[26] NHS England analysis.

[27] Research found that spending on social care could generate savings in both primary and secondary healthcare and that increased social care provision was related to reductions in delayed hospital discharges and readmission rates. "Social Care Funding and the NHS: An Impending Crisis?", Richard Humphries, March 2011 http //www kingsfund org uk/sites/files/kf/Social-care-funding-and-the-NHS-an-impending-crisis-Richard-March-2011 pdf
"The Impact of a Tightening Fiscal Situation on Social Care for Older People". Forder J, Fernández JL (2010), PSSRU Discussion Paper 2723. London, Kent and Manchester: Personal Social Services Research Unit. Available at: www pssru ac uk/pdf/dp2723 pdf (accessed on 11 February 2011).



Limited productivity improvements

Measuring the productivity[28] of the NHS is methodologically difficult and hotly debated. The Office of National Statistics suggests that between 1995 and 2010 average productivity in the NHS grew at 0.4%, whilst in the economy as a whole it grew at a much faster rate of 2% over the same period.[29] Beneath this, NHS labour productivity levels have increased faster than equivalent rates in the wider economy by an average of 2.5% per year between 2007 and 2010.[30] This suggests that the NHS may not be using its capacity as efficiently as it could.

NHS productivity remains an unresolved debate. However, the traditional productivity improvements will not be enough to plug the future funding gap. NHS England's analysis suggests that the overall efficiency challenge could be as high as 5-6% in 2015/16 compared to current 4% required efficiency in 2013/14.[31] Improvements such as better performance management, reducing length of stay, wage freezes or better procurement practices all have a role to play in keeping health spending at affordable levels. However, these measures have been employed to deliver the so-called "Nicholson Challenge" of 4% productivity improvements each year, amounting to some £20bn in savings, and there is a limit to how much more can be achieved without damaging quality or safety. A fundamentally more productive health service is now needed, one capable of meeting modern health needs with broadly the same resources.

"BETWEEN 1995 & 2010 AVERAGE PRODUCTIVITY IN THE NHS GREW AT 0.4%, WHILST THE ECONOMY AS A WHOLE GREW AT A RATE OF OVER 2%."

[28] At its most basic productivity is the rate at which inputs (like labour, capital and supplies), are converted into outputs (like consultations or operations) and outcomes (such as good health) in order to improve quality of life.

[29] Public Service productivity Estimates: Healthcare 2010, Office for National Statistics

[30] Public Service Productivity Estimates 2010, Office for National Statistics http://www.ons.gov.uk/ons/dcp171766_289768.pdf

[31] This is the challenge for the NHS after national action to constrain wages and drug input costs. In recent years these have typically delivered c.1% per annum benefit to the system which over this period modelling would equate to c.£8bn.

NHS England

Seizing future opportunities

The future doesn't just pose challenges, it also presents opportunities. Technological, social and other innovations – many of which are already at work in other industries or sectors – can and should be harnessed to transform the NHS. These exciting opportunities have the potential to deliver better patient care more efficiently to achieve the transformation that is required. A number of opportunities are already evident and are discussed below. These are not exhaustive and it is crucial that as a service we become better able to spot other trends and innovations with the potential to reshape health services.

A health service, not just an illness service

We must get better at preventing disease. In the future this means working increasingly closely with partners such as Public Health England, health and wellbeing boards and local authorities to identify effective ways of influencing people's behaviours and encouraging healthier lifestyles. The NHS has helped many people quit smoking (although there are still about 8m smokers in England), but has yet to develop similarly sophisticated methods for assisting people to improve their diet, take more exercise or drink less alcohol.

About 4% of the total health budget in England is spent on prevention and public health, which is above the Organisation for Economic Co-operation and Development (OECD average),[32] but this will strike many as too little. We need to look at our health spending and how investment in prevention may be scaled up over time. It is not just about investment; partnering with Public Health England, working with health and wellbeing boards and local authorities and refocusing the NHS workforce to consider prevention part of the job will produce an entire service that is better prepared to support individuals in primary and community care settings.

32 "Public Health and Prevention Expenditure in England", Rebecca Butterfield et al, Department of Health, 2009.

Giving patients greater control over their health

Developing effective preventative approaches means helping people take more control of their own health, particularly the 15 million people with long term conditions. The evidence shows that support for self-management, personalised care planning and shared decision making are highly effective ways that the health system can give patients greater control of their health. When patients are involved in managing and deciding about their own care and treatment, they have better outcomes, are less likely to be hospitalised,[33] follow appropriate drug treatments[34] and avoid over-treatment.[35] Personalised care planning is also highly effective.[36] A major trial of Personal Health Budgets, a tool for personalised care planning, has shown improved quality of life and cost-effectiveness, particularly for higher needs patients and mental health service users.[37] In kidney care there are great examples of self-care, shared decision making and personalisation to give patients more control.

Manchester Royal Infirmary: home dialysis

Manchester Royal Infirmary has developed an innovative dialysis provision pathway, which allows patients to perform extended haemodialysis at home, rather than in hospital. This has delivered improved health and longevity, empowering patients through greater involvement, freedom and flexibility, and offers wider benefits of fewer medications and hospital visits resulting insubstantial reductions in healthcare costs.[38]

Harnessing transformational technologies

The digital revolution can give patients control over their own care. Patients should have the same level of access, information and control over their healthcare matters as they do in the rest of their lives. The NHS must learn from the way online services help people to take control over other important parts of their lives, whether financial or social, such as online banking or travel services. First introduced to the UK in 1998, now more than 55% of internet users use online banking services.[39] A comparable model in health would offer online access to individual medical records, online test results and appointment booking, and email consultations with individual clinicians. Some of the best international providers already do this.[40] This approach could extend to keeping people healthy and independent through at-home monitoring, for example. These innovations would not only give patients more control, they would also make the NHS more efficient and effective in the way that it serves the public.

[33] "What the evidence shows about patient activation: better health outcomes and care experiences; fewer data on costs", Hibbard JH Green J Health Affairs 2013;32:2207-14

[34] "Self-care reduces costs and improves health: the evidence", Expert Patients Programme, London 2010

[35] "Decision aids to help people who are facing health treatment or screening decisions", Stacey D et al Cochrane Summaries, 16 May 2011; and "NHS Atlas of Variation in Healthcare: Reducing unwarranted variation to increase value an improve quality", Department of Health, 2011

[36] "Care Planning: improving the lives of people with long term conditions", RCGP Clinical Innovation and Research Centre 2011

[37] https //www phbe org uk/

[38] Catalogue of Potential Innovation, NHS England, London: 2013

[39] Office for National Statistics, e-society (Social Trends 41), 2009

[40] For example Kaiser Permanente and the Veterans Administration, both in the USA

NHS England

e-Intensive Care: a Second Pair of Eyes

Guy's and St Thomas' NHS Foundation Trust, in London, has recently deployed a new e-Intensive Care Unit (ICU) to keep a 'second pair of eyes' on critically ill patients. Used in about 300 hospitals in the US, where studies have shown the system has reduced mortality rates and hospital stays, the eICU allows critical care specialists to remotely monitor patients using high-definition cameras, two-way audio and other instruments that keep track of vital signs. Not only does the system facilitate provision of 24/7 care, it also enables the most experienced specialists to spread their skills more widely and to help more patients with the greatest need.[41]

"DIGITAL INCLUSION WILL HAVE A DIRECT IMPACT ON THE HEALTH OF THE NATION, AND SO INNOVATION MUST BE ACCESSIBLE TO ALL, NOT JUST THE FORTUNATE."

Digital inclusion will have a direct impact on the health of the nation, and so innovation must be accessible to all, not just the fortunate. From April 2013, 50 existing UK online centres in local settings, such as libraries, community centres, cafes and pubs are receiving additional funding to develop as digital health hubs where people will be able to find support to go online for the first time and use technology and information services such as NHS Choices to improve their health and wellbeing.

Exploiting the potential of transparent data

To support active patients the best quality data must be collected and made available. Dramatic improvements need to be made in the supply of timely and accurate information to citizens, clinicians and commissioners. Commissioners can use improved data to better understand how effectively money is being invested. For patients, more and better data will enable them to make informed decisions about their health and healthcare.

The new Friends and Family Test asks patients whether they would recommend their hospital wards or A&E department to their friends and family should they need similar care or treatment. Beginning in July 2013, the results will be published on the NHS Choices website. This is just one example of transparency which will for the first time allow citizens to compare NHS performance based on the opinions of the patients.

[41] Guy's and St. Thomas' NHS Foundation Trust: www.guysandstthomas.nhs.uk/news-and-events/2013-news/20130703-eICU.aspx

Moving away from a 'one-size fits all' model of care

A relatively small minority of patients accounts for a high proportion of health service utilisation and expenditure. This mismatch suggests an opportunity to manage patients, and help them manage themselves, more intelligently, based on an understanding of individual risk.

Risk-stratification in North West London

As part of the Inner North West London Integrated Care Pilot, patient information was combined across primary, secondary and social care providers to understand the impact of high-risk patients on services and expenditure. The data showed that the 20% of the population most at risk of an emergency admission to hospital accounted for 86% of hospital and 87% of social care expenditure. Yet despite this high concentration in expensive upstream services, only 36% of primary care resources were expended on these same patients.[42] This suggests that through better management of these patients in primary care many hospital admissions could be prevented and intensive social care support reduced, resulting in improved care with reduced costs.

Healthcare is becoming more personal in other ways too. Recent biomedical advances, suggest a revolution in medicine itself may be afoot that could enable clinicians to tailor treatment to individuals' specific characteristics. For instance, it has been proven that mutations in two genes called BRCA1 and BRCA2 significantly increase a person's risk of developing breast cancer. Individuals can now be tested for these mutations, allowing early detection and targeted use of therapeutic interventions. Similar progress is being made in understanding the biological basis of other common diseases. The health service needs to consider how to invest in this work and how it can most effectively be translated into everyday practice.

Unlocking healthcare as a key source of future economic growth

All too often we think of health expenditure as solely a cost, but investment in individuals' wellbeing and productivity often delivers vast benefits to society and the economy. Conversely, illness costs the UK economy dearly: in 2011, 131 million work days were lost due to sickness.[43] This translates into an annual economic cost estimated to be over £100bn whilst the cost to the taxpayer, including benefits, additional health costs and forgone taxes, is estimated to be over £60bn.[44]

In addition to preventing and relieving illness, the NHS has a central role in contributing to economic growth. The NHS is the largest single customer for the UK health and life sciences industries including pharmaceutical, biotechnology, medical devices and other sectors,[45] and Britain is recognised as a leader in biomedical research. We must consider how the NHS can work with industry partners to make sure that the health and life sciences continue to be a growing part of the UK economy.

[42] "Understanding patients' needs and risk: a key to a better NHS", McKinsey & Co, London: 2013
[43] "Sickness absence in the labour market", Office of National Statistics, London: 2012
[44] Department of Health, Innovation, Health and Wealth, December 2011
[45] Department of Health, Innovation, Health and Wealth, December 2011

NHS England

What's next?

This document discusses the key problems and opportunities that a renewed vision for the health service must address. In the next phase of work, we will analyse, with our key partners, the causes of these trends and challenges and share these more widely in order to begin to generate potential solutions. Some of these solutions may come from reviews that are already underway such as the Urgent and Emergency Care Review and the Berwick Review on improving safety in the NHS. Some solutions may be adapted from small-scale pilots or international models that can demonstrate success, but there is no doubt that new ideas are needed.

But we cannot generate these new ideas alone. NHS England is committed to working collectively to improve services. This is why Monitor, the NHS Trust Development Authority, Public Health England, NICE, the Health and Social Care Information Centre, the Local Government Association and the Assembly Steering Group of clinical commissioning groups want to work in partnership with NHS England to understand the pressures that the NHS faces and to work together alongside patients, the public and other stakeholders to improve standards, outcomes and value.

The NHS constitution stipulates that the NHS belongs to the people and so does its future. In keeping with this principle we will be working together with staff, patients and the public to develop a series of new local approaches for the NHS. We need your help to ensure that the ideas identified are sustainable and respect the values that underpin the health service. To enlist your help, we are launching a nationwide campaign called *'The NHS belongs to the people: a Call to Action'*.

The NHS belongs to the people — A CALL TO ACTION

A Call to Action

A Call to Action is a programme of engagement that will allow everyone to contribute to the debate about the future of health and care provision in England. This programme will be the broadest, deepest and most meaningful public discussion that the service has ever undertaken. The engagement will be patient- and public-centred, through hundreds of local, regional and national events, as well as through online and digital resources. It will produce meaningful views, data and information that CCGs can use to develop 3-5 year commissioning plans setting out their commitments to patients and how it is anticipated services will improve.

"A CALL TO ACTION IS A PROGRAMME OF ENGAGEMENT THAT WILL ALLOW EVERYONE TO CONTRIBUTE TO THE DEBATE ABOUT THE FUTURE OF HEALTH & CARE PROVISION IN ENGLAND."

The Call to Action aims to:

- Build a common understanding about the need to renew our vision of the health and care service, particularly to meet the challenges of the future
- Give people an opportunity to tell us how the values that underpin the health service can be maintained in the face of future pressures
- Gather ideas and potential solutions that inform and enable CCGs to develop 3-5 year commissioning plans.
- Gather ideas and potential solutions to inform and develop national plans, including leavers and incentives, for the next 5 – 10 years.

What will happen with the data and views that are collected?

All data, views and information will be collected by CCGs and NHS England. This information will then be used by CCGs to develop 3-5 year commissioning plans, setting out commitments to patients about how services will be improved.

This information will also be used by NHS England in relation to its direct commissioning responsibilities in relation to (i) primary care commissioning and (ii) specialised commissioning.

Information gathered in this way will drive real future decision making. This will be evident in the business plans submitted for both 2014/15 and 2015/16. These plans will signal the service transformation intentions at both local and national level.

There is no set of predetermined solutions or options about which we are consulting. Bold, new thinking is needed and we will consider a wide range of potential options. However, there are three options that we will not be considering:

1. **Do nothing.** The evidence is clear that doing nothing is not a realistic option nor one that is consistent with our duties. We cannot meet future challenges, seize potential opportunities and keep the NHS on a sustainable path without change.

2. **Assume increased NHS funding.** In the 2010 spending review, the Government reduced spending on almost all most public services, although health spending was maintained. We do not believe it would be realistic or responsible to expect anything more than flat funding (adjusting for inflation) in the coming years.

3. **Cut or charge for fundamental services, or 'privatise' the NHS.** We firmly believe that fundamentally reducing the scope of services the NHS offers would be unconstitutional, contravene the values that underpin the NHS and - most importantly - harm the interests of patients. Similarly, we do not think more charges for users or co-payments are consistent with NHS principles.

How will the Call to Action engage people?

The Call to Action will offer a number of ways for everyone to engage with the development of a renewed vision for the health service including:

A digital Call to Action

Staff, patients and the public will be able contribute via an online platform hosted by NHS Choices. This platform will enable people to submit their ideas, hold their own local conversations about the future of the NHS and search for engagement events and other interactive forums.

'Future of the NHS' surgeries with NHS staff, patients and the public

Local engagement events will be led by clinical commissioning groups, health and wellbeing boards, local authorities and other local partners such as charities and patient groups. These workshop-style meetings will be designed to gather views from patients and carers, local partner groups and the public. We will also be holding events designed to capture the views of NHS staff, for instance, through clinical senates.

Town hall meetings

Held in major cities across the NHS, these events will engage local government, regional partners, business and the public. These regional events will give people who have not contributed locally a chance to participate in regional discussions.

National engagement events

A number of national events focusing on national level partner organisations to the NHS will be held. These will include Royal Colleges, patient groups and charities, the private sector and other stakeholders.

Conclusion

The NHS is one of our most precious institutions. We need to cherish it, but we also need to transform it. Future trends threaten its sustainability, and that means taking some tough decisions now to ensure that its future is guaranteed. We believe that by working together as a nation, we have a unique opportunity to transform the NHS into a health service that is both safe and fit for the future.

The NHS needs your help. Have your say.

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Shaping the future of Children's Centres in Kent

Children's Centres Consultation Document (July 2013)

www.kent.gov.uk/childrenscentres

Kent County Council kent.gov.uk

Foreword

Children's Centres play a significant role in providing effective early childhood services for families and young children, particularly those who are recognised as being in most need of help and support. They provide an ideal means of bringing together services such as health visiting, midwifery, employment services and adult learning into one place, sometimes alongside child care and more targeted services for children and families in need of them.

Kent County Council is committed to ensuring that there continues to be quality provision for young children and their families that will improve:

- The readiness of children for school
- Support for parents and their ability to meet their responsibilities
- Parents' opportunity to develop personal skills, education and ability to get work
- The development of healthy lifestyles for children
- Parents' ability to keep their children safe, including when online
- Children's chances of reaching their full potential and reduce inequality in their health and development.

The proposals outlined in this document, if implemented, will enable children and families to continue to access a range of advice and support services through Kent's extensive Children's Centre network. The expanding health visitor workforce, serving the county's children and families, will be supported by early years professionals and social workers when needed.

However, it is also important we achieve all of these objectives in the most efficient way possible and make maximum use of those buildings and facilities which are well used by families. In the current economic climate, it is vital that the Council sets out a model which is sustainable for the long-term future. These proposals set out how resources can be more focused on actual services for children and less on buildings and other overheads. They will deliver savings of at least £1.5m whilst ensuring wide coverage across the county and continued access to a nearby service for those who need it most.

We believe that focusing our resources, working more closely with health and delivering services where they are most needed, will maximise what our excellent Children's Centres can achieve.

We would very much like to know what you think of this proposal. The consultation will be running until 4 October. If you want to contribute to the consultation, have any queries, want further information or have alternative suggestions, please do get in touch.

Jenny Whittle
Cabinet Member for
Children's Services

Andrew Ireland
Corporate Director for
Families and Social Care

www.kent.gov.uk/childrenscentres
cc.consultation@kent.gov.uk

What is a Children's Centre?

A Children's Centre is a place or a group of places where parents with children under 5 years old can access early support services. These services may be provided at the Centre, or advice and assistance may be given to find services somewhere else.

Early support services include:

- Nursery provision
- Social services functions for young children, parents and expectant parents
- Health services for young children, parents and expectant parents
- Training and employment services to assist parents or expectant parents
- Information and advice services for parents and expectant parents.

There are currently 97 Children's Centres in Kent (excluding Medway).

Kent's vision for its Children's Centres

Children's Centres deliver high quality services meaning every child gets the healthiest start in life and is ready for school. Children's Centres meet the needs of the most vulnerable children and their families at the earliest opportunity, working together with other professionals to deliver easy access to the services when and where they are needed. They also work with pre-school children and their primary aged siblings to make sure families get the best all-round help.

Why are we consulting?

- Public funding for Children's Centres is reducing and we need to make sure that the available money can be focused more on actual services for children and their families and less on running buildings and other overhead costs.
- We need to change the way we work so that we can still meet the needs of our children and their families, particularly those who need our support most.

We have reviewed the Children's Centre Programme in Kent and have developed a proposal which aims to:

- Deliver savings of at least £1.5 million
- Protect services which improve health, education and social care
- Continue to offer parents and expectant parents a choice about which Centre they use
- Ensure we give support to those children and families who need it most
- Improve co-ordination and access to a range of services for families with children aged 0-11 where at least one child in the family is under 5 years old.

What has been considered in putting our proposal together?

- The need to save money whilst protecting current and future services
- The differences across Kent and the fact that services need to reflect the communities they serve, particularly those who need our support most
- The ways we can improve access to specialist services locally
- How Children's Centres are currently accessed and used. Some Children's Centres are more popular than others, the majority of families use more than one Centre, and most families do not use Centres after 3pm
- The different ways services are and could be run in the community
- What the law says we must do.

What information have we used?

- Information collected about attendance at and usage of Children's Centres for one year
- Analysis of children's and families' needs
- Children's Centres in Kent have undertaken two Countywide Parental Satisfaction Surveys
- Local knowledge and parent and carer feedback
- Compliments and complaints
- Local engagement workshops held in every District in Kent in February 2013
- Equality Impact Assessments.

Further information is available at www.kent.gov.uk/childrenscentres

What are we consulting on?

We are consulting on one proposal which includes:

1. Reducing the number of Children's Centres
2. Linking Children's Centres to reduce management and administrative costs
3. Reducing hours at some Children's Centres.

The following pages explain these proposals in more detail and show what they mean for different parts of Kent.

1. To reduce the number of Children's Centres

We want to create an affordable Children's Centre programme in Kent that continues to deliver good quality services. To do this we propose to reduce the number of Children's Centre buildings, but we will consider increasing our off site delivery in some areas.

We propose to close the following Children's Centres:

District	Children's Centre	See Page
Ashford	Cherry Blossom (Wye) Squirrel Lodge (Furley Park)	9
Canterbury	Apple Tree (Chartham) Briary Little Bees (Littlebourne) Swalecliffe Tina Rintoul (Hersden)	12
Dartford	Maypole	15
Dover	The Buttercup (St. Radigund's) and The Daisy (Tower Hamlets) to merge and relocate to an existing building in Dover town centre Primrose (North Deal)	9
Gravesham	Daisy Chains (Meopham) Little Painters (Painters Ash)	15
Maidstone	Loose Marden	18
Sevenoaks	Dunton Green Merry-Go Round (Westerham)	18
Shepway	New Romney The Village (Folkestone) or Folkestone (currently Folkestone Early Years)	9
Swale	St. Mary's (Faversham) Woodgrove (Sittingbourne)	12
Thanet	No Centre closures	12
Tonbridge & Malling	Hadlow/East Peckham Larkfield	18
Tunbridge Wells	Pembury	18

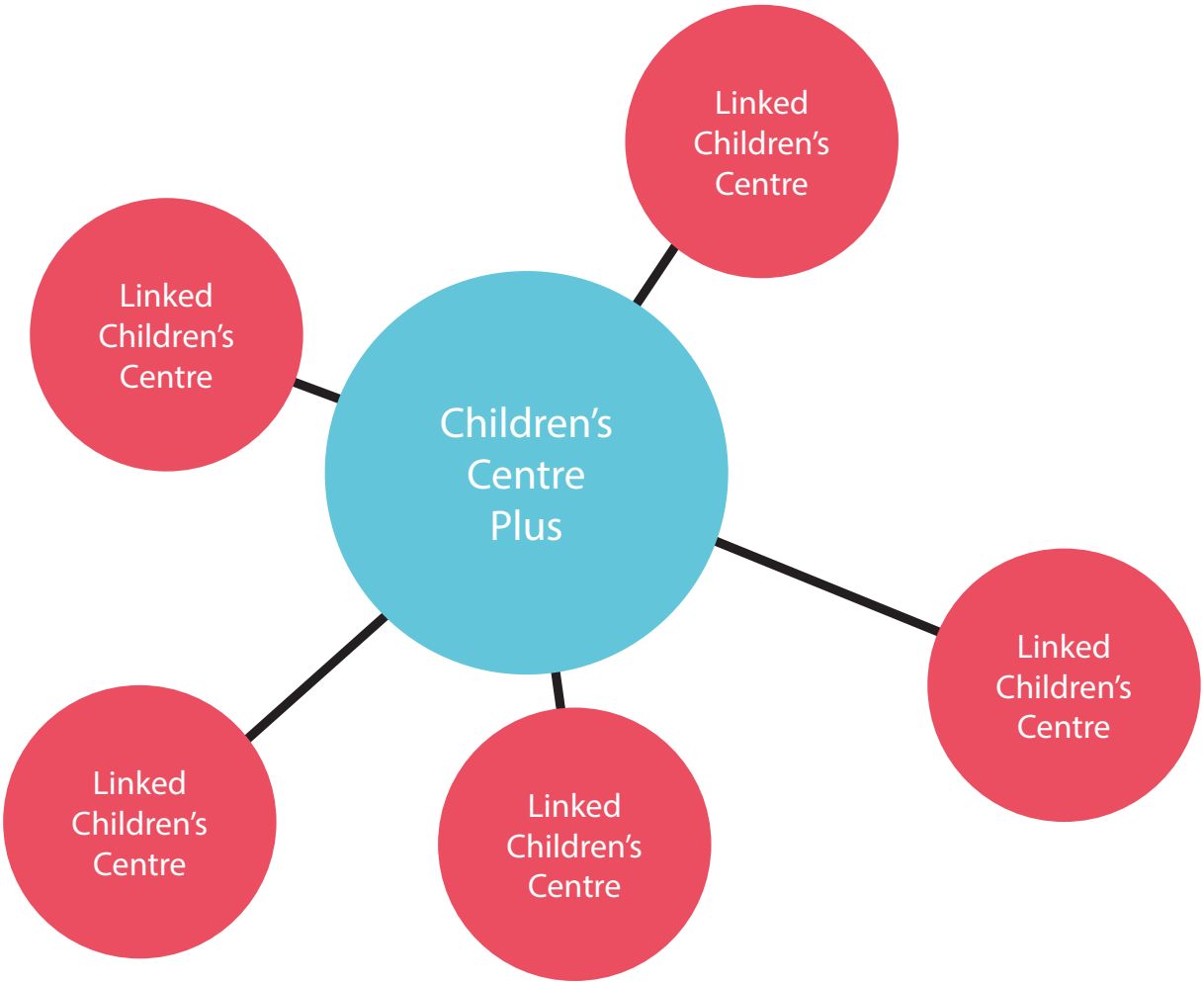
Some Children's Centres share their buildings with pre-schools or nurseries. These services are not provided by the Children's Centre directly and Children's Centres do not pay for them. Nurseries and pre-schools are excluded from this proposal.

2. Linking Children's Centres to reduce management and administrative costs

We want to ensure that the majority of the money is used to provide services. We will do this through reducing management and administrative costs by linking Centres.

We have identified 16 Lead Centres which are generally bigger buildings in communities where larger numbers of children and families need early support services. The Lead Centre, a "Children's Centre Plus", will co-ordinate services across the linked Centres including working with local Schools, GPs, Health Visitors, Childminders, Nurseries, Social Services, Health Specialists, Job Centre Plus and the Voluntary Sector to improve access to services. They may also deliver more support than they do now.

Proposed future operating model (the number of linked Centres may vary)



3. To reduce hours at some Children's Centres

We know that many Children's Centres have fewer users at certain times of the day. We are proposing to reduce hours at 13 Centres across the County to 18 hours a week (opening hours are to be agreed locally).

District	Reduced Hours	See page
Dartford	Temple Hill	13
Dover	Samphire (Aycliffe)	7
Sevenoaks	West Kingsdown	13
Shepway	Dymchurch Hawkinge and Rural Hythe Bay Lydd'le Stars (Lydd)	7
Swale	Beaches (Warden/Leysdown) Lilypad (Minster)	10
Thanet	Birchington Callis Grange Garlinge	10
Tunbridge Wells	Harmony (Rusthall)	16

What does this proposal mean?

- In some communities, Centres will close or Centre opening hours will be reduced
- Parents will still be able to access Children's Centre services in other Centres and we will continue to bring services to you
- Children's Centres will also support families where at least one child is under 5 years old to access services for their other children aged 5 -11
- All Centres will work together to deliver services. Some Children's Centres (a "Children's Centre Plus") may deliver more support than they do now
- The closure of a Children's Centre does not mean the closure of the nursery or pre-school
- Some Children's Centre services may not be delivered directly by Kent County Council.

How much will this proposal save?

This proposal will save at least £1.5 million. These savings will be from a reduction in administration, management and accommodation costs.

How can I get involved and have my say?

We are committed to keeping you involved and are keen to listen to your views.

Please let us know what you think by visiting the website at www.kent.gov.uk/childrenscentres and completing the online consultation questionnaire.

Alternatively, you can complete the consultation questionnaire on Page 21. Please return it to Freepost RTER-RZXC-HCJH Children's Centres, Facts International, Ashford, TN24 8FL or drop it into any Children's Centre.

If you are completing the consultation questionnaire in a professional capacity (i.e. in connection with your job), please complete the online questionnaire at www.kent.gov.uk/childrenscentres. Alternatively, any Children's Centre can provide you with a paper version of the correct questionnaire.

Contact us:
Email - cc.consultation@kent.gov.uk
Phone – 0300 333 5540
Post – Freepost RTER-RZXC-HCJH, Children's Centres, Facts International, Ashford, TN24 8FL

What happens next?

We will be consulting on these proposals until 4th October 2013 at 5pm.

Once the consultation finishes we promise to tell you the outcomes of the consultation at www.kent.gov.uk/childrenscentres. Feedback information will also be available at your local Children's Centre. A decision is expected in December 2013.

Further information is available at www.kent.gov.uk/childrenscentres

Ashford, Dover and Shepway

What does this mean for Ashford, Dover and Shepway?

District	Children's Centre Plus	Linked Children's Centre	Closure
Ashford	The Willow	Ray Allen Sure Steps Little Explorers Bluebells Waterside	Cherry Blossom Squirrel Lodge
Dover	Dover Town Centre (relocation of The Daisy and The Buttercup)	Buckland and Whitfield The Sunflower Aylesham *(currently Snowdrop*)* Blossom **Samphire**	Primrose The Daisy The Buttercup
Shepway	The Village or Folkestone (currently Folkestone Early Years*)	Caterpillars **Hythe Bay** *(currently Hythe Bay School*)* **Dymchurch** **Hawkinge and Rural** **Lydd'le Stars**	The Village or Folkestone (currently Folkestone Early Years*) New Romney

It is proposed that Centres shown in **bold** become part time.

* Services currently delivered within these Centres may be delivered by another organisation. Legally, Kent County Council is required to allow other organisations to bid to run these services. This means that the organisation that provides services at these Centres may change. In some cases the services may relocate to a different building, but the building will be within the same local area.

Why are we proposing to close these Centres?

- **Cherry Blossom** – Cherry Blossom Children's Centre currently signposts to services. It does not deliver services at the Children's Centre which is at Wye School. The Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre. Cherry Blossom Children's Centre is near Wye Library. The library will be used to support families to access services.
- **Squirrel Lodge** – Squirrel Lodge Children's Centre is at Furley Park Primary School. Evidence suggests that the Centre currently signposts a large number of its users to other Centres. The Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre.
- **Primrose** – Primrose Children's Centre is at Sandown School. Primrose Children's Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre. Primrose Children's Centre is near Deal Library, which registers births, and will be used to support families to access more services.
- **The Daisy and The Buttercup** – It is proposed that The Daisy Children's Centre and The Buttercup Children's Centre are merged and relocated to an existing building in Dover Town Centre. We believe that this will improve access to the Centres and increase opportunities for partnership working. The majority of users at both Centres also attend another Children's Centre.

- **The Village or Folkestone Early Years Centre -** The Village Children's Centre is approximately 950 metres from Folkestone Early Years Children's Centre. Children's Centre closures are unavoidable and we believe it makes sense to close one of these two Centres. Both Centres have similar numbers of users and a number already attend both Centres. If one of these buildings is chosen for closure, services will continue to be delivered in the remaining building.

This proposal does not affect the pre-school at The Village Children's Centre which is not delivered by the Children's Centre. However depending on the building chosen for closure there may be an impact on nursery provision at Folkestone Early Years Children's Centre.

- **New Romney –** New Romney Children's Centre serves an area where smaller numbers of children and families need early support services. The majority of users attend another Children's Centre. New Romney Children's Centre is near New Romney Library. The library will be used to support families to access services.

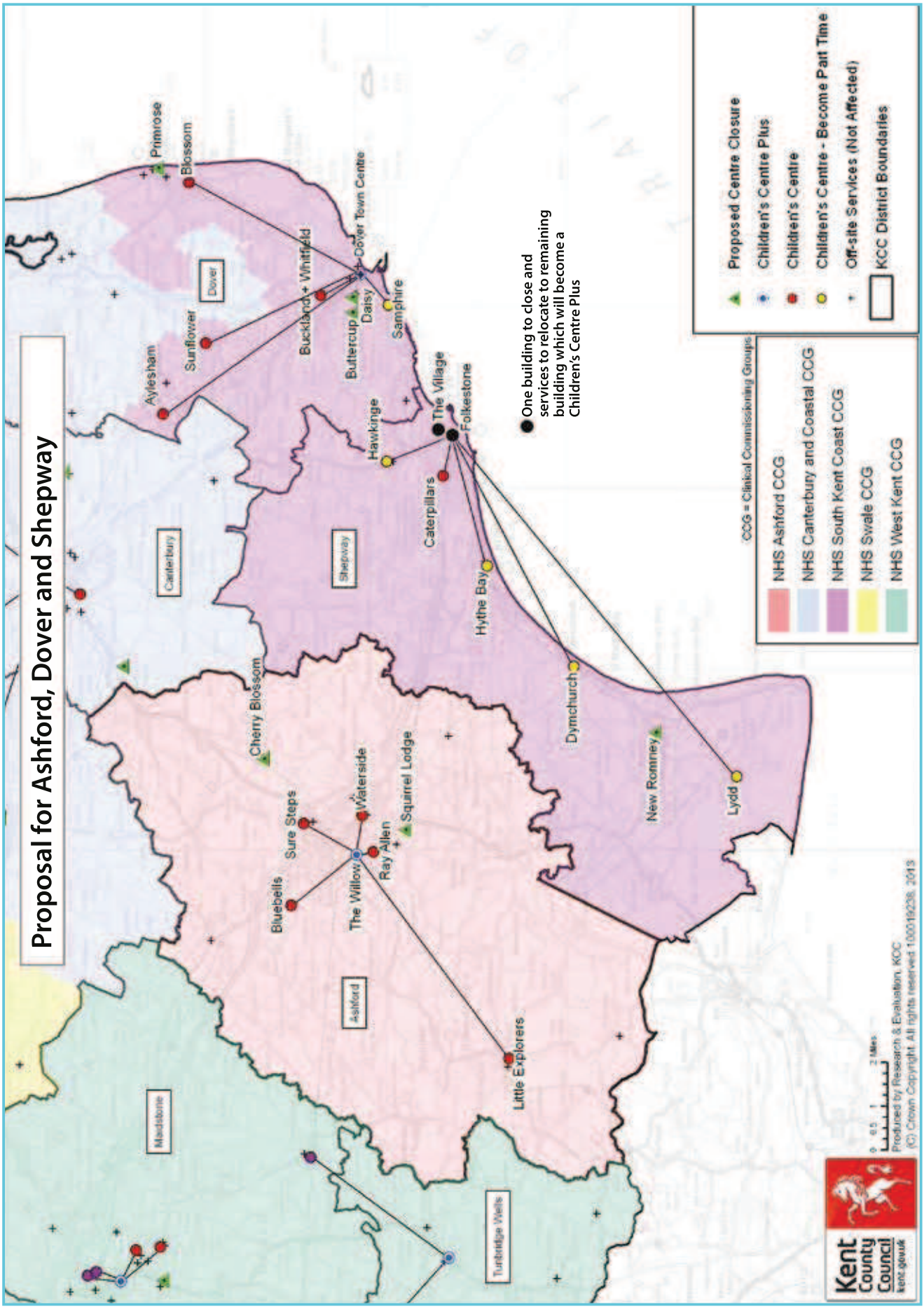
Why are we proposing to make these Centres part time?

- **Shepway Children's Centres -** Due to the rural locations of some Centres, the majority of users only access their local Centre. With this in mind, and the fact that we cannot afford the current level of service we propose that the following Centres open part time.
  - Hythe Bay (Hythe Library is nearby and will be used to support families to access services when the Children's Centre is closed)
  - Dymchurch
  - Hawkinge and Rural
  - Lydd'le Stars (Lydd Library is nearby and will be used to support families to access services when the Children's Centre is closed.)

- **Caterpillars (Morehall)** - Serves an area where larger numbers of children and families need early support services and will remain full time.

- **Samphire –** Samphire Children's Centre is at Aycliffe Primary School. Samphire Children's Centre does not serve one of the areas identified as having larger numbers of children and families needing early support services. The majority of Centre users also attend another Children's Centre.

This proposal does not affect the nursery provision at the Children's Centre which is not delivered by Kent County Council.


Proposal for Ashford, Dover and Shepway
One building to close and services to relocate to remaining building which will become a Children's Centre Plus
Proposed Centre Closure
Children's Centre Plus
Children's Centre
Children's Centre - Become Part Time
Off-site Services (Not Affected)
KCC District Boundaries
CCG = Clinical Commissioning Groups
NHS Ashford CCG
NHS Canterbury and Coastal CCG
NHS South Kent Coast CCG
NHS Swale CCG
NHS West Kent CCG
Primrose
Blossom
Dover Town Centre
Buckland + Whitfield
Buttercup
Daisy
Samphire
Sunflower
Aylesham
The Village
Folkestone
Hawkinge
Caterpillars
Hythe Bay
Dymchurch
New Romney
Lydd
Cherry Blossom
Sure Steps
Waterside
Squirrel Lodge
Ray Allen
Bluebells
The Willow
Little Explorers
Dover
Canterbury
Shepway
Ashford
Maidstone
Tunbridge Wells
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Canterbury, Swale and Thanet

What does this mean for Canterbury, Swale and Thanet?

District	Children's Centre Plus	Linked Children's Centre	Closure
Canterbury	Canterbury City Centre *(currently Riverside*)*	The Poppy Joy Lane Little Hands	Apple Tree Briary Little Bees Swalecliffe Tina Rintoul
Swale	Milton Court	Bysing Wood *(management linked to Canterbury City Centre Children's Centre)* Grove Park Murston	St. Mary's Woodgrove
	Sheerness *(currently Seashells*)*	Ladybird **Beaches** **Lilypad**	
Thanet	Priory	Newington Newlands **Birchington**	No Closures
	Six Bells	Dane Valley *(currently Millmead*)* **Garlinge** **Callis Grange** Cliftonville	

It is proposed that Centres shown in **bold** become part time.

* Services currently delivered within these Centres maybe delivered by another organisation. Legally, Kent County Council is required to allow other organisations to bid to run these services. This means that the organisation which provides services at these Centres may change. In some cases the services may relocate to a different building, but the building will be within the same local area

Why are we proposing to close these Centres?

- **Apple Tree –** Apple Tree Children's Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre.
- **Briary –** Briary Children's Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre.
- **Little Bees –** Evidence suggests that Little Bees Children's Centre currently signposts a large number of its users to other Centres. The Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre.
- **Swalecliffe -** Swalecliffe Children's Centre is at Swalecliffe Community Primary School and serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre.

This proposal does not affect the pre-school provision at Swalecliffe Children's Centre which is not delivered by Kent County Council.

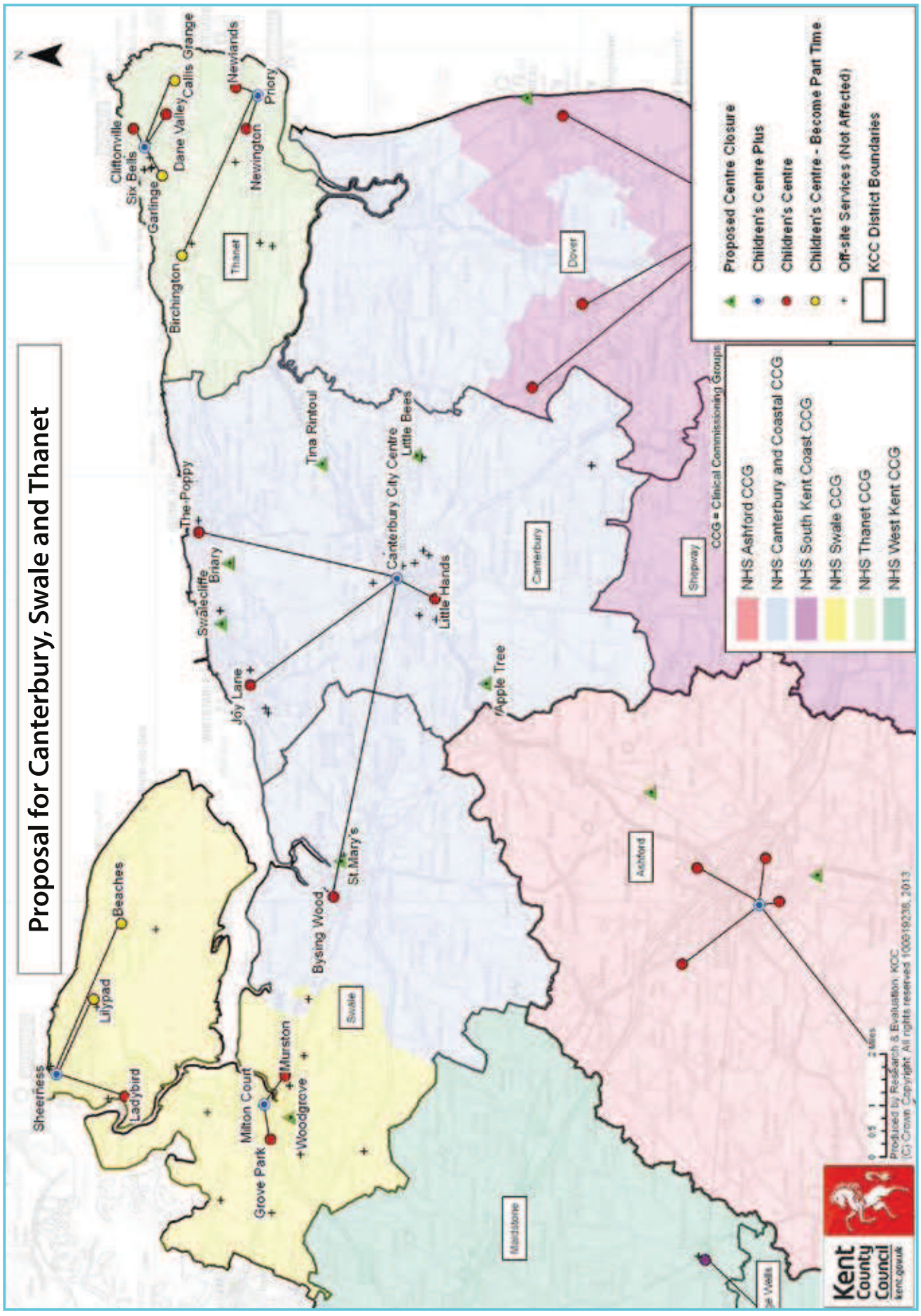
- **Tina Rintoul –** Tina Rintoul Children's Centre serves an area where smaller numbers of children and families need early support services. Tina Rintoul is the least used Centre in the Canterbury district.
- **St. Mary's –** St. Mary's Children's Centre is at St. Mary's of Charity CE Primary School and does not serve one of the areas identified as having larger numbers of children and families needing early support services. Many Centre users also attend Bysing Wood Children's Centre. St. Mary's Children's Centre is near Faversham Library, which registers births, and will be used to support families to access more services.
- **Woodgrove -** Woodgrove Children's Centre does not serve one of the areas identified as having larger numbers of children and families needing early support services. The majority of Centre users also attend one of the other three Children's Centres in Sittingbourne. Woodgrove Children's Centre is near Sittingbourne Library, which registers births, and will be used to support families to access more services.

This proposal does not affect the nursery provision at the Children's Centre which is not delivered by Kent County Council.

Why are we proposing to make these Centres part time?

- **Swale Children's Centres –** Lilypad and Beaches operate as one Children's Centre. Due to there rural location, the Centres serve areas where smaller numbers of children and families need early support services. The majority of Lilypad and Beaches users do not access other Centres in Kent. Part time hours at both will ensure that one of the two sites is open. Lilypad Children's Centre is near Minster-in-Sheppey Library. The library will be used to support families to access services.
- **Thanet Children's Centres –** Centres serve areas where more children and families need early support services. With this in mind, and the fact that we cannot afford the current level of service, we propose that the following Centres open part time.
  - Birchington (Birchington Library is nearby and will be used to support families to access services when the Children's Centre is closed)
  - Garlinge
  - Callis Grange

These Centres serve areas where smaller numbers of children and families need early support services, compared to other areas in Thanet.


Proposal for Canterbury, Swale and Thanet
Proposed Centre Closure
Children's Centre Plus
Children's Centre
Children's Centre - Become Part Time
Off-site Services (Not Affected)
KCC District Boundaries
NHS Ashford CCG
NHS Canterbury and Coastal CCG
NHS South Kent Coast CCG
NHS Swale CCG
NHS Thanet CCG
NHS West Kent CCG
CCG = Clinical Commissioning Groups
Cliftonville
Six Bells
Garlinge
Dane Valley
Callis Grange
Newlands
Priory
Nevington
Birchington
Thanet
Dover
Tina Rintoul
Little Bees
Canterbury City Centre
The Poppy
Swalecliffe
Briary
Little Hands
Canterbury
Shepway
Joy Lane
Apple Tree
Beaches
Lilypad
Sheerness
Ladybird
Milton Court
Murston
Woodgrove
Grove Park
Bysing Wood
St.Mary's
Swale
Ashford
Maidstone
Kent County Council
kent.gov.uk

Dartford, Gravesham and Swanley

What does this mean for Dartford, Gravesham and Swanley?

District	Children's Centre Plus	Linked Children's Centre	Closure
Dartford	Brent	Knockhall Swanscombe Oakfield **Temple Hill** Greenlands at Darenth *(management linked to Swanley Children's Centre)*	Maypole
Gravesham	Little Pebbles	Kings Farm Little Gems Riverside Bright Futures	Daisy Chains Little Painters
Swanley	Swanley	New Ash Green **West Kingdown**	No Closures

It is proposed that Centres shown in **bold** become part time.

Information for Sevenoaks is on Page 18.

Why are we proposing to close these Centres?

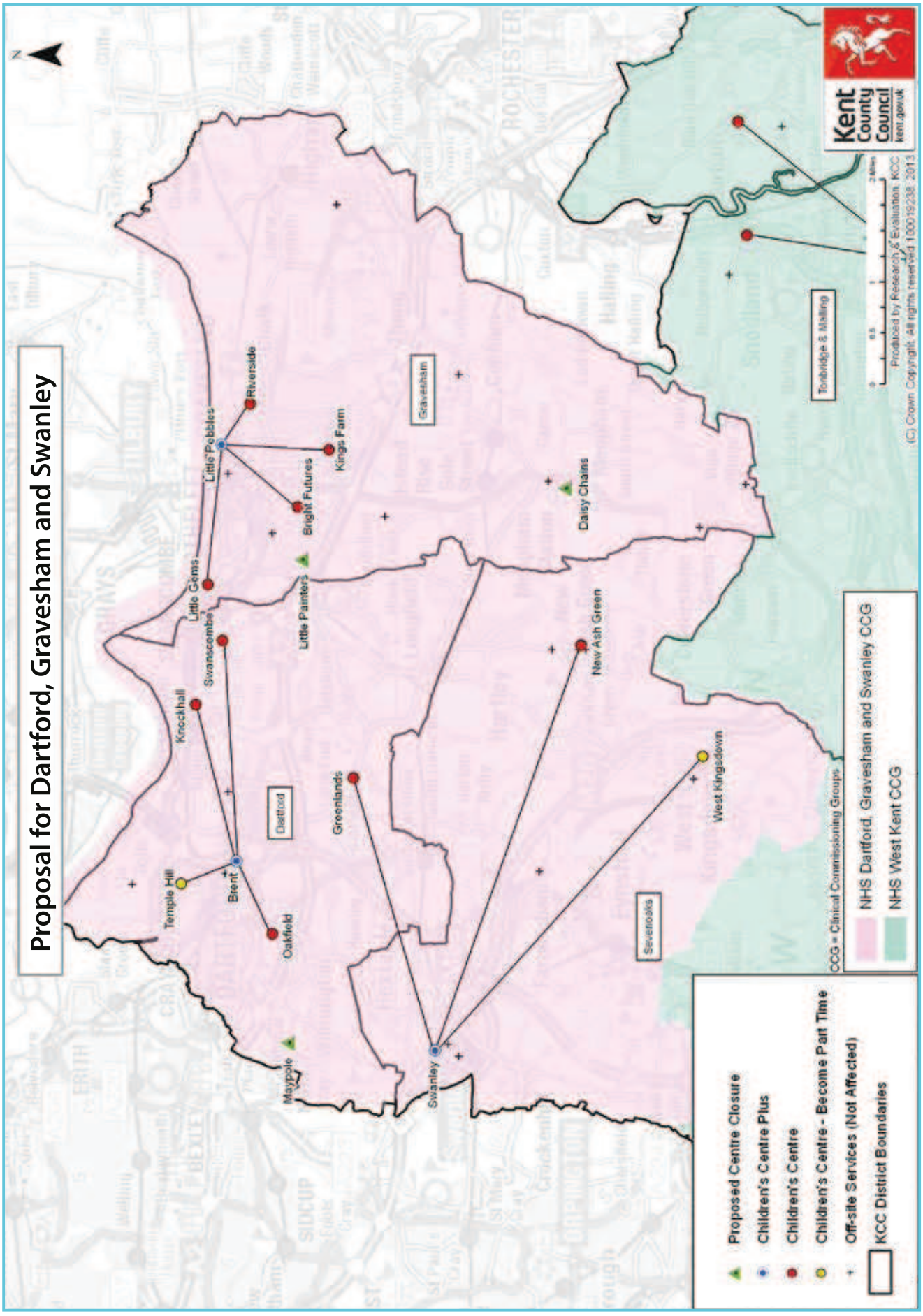
- **Maypole** – Maypole Children's Centre is at Maypole Primary School and does not serve one of the areas identified as having larger numbers of children and families needing early support services. Many Centre users also attend another Children's Centre. Very few Centre users attend Maypole regularly. Maypole Children's Centre is near Summerhouse Drive library. The library will be used to support families to access services.
- **Daisy Chains** – Daisy Chains Children's Centre serves an area where smaller numbers of children and families need early support services. Most services run by Daisy Chains are delivered off site (and will not be affected under this proposal).
- **Little Painters** – Little Painters Children's Centre serves an area where smaller numbers of children and families need early support services. Evidence suggests that the Centre currently signposts a large number of its users to other Centres .The majority of Centre users also attend another Children's Centre. Little Painters currently opens part time. Most services run by Little Painters are delivered off site (and will not be affected under this proposal).

Why are we proposing to make these Centres part time?

- **Temple Hill** – We believe that the Children's Centre at Temple Hill is not in the best place to encourage families to attend. However, as the Centre serves an area where larger numbers of children and families need early support services, we propose to keep the Centre open with part time hours. This will allow us to increase the number of hours we can deliver services off site at other local community venues. Temple Hill Children's Centre is near Temple Hill library. The library will be used to support families to access services when the Children's Centre is closed.

This proposal does not affect the nursery provision at the Children's Centre which is not delivered by Kent County Council.

- **West Kingsdown** – West Kingsdown Children's Centre serves an area where smaller numbers of children and families need early support services. West Kingsdown Children's Centre has the fewest number of Centre users of the Children's Centres in the Swanley area. The majority of Centre users do not attend another Children's Centre and therefore we propose to reduce hours rather than close the Centre. West Kingsdown Children's Centre is near West Kingsdown library. The library will be used to support families to access services when the Children's Centre is closed.


Proposal for Dartford, Gravesham and Swanley
Kent County Council
kent.gov.uk
Riverside
Little Pebbles
Kings Farm
Bright Futures
Little Gems
Swanscombe
Knockhall
Little Painters
Daisy Chains
New Ash Green
West Kingsdown
Greenlands
Temple Hill
Brent
Oakfield
Maypole
Swanley
Gravesham
Dartford
Sevenoaks
Tonbridge & Malling
NHS Dartford, Gravesham and Swanley CCG
NHS West Kent CCG
CCG = Clinical Commissioning Groups
Proposed Centre Closure
Children's Centre Plus
Children's Centre
Children's Centre - Become Part Time
Off-site Services (Not Affected)
KCC District Boundaries
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Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells

What does this mean for Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells?

District	Children's Centre Plus	Linked Children's Centre	Closure
Maidstone	Sunshine	Greenfields The Meadow Eastborough (currently part-time) Howard de Walden (currently part-time) Headcorn (currently part-time) *(management linked to Cranbrook Children's Centre)* Westborough *(management linked to Woodlands Children's Centre)*	Loose Marden
Sevenoaks	Sevenoaks Town Centre (currently Spring House*)	Edenbridge	Dunton Green Merry-Go Round (Westerham)
Tonbridge & Malling	Woodlands	Little Foxes (Long Mead) *(management linked to Sevenoaks Children's Centre)* Borough Green (currently part-time) *(management linked to Sevenoaks Children's Centre)* Burham Snodland South Tonbridge *(management linked to Little Forest Children's Centre)*	Hadlow/East Peckham Larkfield
Tunbridge Wells	Little Forest	Southborough / High Brooms The Ark **Harmony**	Pembury
	Cranbrook	Paddock Wood (currently part-time)	

It is proposed that Centres that are currently part-time remain part-time and that Centres shown in **bold** become part time.

* Services currently delivered within these Centres maybe delivered by another organisation. Legally, Kent County Council is required to allow other organisations to bid to run these services. This means that the organisation which provides services at these Centres may change. In some cases the services may relocate to a different building, but the building will be within the same local area.

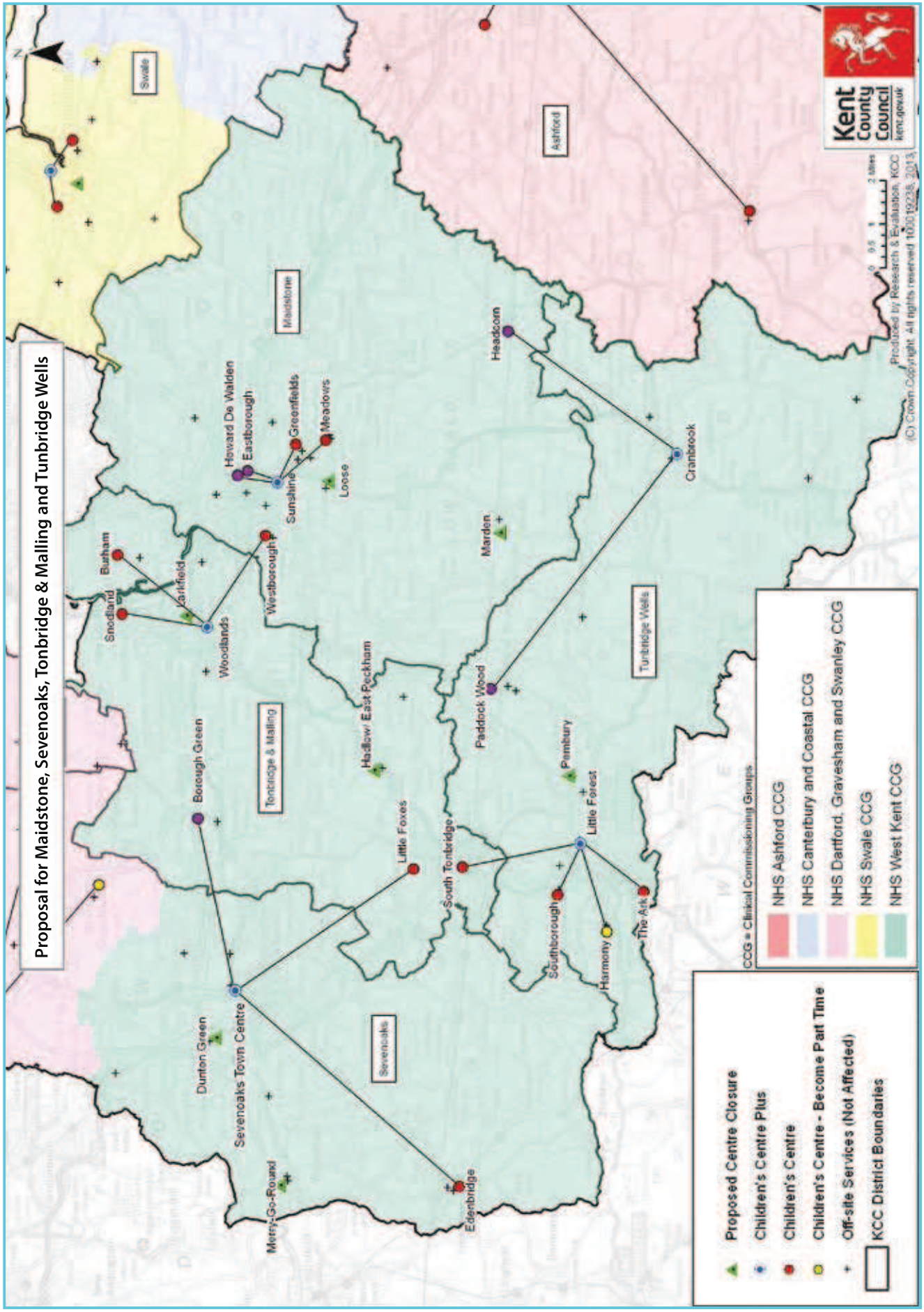
Information for Swanley is on Page 15.

Why are we proposing to close these Centres?

- **Loose** – Loose Children's Centre serves an area where smaller numbers of children and families need early support services. Evidence suggests that the Centre currently signposts a large number of its users to other Centres. The majority of Centre users also attend another Children's Centre. Loose Children's Centre currently opens part time.
- **Marden** – Marden Children's Centre serves an area where smaller numbers of children and families need early support services. Evidence suggests that the Centre currently signposts a large number of its users to other Centres. The majority of Centre users also attend another Children's Centre. Marden Children's Centre is near Marden Library. The library will be used to support families to access services. Marden Children's Centre currently operates part time.
- **Dunton Green** – Dunton Green Children's Centre serves an area where smaller numbers of children and families need early support services. Evidence suggests that the Centre currently signposts a large number of its users to other Centres. The majority of Centre users also attend another Children's Centre.
- **Merry-Go Round** – Merry-Go Round Children's Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre. Merry-Go Round Children's Centre is near Westerham Library. The library will be used to support families to access services.
- **Hadlow / East Peckham** – Hadlow Children's Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users attend another Children's Centre. Hadlow Children's Centre is near Hadlow Library. The library will be used to support families to access services. Hadlow Children's Centre services are currently open part time.
- **Larkfield** – Larkfield Children's Centre serves an area where smaller numbers of children and families need early support services. Evidence suggests that the Centre currently signposts a large number of its users to other Centres. The majority of Centre users also attend another Children's Centre. Larkfield Children's Centre is near Larkfield Library, which registers births. The library will be used to support families to access more services, a number of which are currently run at the library. Larkfield Children's Centre currently opens part time.
- **Pembury** - Pembury Children's Centre serves an area where smaller numbers of children and families need early support services. The majority of Centre users also attend another Children's Centre. Most services run by Pembury Children's Centre are delivered off site (and will not be affected under this proposal).

Why are we proposing to make these Centres part time?

- **Harmony** – Harmony Children's Centre serves an area where smaller numbers of children and families need early support services. The majority of users do not attend another Children's Centre and therefore we propose to reduce hours rather than close the Centre. Harmony Children's Centre is near Rusthall Library. The library will be used to support families to access services when the Children's Centre is closed.


Proposal for Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells
Swale
Ashford
Maidstone
Tonbridge & Malling
Sevenoaks
Tunbridge Wells
Howard De Walden
Eastborough
Greenfields
Meadows
Sunshine
Loose
Headcorn
Cranbrook
Marden
Burham
Snodland
Larkfield
Woodlands
Westborough
Hadlow/ East Peckham
Paddock Wood
Pembury
Little Foxes
Borough Green
South Tonbridge
Little Forest
Southborough
Harmony
The Ark
Dunton Green
Sevenoaks Town Centre
Merry-Go-Round
Edenbridge
Kent County Council
kent.gov.uk
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(C) Crown Copyright. All rights reserved 100019238, 2013
CCG = Clinical Commissioning Groups
NHS Ashford CCG
NHS Canterbury and Coastal CCG
NHS Dartford, Gravesham and Swanley CCG
NHS Swale CCG
NHS West Kent CCG
Proposed Centre Closure
Children's Centre Plus
Children's Centre
Children's Centre - Become Part Time
Off-site Services (Not Affected)
KCC District Boundaries

Shaping the Future of Children's Centres in Kent: Public Consultation Questionnaire

We are committed to keeping you involved and are keen to listen to your views.

Please let us know what you think by visiting the website at www.kent.gov.uk/childrenscentres and completing the online consultation questionnaire.

Alternatively, you can complete this consultation questionnaire. Please return it to **Freepost RTER-RZXC-HCJH Children's Centres, Facts International, Ashford, TN24 8FL or drop it into any Children's Centre**.

Q1 Please tick all that apply

I am a parent/carer of children aged under 5	
I am a parent/carer of children aged 5-11	
I am a parent/carer of children aged 12-18	
I will be a parent soon	
None of these	

If you are completing the consultation questionnaire in a professional capacity (i.e. in connection with your job), please complete the online questionnaire at www.kent.gov.uk/childrenscentres. Alternatively, a Children's Centre can provide you with a paper version of the correct questionnaire.

Q2 How often do you usually use Children's Centre services in Kent?

Two or more times a week	
Once a week	
Once a month	
Less often than once a month	
Never	

→ PLEASE GO STRAIGHT TO Q4

Q3 Which Children's Centre(s) do you use most often? (PLEASE WRITE IN)

1
2
3

PROPOSAL 1: REDUCING THE NUMBER OF CHILDREN'S CENTRES

Q4 To what extent do you agree or disagree with the proposal to reduce the number of Children's Centres (Proposal 1)?

Strongly agree		→ PLEASE GO STRAIGHT TO Q6
Agree		→ PLEASE GO STRAIGHT TO Q6
Neither agree nor disagree		→ PLEASE GO STRAIGHT TO Q6
Disagree		→ PLEASE ANSWER Q5
Strongly disagree		→ PLEASE ANSWER Q5
Don't know		→ PLEASE GO STRAIGHT TO Q6
I do not wish to comment on this proposal		→ PLEASE GO STRAIGHT TO Q8

Q5 If you disagree with the proposal, is it the proposed closure of any particular Centre(s) that you object to? (PLEASE TICK ALL THAT APPLY)

Ashford, Dover and Shepway		Canterbury, Swale and Thanet	
Cherry Blossom		Apple Tree	
Squirrel Lodge		Briary	
The Buttercup		Little Bees	
The Daisy		Swalecliffe	
Primrose		Tina Rintoul	
New Romney		St. Mary's	
The Village		Woodgrove	
Folkestone Early Years Centre			

Dartford, Gravesham and Swanley		Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells	
Maypole		Loose	
Daisy Chains		Marden	
Little Painters		Dunton Green	
		Merry-Go Round	
		Hadlow/East Peckham	
		Larkfield	
		Pembury	

My objections don't relate to any particular Centre(s)	

Q6 What impact (if any) will the proposed reduction in the number of Children's Centres have on you? (PLEASE TICK ALL THAT APPLY)

No impact	
I will use Children's Centre services less often	
I will not use Children's Centres at all	
I will attend alternative (non-Children's Centre) activities *(e.g. swimming, visiting friends, attending other local groups etc.)*	
I will attend another Children's Centre instead	
Other (PLEASE WRITE IN)	
Don't know	

Q7 Could you tell us why you say that?

PROPOSAL 2: LINKING CHILDREN'S CENTRES TO REDUCE MANAGEMENT AND ADMINISTRATIVE COSTS

Q8 To what extent do you agree or disagree with the proposal to reduce management and administrative costs through linking Children's Centres (Proposal 2)?

Strongly agree		→ PLEASE GO STRAIGHT TO Q10
Agree		→ PLEASE GO STRAIGHT TO Q10
Neither agree nor disagree		→ PLEASE GO STRAIGHT TO Q10
Disagree		→ PLEASE ANSWER Q9
Strongly disagree		→ PLEASE ANSWER Q9
Don't know		→ PLEASE GO STRAIGHT TO Q10
I do not wish to comment on this proposal		→ PLEASE GO STRAIGHT TO Q10

Q9 If you disagree with the proposal to link Centres to reduce management and administrative costs, please tell us why.

PROPOSAL 3: TO REDUCE OPENING HOURS AT SOME CHILDREN'S CENTRES

Q10 To what extent do you agree or disagree with the proposal to reduce the opening hours at some Children's Centres (Proposal 3)?

Strongly agree		→ PLEASE GO STRAIGHT TO Q12
Agree		→ PLEASE GO STRAIGHT TO Q12
Neither agree nor disagree		→ PLEASE GO STRAIGHT TO Q12
Disagree		→ PLEASE ANSWER Q11
Strongly disagree		→ PLEASE ANSWER Q11
Don't know		→ PLEASE GO STRAIGHT TO Q12
I do not wish to comment on this proposal		→ PLEASE GO STRAIGHT TO Q14

Q11 If you disagree with the proposal, is it the proposed reduction of opening hours at any particular Centre(s) that you object to? (PLEASE TICK ALL THAT APPLY)

Ashford, Dover and Shepway		Canterbury, Swale and Thanet	
Samphire		Beaches	
Dymchurch		Lilypad	
Hawkinge and Rural		Birchington	
Hythe Bay		Callis Grange	
Lydd'le Stars		Garlinge	

Dartford, Gravesham and Swanley		Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells	
Temple Hill		Harmony	
West Kingsdown			

My objections don't relate to any particular Centre(s)	

Q12 What impact (if any) will the proposed reduction in opening hours at some Children's Centres have on you? (PLEASE TICK ALL THAT APPLY)

No impact	
I will use Children's Centre services less often	
I will not use Children's Centres at all	
I will attend alternative (non-Children's Centre) activities *(e.g. swimming, visiting friends, attending other local groups etc.)*	
I will attend another Children's Centre instead	
Other (PLEASE WRITE IN)	
Don't know	

Q13 Could you tell us why you say that?

FURTHER COMMENTS

Q14 Please use this space if you would like to add any further comments about any of the proposals for Children's Centres:

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. To help us we are asking you for some information about yourself. This information will only be used to help us make decisions about our services and for the purposes of service improvement.

If you would rather not answer any of these questions, you do not have to.

Q15 How old are you?

Under 20		20-25		26-30		31-35	
36-40		41-45		46-50		Over 50	
I prefer not to say							

Q16 What is your home postcode?

Q17 Are you?

Male		Female		I prefer not to say	

Q18 Is your Gender the same as it was at birth?

Yes		No		I prefer not to say	

Q19 To which of these ethnic groups do you feel you belong?

White		Mixed		Asian or Asian British		Black or Black British	
British		White & Black Caribbean		Indian		Caribbean	
Irish		White & Black African		Pakistani		African	
Gypsy/Roma		White & Asian		Bangladeshi		Other*	
Irish Traveller		Other*		Other*			
Other*		Arab		Chinese		I prefer not to say	

*Other Ethnic Group - if your ethnic group is not specified in the list, please describe it here:

Q20 Is English your main language?

Yes		No		I prefer not to say	

Q21 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Yes, limited a lot		Yes, limited a little		No		I prefer not to say	

Q22 What is your religion?

No religion		Christian		Buddhist		Hindu	
Jewish		Muslim		Sikh		Any other religion	
I prefer not to say							

Q23 Which of the following best describes your marital status?

Married/Civil Partnership/Cohabiting	
Separated/Divorced/Widowed	
Single	
I prefer not to say	

Q24 Are you…?

Bi/Bisexual		Gay woman/Lesbian		Other	
Heterosexual/Straight		Gay man		I prefer not to say	

Thank you for providing this information, your feedback is important to us.

We have completed Equality Impact Initial Assessments to see if the proposals could affect anyone unfairly. We welcome your views on the assumptions we have made and the conclusions we have drawn. To view the documents, please go to www.kent.gov.uk/childrenscentres or contact us:

Email – cc.consultation@kent.gov.uk
Phone – 0300 333 5540
Post – Freepost RTER-RZXC-HCJH Children's Centres, Facts International, Ashford, TN24 8FL

Notes

Agenda Item 5

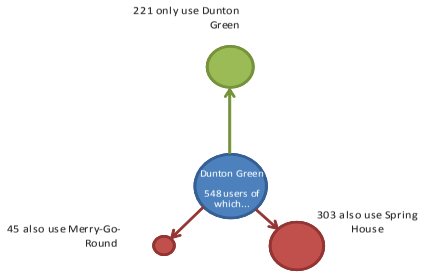
This document is available in alternative formats and languages.
Please phone 0300 333 5540 or speak to a member of staff at your Children's Centre who can phone on your behalf.
Text Relay: 18001 0300 333 5540

Children's Centre Review - Summary Evidence (Sevenoaks)

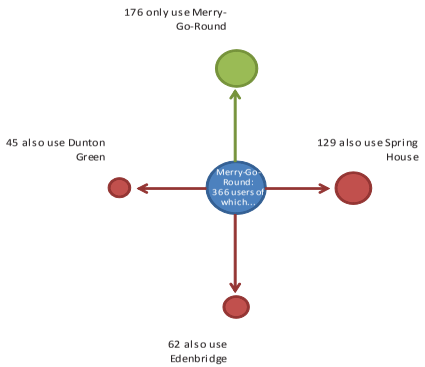
Research & Evaluation

Centre Usage

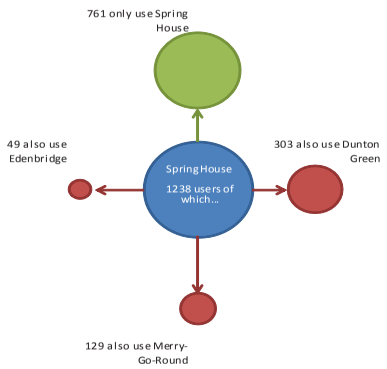
Dunton Green Children's Centre
Round: R3



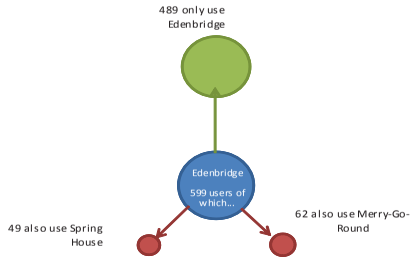
Merry-Go-Round Children's Centre
Round: R3



Spring House Children's Centre
Round: R3



Edenbridge Children's Centre
Round: R2

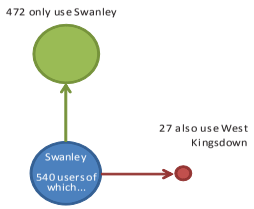


New Ash Green Children's Centre
Round: R3

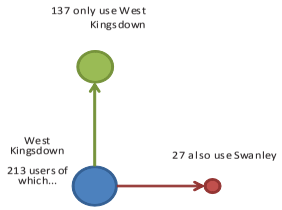
Centre Usage - Continued

Research & Evaluation

Swanley Children's Centre
Round: R2



West Kingsdown Children's Centre
Round: R3



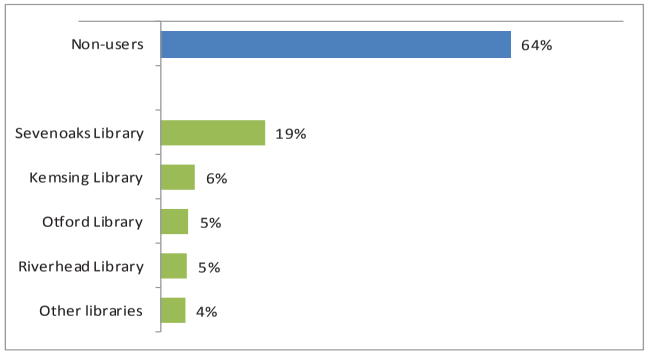
Technical Notes:
Based on an analysis of activity data taken from Estart, covering 1st October 2011 to 30th September 2012
Usage bubble chart shows other centres used. In most cases, other centres used by >30 children are shown, up to a maximum of 7 other centres
This analysis is child-based (counting each child only once against each centre they have attended, regardless of frequency), and covers attendees from both within and outside of the registered area (although anonymous attendees are not included).

Library Usage Amongst Children's Centre Users

Research & Evaluation

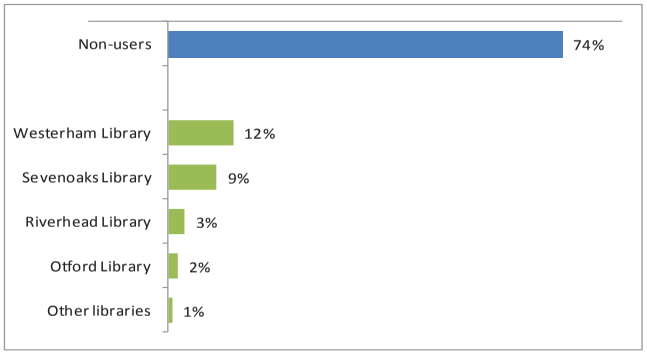
Dunton Green Children's Centre
Round: R3

Library Usage Amongst Families Using Dunton Green Children's Centre



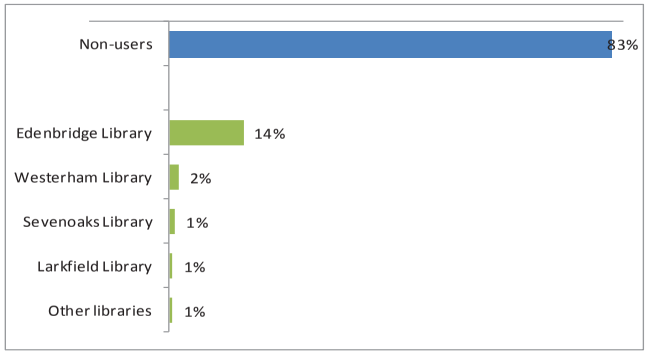
Merry-Go-Round Children's Centre
Round: R3

Library Usage Amongst Families Using Merry-Go-Round Children's Centre



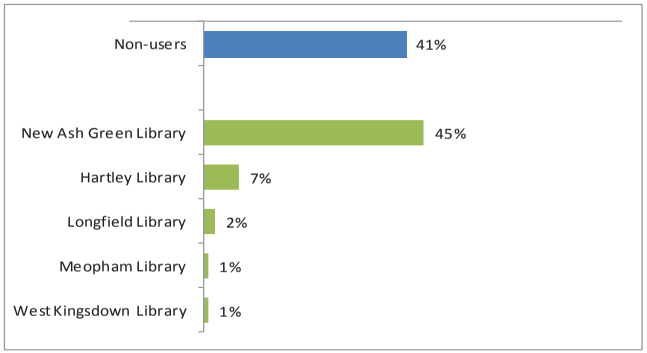
Edenbridge Children's Centre
Round: R2

Library Usage Amongst Families Using Edenbridge Children's Centre



New Ash Green Children's Centre
Round: R3

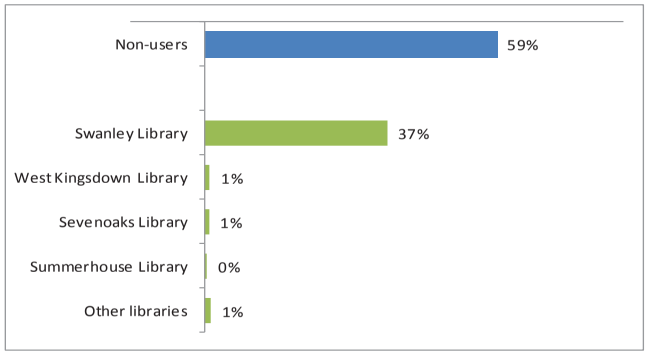
Library Usage Amongst Families Using New Ash Green Children's Centre



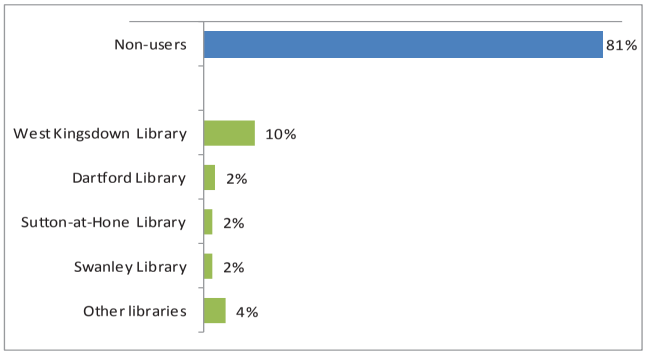
Swanley Children's Centre
Round: R2

West Kingsdown Children's Centre
Round: R3

Library Usage Amongst Families Using Swanley Children's Centre



Library Usage Amongst Families Using West Kingsdown Children's Centre



Library data relates to users either borrowing or renewing an item between April 2011 and March 2012
Children's centre data based on activity data taken from Estart, covering 1st October 2011 to 30th September 2012
Analysis has been conducted for a list of libraries identified by the library service.

Research & Evaluation

Usage Summary

	Dunton Green	Merry-Go-Round	Spring House	Eden-bridge	New Ash Green	Swanley	West Kingsdown	Kent Average
Total number of children seen (reach)	548	**366**	**1238**	599	**386**	540	**213**	615
% of children who only went to this Centre over the period	40%	48%	**61%**	**82%**	**80%**	**87%**	**64%**	49%
Attendance frequency								
Just once	**44%**	**47%**	35%	**27%**	**20%**	34%	34%	35%
Less than once a month (2-11 times)	45%	**41%**	**53%**	46%	**57%**	49%	50%	47%
1-2 times a month (12-24 times)	9%	11%	9%	**18%**	**16%**	11%	9%	10%
At least fortnightly (25-49 times)	**2%**	**2%**	**2%**	6%	7%	5%	**7%**	6%
At least weekly (50+ times)	**0%**	**0%**	**0%**	2%	1%	1%	0%	2%
Frequent users	**17%**	**16%**	20%	**33%**	**32%**	27%	26%	24%
Average visits per child	**4.7**	**4.6**	**5.1**	9.2	8.5	6.9	6.6	8.3
Age (at 1st Oct 2012)								
Under 1	24%	20%	**29%**	24%	22%	**30%**	**29%**	21%
1	**33%**	28%	**30%**	25%	25%	**33%**	27%	26%
2	**26%**	**28%**	23%	23%	**24%**	**15%**	**23%**	21%
3	**7%**	**11%**	**9%**	**12%**	16%	**12%**	**10%**	16%
4	**8%**	9%	**6%**	11%	12%	**7%**	**8%**	11%
5	**2%**	4%	3%	5%	**1%**	3%	**2%**	4%

Catchment Analysis

Need level - based on volume (Numbers)	**Low**	**Low**	Average	Average	Average	Average	**Low**	
Need level - based on penetration (%)	**Low**	Average	**Low**	Average	**Low**	Average	**Low**	
Population projection for 0-5s (provisional)	**Down**	**Down**	**Down**	**Down**	**Down**	**Down**	**Down**	Similar

Technical Notes:
Usage statistics based on an analysis of activity data taken from Estart, covering 1st October 2011 to 30th September 2012
Frequent users: Are defined as children recorded as having used the centre 12+ times over the year, with an adjustment made for under 1's
Catchments: Needs are assessed based on the population (with 0-11 year olds) living within the calculated 'actual/natural' catchment for each centre. In this analysis catchments are built at LSOA-level, with each LSOA in Kent allocated to a centre on the basis of the centre that has the most current users living in that LSOA area.
Need Statistics: Levels of need are calculated both in terms of the total volume of need (i.e. numbers of children/households of a range of 11 need types) and in terms of the penetration of the need (i.e. the % of children/households of each of a range of 11 need types)
Population projections: Based on Ward-level projections for 2026, produced by Research & Intelligence, Kent County Council.

Green font indicates the centre is upper quartile on this measure
Red font indicates the centre is lower quartile on this measure

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Kent Children's Centre Consultation

4th July 2013 – 4th October 2013

Shaping the future of Children's Centres in Kent

Some Key Facts

Strategic Commissioning (Children's)
24.07.13
K:\CFE Commissioning Unit\6 Children's Centres\1. Make Buy Sell Review\1. Communication Consultation and Engagement\DCCMs\DCCM Pack

Kent County Council kent.gov.uk

Consultation principles

- Protect services (not buildings) which improve health, education and social care
- Deliver savings of at least £1.5million
- Continue to offer parents and expectant parents a choice about which Centre they use
- Ensure we give support to those children and families who need it most
- Improve co-ordination and access to a range of service for families with children aged 0-11 where a least one child in the family is under 5 years old (new model of delivery using Children's Centre Plus.)

How are we proposing to do this?

- To reduce the number of Children's Centres
- Linking Children's Centres to reduce management and administrative costs
- Reduce hours at some Children's Centres

Why close my Centre or reduce it's hours?

These Centres may have;

- Smaller numbers of children and families needing early support; and/or
- Another "essential community resource" that is able to signpost to Children's Centre services nearby; and/or
- The majority of users attending another Children's Centres; and/or
- Been identified locally with support from local Managers and local engagement workshops.

What else has been considered?

- Equality Impact Assessments,
- Access to Centres by transport (driving and public transport)

Why do some Districts have more proposed Centre closures than others?

- There are differences across Kent. Services need to reflect the communities that they serve.

- We want to ensure that we give support to those children and families who need it most. (Based on need).

Some key points

- The closure of a Children's Centre does not mean the closure of an on site nursery.
- Parents will still be able to access Children's Centre services in other Centres and we will continue to bring services to you (in community venues), where they are needed.
- Decisions about the use of spare accommodation as a result of any closures will be made after the consultation process.
- A separate consultation would happen before any staffing changes are made.

Travel distances

Based on the proposal the following access figures have been calculated:

- Drive times:
- 99% of 0-4 year old KCC population are within a 15 minute drive time of a Centre

- Public Transport:
- 97% of 0-4 year old KCC population are within 90 minute of a Centre by public transport
- 78% of 0-4 year old KCC population are within 20 minute of a Centre by public transport

Children's Centre Plus

- Located in communities where larger numbers of children and families need early support services
- Generally bigger buildings
- Will lead co-ordination of services across a network of linked centres
- May deliver more support than they do now

Why Clinical Commissioning Groups?

- We have modelled the future shape of Children's Centres in Kent around the 7 Clinical Commissioning Group boundaries to align Children's Centre with recent changes to the Health System.
- Key Partner - Children's Centres are key to the delivering the Healthy Child Programme in Kent. Children's Centres have to improve child and family health and life chances by law.
- Greater opportunity for joint working and integration to improve outcomes for children and families effectively and efficiently.
- Improved joint commissioning giving better value for money.
- Public Health now part of KCC and Health Visitors join in 2015.

What happens next?

- Closes 4th October
- October - thorough analysis of results
- December - a decision taken by County Council
- December – notification of decision and feed back available at www.kent.gov.uk/childrenscentres

Contacts

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  Children's Centres

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Health Liaison Board Work Plan 2013/14

11 September 2013	*9 January 2014 or 27 January 2014*	*27 March 2014*
Dementia Children Trust Services Mind The Gap – District Level Health inequalities plan	Autism and Asperger Syndrome 111 – Health telephone service Annual report	

**Dates in italic are provisional*

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