



# Transforming health and social care in Kent and Medway

## Frequently asked questions

### Why do things need to change?

Many more people are living longer – which is great – but they want and need a different kind of care which our current health and social care system isn't set up to provide.

A number of the health problems people face in Kent and Medway are preventable, and we need to work with you to prevent them.

In the next five years, the population of Kent and Medway is expected to grow by 90,000 from the current 1.8million and to carry on growing. As well as new housing in our existing communities, there will be a new town in Ebbsfleet.

And although most people get good care most of the time, services are not always good enough, too many people wait too long for treatment, we can't recruit enough staff, and we're facing a big financial problem.

Currently, in Kent and Medway:

- 4,000 people die early as the result of diseases such as lung cancer, heart disease and type 2 diabetes, which are mostly preventable
- 240,000 people over 50 are living with long-term disability, largely as the result of long-term health conditions. Often these could be avoided or delayed if people were more active or made other lifestyle changes
- around one in four people in our hospital beds at any given time could be at home or cared for elsewhere. (This varies depending on area.) For older people this impacts on their recovery - 10 days in hospital (acute or community) leads to the equivalent of 10 years' ageing in the muscles of people over 80.

To help people make the most of their lives, we want to:

- prevent ill health
- intervene earlier
- have excellent care wherever it is delivered.

Working like this will also enable us to make better use of staff and funds to secure the long-term future of health and care services.

### How are you going about it?

The NHS, social care and public health in Kent and Medway are working together to plan how we will transform health and social care services to meet the changing needs of local people. It is the first time we have all worked together in this way and it gives us a unique opportunity to bring about positive and genuine improvement in health and social care delivery over the next five years.

### Is this just happening in Kent and Medway?

No, the issues are the same across the country, as the national *NHS Five Year Forward View*, which sets out the vision for health and social care, makes clear. We – like the NHS, social care and public health in the rest of England - have developed a Health and Social Care Sustainability and Transformation Plan (STP) to help us deliver the *Five Year Forward View*. Our STP will enable us to achieve:

- better health and wellbeing
- better standards of care
- better use of staff and funds.

### What is in the STP?

The transformation plan will bring a profound shift in where and how we deliver care. It builds on conversations held with local people over several years about the care they want and need, and has the patient at its heart.

However, it is work in progress - we are not putting forward concrete proposals at this stage. Instead we are sharing our thinking on where we need to focus to bring about better health and wellbeing, better standards of care and better use of staff and funds to meet the changing needs of local people.

Our first priority is developing **local care**, so that the people of Kent and Medway, can get the care they need at home and in their community wherever possible, reducing the need to go to hospital.

We are also looking at developments and improvements to prevention services (helping people to stay well), hospital care and mental health services.



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## Who is involved in the Kent and Medway STP?

STPs are overseen by the leaders of health and social care in a particular area, which is called a “footprint”. Locally our STP covers the Kent and Medway area.

The core group involved in Kent and Medway covers:

- all the organisations that commission (plan and pay for) NHS services in Kent and Medway: the eight clinical commissioning groups (CCGs) and NHS England specialised services
- all the major organisations that provide NHS care in Kent and Medway: the four hospital trusts, mental health trust, three community providers, and ambulance trust
- Kent County Council and Medway Council which plan and pay for social care and public health
- Health Education Kent, Surrey and Sussex

Voluntary and charitable organisations will play a very significant part in helping to deliver the STP and are being asked to join the Partnership Board which will test and check proposals as they are developed.

## How are clinicians/practitioners and other staff involved in shaping plans?

There is a Clinical Board to oversee the development of all the plans with a direct impact on care: prevention, local care, hospital care, and mental health care. It is made up of clinical commission group chairs and medical directors from the trusts across Kent and Medway, the two Directors of Public Health, senior social care professionals from Adults’ and Children’s services, and representatives of nursing and allied health professionals.

## How is the STP being informed by and developed in partnership with people in Kent and Medway?

These are your NHS and social care services, and we want to hear from you what your thoughts and priorities are. We know that we could do things better for people and it is only by talking to patients, the public, families, carers, our staff and other professionals that we can make changes that will work for the people using and delivering services.

We will use all the means at our disposal to ensure that all groups (patients, the public, staff and stakeholders) both understand the opportunities and challenges and have the opportunity to contribute to the solutions.

Our initial area of focus is engaging with patients, carers, the public and health and social care professionals about:

- prevention – your priorities for improving your own health, the barriers you face and what would help you most
- local care – better access to care and support in people’s own communities

There is an online survey on these which will be open until 23 December 2016. Please complete it – the link is <https://www.surveymonkey.co.uk/r/KandMstp>

In the New Year along with more detailed information about the STP, we will publish a timetable for engaging with the public in Kent and Medway throughout 2017. All organisations will also be engaging with their staff.

There will be particular reference to reaching groups in areas of high health inequalities.

### **Where is the money coming from?**

There is a Sustainability and Transformation Fund to support changes that allow services to become sustainable for the future. We are planning how best to use that. We will also release money by changing where and how we deliver care. Caring for people in their own home (or care home if that is where they live) is much cheaper than caring for them in hospital. Working in a more integrated way will reduce duplication and waste. We will make sure people see the right professional for their needs – who might be a specialist nurse rather than a doctor. The focus of the STP on improving the quality of care, reducing complications, will also reduce costs.

### **What is the status of the STP?**

The Sustainability and Transformation Plan Programme Board is made up of the leaders of the NHS and social care organisations in Kent and Medway, who have the authority to take decisions on behalf of their organisations as plans are in discussion and development.



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The NHS and social care organisations in Kent and Medway retain their control and their identity. Each of them must formally consider any plan put forward by the Sustainability and Transformation Plan Programme Board before it can be approved.

### **How does the East Kent Strategy fit with the STP?**

The East Kent Strategy Board was set up in September 2015 to spearhead a drive to determine how best to provide health and social care services to the population of east Kent. In August 2016, it published its 'case for change', setting out the reasons for transformation.

The East Kent Strategy Board work programme has closely aligned with and fed into the Kent and Medway STP as it has developed: the east Kent strategy work is the STP content for east Kent.

In November 2016, health and social care leaders agreed to bring the two programmes together so a single coherent strategic plan with a shared and consistent approach can be developed.

The East Kent Strategy Board has adapted its 'terms of reference' to become the East Kent Delivery Board, sitting within the Kent and Medway STP programme governance. It will act as a specific east Kent focused workstream of the STP, linking in with, and supported by, other STP workstreams.

### **The STP mentions plans for an emergency hospital centre with specialist services in east Kent and an emergency hospital centre. What are these?**

We are looking at a model of care which makes the best use of all the hospitals in east Kent. Providing services across the sites in different ways means we can provide better care and outcomes for patients because we can give them the specialist care they need from a single expert team, instead of stretching every specialist service across multiple sites.

Our emerging thinking is the creation in east Kent of:

- one emergency hospital centre with specialist services including planned care
- one emergency hospital centre, including planned care

- one planned care hospital centre focussing on inpatient elective orthopaedic activity, supported by rehabilitation services and a primary care led urgent care centre
- all supported by strong local care (care provided outside hospitals in community settings or at home).

We will continue to work up the models over the coming months with input from staff and feedback from the public to arrive at options which will be put forward for public consultation.

The main hospitals in east Kent already work in different ways. For example, there are Accident and Emergency departments at the hospitals in Margate and Ashford, and an Urgent Care Centre at Canterbury; acute general surgery is based at Margate and Ashford, and some of the hospitals provide a service for the whole of Kent and Medway, for example, specialist cardiology at Ashford. Options being developed for consultation will build on this way of working.

### **The STP mentions specialist centres for planned care. What do you have in mind?**

Planned care is the name we give to services and treatments for a variety of conditions which are not carried out in an emergency, such as hip replacements and cataracts procedures. Unfortunately, many planned care appointments or procedures are currently cancelled at the last minute as a result of unplanned (emergency) patients coming into the hospital. Experience from other parts of the country shows separating services can significantly improve care for patients, including speeding up how quickly they get the operation they need, and reducing the chance of cancellations.

### **What impact would this have on other hospitals?**

It would mean those other hospitals would be able to focus on different aspects of care – such as emergency care and emergency surgery. However, these are early ideas and clinicians – hospital doctors and GPs – will lead work to explore them in depth and consider how they might work.

### **What is an emergency centre with specialist services?**

This is essentially a specialist centre where expert health professionals come together to provide the very best care and treatment for patients. We have



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done this already in a number of areas and the outcomes for patients is proof that it works well, for example specialist cardiology services at Ashford.

## **What will the impact be on local people?**

All our work is focused on making care better, safer and more convenient for people in Kent and Medway, as well as affordable within our budgets and therefore sustainable into the long-term. We are confident that this work will improve the safety and quality of services and people's overall experience of using them. However, there may be some trade-offs we need to discuss and decide on – for example bringing the majority of care closer to people's homes and providing it in their local communities may mean that for most people most of the time care is easier to access. But the evidence shows for higher quality very specialist care it is often better consolidated into fewer centres and this may mean people have to travel further than they have in the past on the fewer occasions they require this sort of specialist care and treatment.

## **What might this mean for our hospitals and GP practices?**

Both hospitals and GP practices are essential to the future. What we want is to re-organise the way we deliver services so people can access the best service for their needs at the right time, and don't have to go to hospital for a procedure or care that could have been carried out more effectively and more conveniently – and more cheaply for better use of our budgets - elsewhere.

The development of proposals for change will be led by clinicians and practitioners. It is vitally important that those caring for and treating patients lead this process so proposals are built on clinical evidence and knowledge. But we want to engage many others as we develop the detail of our plans because different people will have different views on the challenges involved in achieving the best care and the barriers to change, and can help pinpoint solutions.

## **Why is there such a big gap in the budget?**

Demand on health and social care budgets is rising every year. There are three main reasons for this: the growth in the number of people aged 65+, who tend to need more health and social care than the rest of the population; and in the number of people with long-term conditions, some of which are preventable; developments in medical technology and techniques which can



transform people's lives and life expectancy but which are expensive<sup>1</sup>; and people's changing expectations - so that people often now seek urgent professional advice for conditions that previously they might have managed themselves.

We know we could achieve more for the same money if we organised services differently and if services were paid for from a shared local budget to avoid the risk of different organisations having conflicting financial priorities.

So we want to join up health and social care services better so they work together really effectively. This will allow us to improve access to care for people of all ages, and particularly for people with complicated health and social care needs. At the moment, frail older people and those with complex conditions or disabilities too often end up in hospital because there is no alternative. Services to treat people at home and leave hospital as rapidly as possible once they are medically fit will help them retain their physical strength and independence, so they can stay living at home for longer.

This is:

- what patients want
- better for patients
- a better use of NHS staff and funding

While we need to make changes to health and social care services so they are more efficient and effective, everyone has a part to play in taking care of their own health, and using services appropriately.

### **What changes do you want to make to local services?**

We don't know the answer to that yet but we do know we need to improve prevention of ill-health and the worsening of existing conditions, and improve the care people can get in their homes and communities.

You have told us this in local and individual conversations which commissioners, local authorities and health and care organisations have had with you over the last three years and previously. These problems aren't new but the severity of the challenge is increasing and only by working smarter





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together and finding ways to increase the effectiveness of our work will we be able to develop a sustainable way forward.

No changes to the services people currently receive will be made without local engagement and, where required, consultation, to make sure that all views and perspectives can be heard and considered by those making decisions.

We are at an early stage of developing proposals to create a better health and social care system, providing improved outcomes for patients and building a sustainable NHS for all.

First we need to see what people think of our emerging ideas. Then we can develop a proposal with input from the public, patients, carers and health and care professionals and other staff. And then we will check whether this is a substantial change or just a development of work we are already doing. Further down in this Q&A there are examples of work going on in Kent and Medway which are already bringing real benefits to patients.

Substantial changes would be subject to robust scrutiny, including public consultation, and would of course comply with the four national tests for NHS reconfigurations, applied by our regulators. Are proposals for change:

- supported by GP commissioners?
- developed with strengthened public and patient engagement?
- based on clear clinical evidence ?
- consistent with current and prospective patient choice?

### **What is happening to the care you can get out of hospital in Kent and Medway?**

At the moment too many older people are admitted to hospital. The older people are, the longer they typically stay in hospital – and the longer they stay, the less likely they are to be able to go back to their own homes because they lose strength and independence. “Your own bed is the best bed.”

We recognise that we need to change services for people of all ages, so people get the care they need at home or in their community wherever possible.

GPs, nurses, therapists, social care workers, mental health staff and urgent care staff in Kent and Medway are already looking at how they can work together across towns and rural areas to deliver better care and to make sure people can access care seven days a week.

The aim is for patients to get one service delivered by people working together as one team, so you always see the right professional, and get care that looks at you as a whole, treating both your physical and mental health.

We expect this 'multi-disciplinary team' with GP leadership to be able to take over some of the routine work that GPs currently do. That will give GPs, nurses, therapists and others the time to do more to support frail older patients, people with complex needs including mental health needs, and patients at the end of their lives.

And everyone in the team will know how to help you improve your own health as well as provide care you need.

We expect most day-to-day treatment and care to be delivered by a team based at your GP practice or a neighbouring GP practice, with more specialist services (for instance many outpatient appointments and urgent care when practices are closed) provided at a base for a wider area.

### **The STP refers to hubs. What are they?**

“Hub” is used in two ways – in east Kent, it means the organisation that will purchase and provide the full range of local care. In the rest of Kent and Medway, it means the building from which more specialist and out of hours services will be provided, such as a community hospital.

The services provided could be:

- outpatient appointments with a GP who specialises in treating particular conditions such as diabetes, dermatology (skin conditions) or children's illnesses, a highly trained nurse or a consultant – either in person or remotely
- minor injuries units
- mental health screening and assessment
- dementia diagnosis
- end of life care
- social care.



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### What is the difference between mental health private beds and specialist beds?

Kent and Medway NHS and Social Care Partnership Trust (KMPT) is committed to reducing the number of private beds used out of county (Kent and Medway) when there are no other commissioned beds available. This is being achieved in a number of ways including looking at the patient flow process. In some cases the length of time that patients are admitted to inpatient services has been reduced by working closer with partner agencies to ensure support is available upon discharge, such as housing, benefits, addiction services and so on. At all times the Trust remains committed to ensuring that patients are receiving the right treatment for their needs and that, if admission is required, it is to a unit within Kent.

Patients may however still need to be sent out of area where specialist services are required. For example Kent and Medway does not have a mother and baby unit but KMPT provides Mother and Infant Mental Health Services (not inpatient services). Where specialist admission is required, the patient will be sent out of area to ensure they receive the specialist care needed.

### Examples of where change is already happening:

'Encompass vanguard' – based in NHS Canterbury and Coastal CCG area with 15 practices serving 170,000 patients – is one of the areas developing new ways of contracting to deliver the new style of multi-disciplinary care, for the whole country to learn from.

GPs and staff operate from three modern sites providing many tests, investigations, treatment for minor injuries and minor surgery without people having to go to hospital. It shows what can be done when GPs join up and run services together and at scale. This example of local care provides better results, a better experience for patients and significant savings.

Health and care leaders in South Kent Coast and Thanet have recently appointed chief officers to lead the development of integrated local care for their areas.

GPs in west Kent are leading on the development of specifications for future care in the area, with partners from all local organisations involved.

Home First in Medway: With the aim of supporting patients to live independently, and the aspiration to make getting patients home a priority, Home First's focus is on more patients recovering at home and in the community once they have been discharged from Medway NHS Foundation Trust, and on avoiding unnecessary admissions or readmissions to local acute hospitals. This is accomplished by clear referral processes, and partnership working between the hospital, community and social care providers and commissioners.

Home First is also being rolled out in east and west Kent.

### **How are these schemes changing care for patients?**

Tried and tested schemes in Kent and Medway include:

- paramedic practitioners offering home visits for patients, normally carried out by GPs, in Dover, Deal, Folkestone and the Encompass area, freeing up time for GPs to see more patients
- integrated rehabilitation services in South Kent Coast where health and social care professionals jointly review referrals so the right professional assesses the person – voluntary organisations are part of the team too
- support by a consultant, specialising in the care of older people, to care homes in Canterbury and Coastal area and Ashford
- Age UK scheme in Canterbury and Coastal area and Ashford to support people at risk of being admitted to hospital
- Home First in Medway – supporting more patients to recover at home and regain independence, while also improving discharges from hospital.
- integrated IT enabling different professionals to view GP patient records and care plans (with consent)
- 'social prescribing' in the Encompass area – patients are prescribed a call or meeting with an organisation that can signpost them to different forms of support
- different ways of providing follow up support in South Kent Coast such as clinics over a secure NHS version of Skype for children with orthopaedic problems and rheumatology clinics (for people with joint problems) with a specialist nurse in Deal
- Live Well Kent – new mental health and wellbeing service provided by the voluntary sector, connecting local people to sources of support.



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## Challenges

### Where are you going to get the workforce from for these new teams?

Working as we are now, there aren't enough doctors, nurses, therapy staff, mental health staff or social care workers to fill all our vacancies – and we, like everywhere else in the country, are having problems recruiting.

But by working in a more multidisciplinary way with better access to shared information, we will be able to do more with the staff we have.

We also anticipate recruitment and retention of staff improving once this new way of working is established because the benefits it brings for those who use services, and a more joined-up approach among our staff, will make work more satisfying for health and social care professionals.

### The NHS has been talking about this sort of thing for years. Why should we have confidence it will work this time?

This is the first time such a movement for change has been led by all the different organisations involved in health and social care working together.

We all share the same priorities and the same challenges and we recognise that by acting together, and involving the public, we can use our resources where they are most effective and work together across our health and social care system – beyond our own organisations' boundaries - to develop and deliver services that people need both now, and in years to come.

We want to make sure that we spend the available health and social care budget for the people of Kent and Medway as efficiently and wisely as possible, getting the best value for local people. It is only by working together as we are doing now that we can bring about real, tangible change that will improve people's health and care, and achieve financial sustainability.

23 November 2016