

Helping local people live their best life

Improving health and care
in Kent and Medway



Introduction

People in Kent and Medway deserve safe, high-quality health and social care services that are joined-up and meet their needs now and into the future. This will help everyone live their best life, and get great treatment, care and support.

The NHS, social care and public health organisations in Kent and Medway have made progress by working together as the Kent and Medway Sustainability and Transformation Partnership.

We want to improve services for people in Kent and Medway so they:

- are more personalised to them and focused on the various health and care needs of individuals
- help people to stay healthy and, where possible, avoid ill health
- are easier to access, where possible locally in their community and out of hospital.

To do this, we need to change some things about the way we organise ourselves. We believe this will improve care for patients and help us meet rising demand for NHS and social care services.



Let's
start
well

Where are we starting from?

We have been working together since 2016 and achieved some real successes:

- more GP appointments, available from 8am to 8pm
- a new medical school approved in Canterbury to train NHS staff for the future
- better joined-up care for frail older people, co-ordinated through multi-disciplinary teams
- support in the community to avoid prolonged hospital stays
- joined-up services to help people improve their health with a one-stop service for people who want to lead a healthier lifestyle
- supported 27 local suicide and self-harm prevention projects
- a public consultation and decision to create hyper acute stroke units to save more lives

- a review of health and care services in east Kent which will lead to a public consultation
- we've also been looking at how we can spend money better and we saved £2m in 2017/18, through medicines projects and £1m in pathology
- we secured more than £25million in national funding for schemes including capital, estates and IT, plus support for GPs
- we invested in recruiting and retaining GPs
- Health and social care services worked better together than ever over winter 2018/19
- we've been listening to local people and patients groups; involving them in lots of our work.

We've had a lot of success. But we know there is more we need to do. You have told us health and care organisations need to work more closely together at every level, focusing more on preventing ill-health, to meet your needs and cope with rising demand. So, we're making some changes...



Why do things need to change?

Until people need health and care services, most have no idea how many organisations there are or how complicated it can be to find the person you need to talk to.

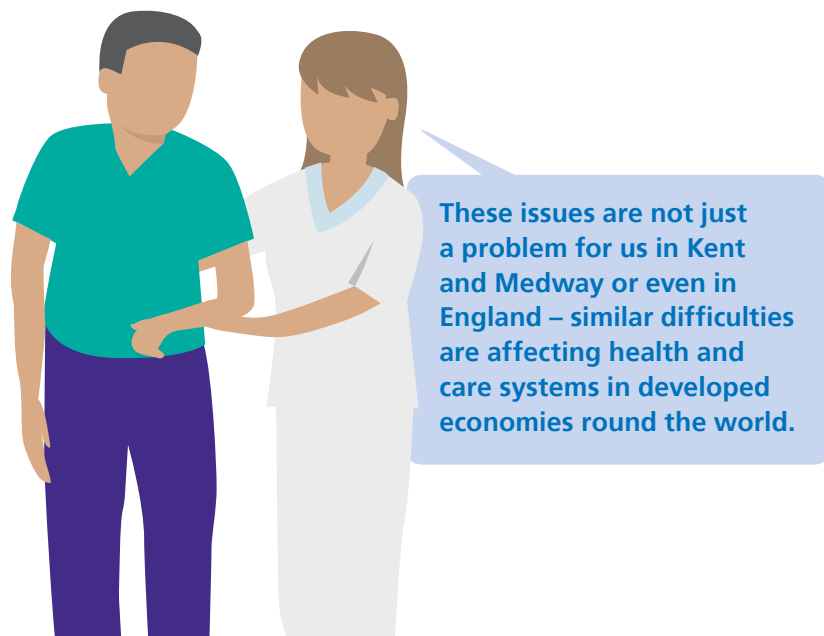
Sometimes services duplicate one another. Sometimes there are gaps which can lead to problems going unrecognised and people missing out on the treatment and support they need.

People who have several health conditions can find that no one sees the whole picture or supports them as a whole.

Different health and care organisations have lots of competing priorities, which can sometimes stop them working together in the wider interest of patients.

And there's no single organisation with an overview of the health needs of the whole of Kent and Medway, backed by the funding to deliver change.

All this means that health and care services are less effective, efficient and patient-centred than they need to be.



Other issues faced by health and care services are:

- population changes – more people need care, and many people living with complex disabilities or health problems need a great deal of care
- the number of people living in Kent and Medway is predicted to rise by 414,000 (almost a quarter) by 2031
- over 528,000 – that's almost one in three – local people live with one or more significant long-term health conditions, including around 12,000 people with dementia
- many people (including children) have poor mental health, often alongside poor physical health
- unacceptable differences in health and life expectancy
- women in the most deprived areas of Thanet live on average 22 years less than those in the least deprived
- if staffing were in line with the national average, there would be 175 more GPs in Kent and Medway. Over half our practice nurses are aged over 50 and could retire within 10 years
- there is a shortage of skilled staff, especially senior hospital doctors, to cover rotas 24 hours a day, seven days a week
- services need to change to reflect advances in medicine and treatment
- modern lifestyles do not make it easy for people to lead healthy lives – which can increase their chances of long-term health problems
- in some parts of Kent and Medway around 25 per cent of people smoke. Around one in 10 adults are obese and more than a quarter don't get enough physical activity
- we need to use our funding wisely and effectively to develop and deliver services that people need both now, and in years to come
- we cannot meet the current and future needs of local people with our existing budgets.

What is the plan?

our local plan



We want to make some organisational changes to enable us to provide better and more joined-up services.

This will see us become an integrated care system, in line with national policy, with:

- GP practices working together in networks – called primary care networks
- four new integrated care partnerships across Kent and Medway, drawing together all the NHS organisations in a given area and working more closely with social care
- a single clinical commissioning group for Kent and Medway, led by local doctors, to take a 'bird's eye view' of health priorities for local people and look at where we can tackle shared challenges together such as cancer and mental health.

This will help us to deliver better care for local people including the commitments set out in the NHS Long Term Plan, published in January 2019.

What difference will it make?

For people living in Kent and Medway it will mean:



- more support to stay fit and well before things become a problem – including active reminders sent direct to you, and clinical initiatives to, for instance, identify people at higher risk of a stroke
- better access to the care you need, when you need it, in a way that suits you – whether that's in the evenings or at weekends, over the phone, by video link or a standard face-to-face appointment, with a physiotherapist, nurse, clinical pharmacist, GP, or support from a non-medical service
- more focus on your physical AND mental health and wellbeing, recognising that people have different personal aims and needs – we'll respond to what matters to you, not the condition or disease that you may have
- more care out of hospital, with staff working together as a single team to plan and support people with complex health and care needs stay as well as possible and get the care they need when they need it
- better identification of the issues that need tackling and a real focus on quality services, wherever they are provided.

For staff it will mean:

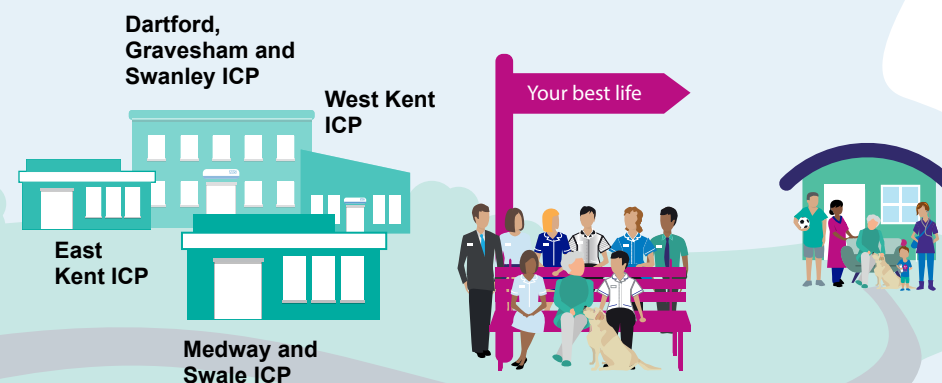


- making a bigger difference to local people – something we all strive to do
- higher job satisfaction and better work/life balance with each professional able to focus on what they do best
- greater resilience for teams and individuals supporting each other
- greater influence on how resources are used to best effect for patients.

How our new system will help you **live** your best **life**



Everyone involved in health and social care will be working together in different, more joined-up ways. From family doctors, to mental health staff, community teams and our major hospitals, we're going to be pooling our resources, skills and expertise to make care and support better for our residents.



While some of the details of how the new arrangements will work are still being developed, the basics are set out here.

Integrated care system

All organisations in health and social care work together in different, more joined-up ways.

Single clinical commissioning group

Led by doctors and other healthcare professionals and focusing on the health needs of whole population, the commissioning group takes a bird's eye view of the whole system.

Four integrated care partnerships (ICP)

New partnerships drawing together all the NHS organisations in a given area such as hospitals, general practice, community, mental health and social care.

Primary care networks (PCN)

Groups of GP practices will work together with expanded teams to offer you better access and an expanded range of support, quickly when you need it.

Keeping our population in good health

The new system will support 1.8 million people across Kent and Medway to get better joined-up care and to stay well.

Primary care networks

To improve care for patients, GP practices have been working together and with other teams in local networks across Kent and Medway.

This means patients can access a greater variety of services through their GP practice, sometimes needing to visit other surgeries within their network.

On 1 July 2019, groups of GP practices will form primary care networks. Networks, which will generally cover 30,000 to 50,000 people, can employ staff directly. From 1 July, they will all be providing bookable appointments in the evenings and at weekends, and are expected to provide further services over coming months and years. There will be about 42 primary care networks in Kent and Medway, each with an accountable clinical director.

As networks become established, patients will have access to a much wider team of experts. The plan is for there to be 20,000 more staff across the country by 2024, supplementing the care already provided by GP practices. New roles include clinical pharmacists, physician associates, physiotherapists, community paramedics and social prescribing link workers.

This is in addition to the specialist nurses, dementia and mental health workers, health and care co-ordinators and social care staff who will increasingly be working with GP practices in primary care networks as part of larger shared teams. They will plan how to keep people with the highest need well and ensure they get the right care quickly when they need it.

Working together in this way will strengthen GP practices, which are the bedrock of the NHS, and make sure that a wide range of care is available as locally as possible. Over time, primary care networks will be responsible for the majority of care and will provide a local, expert view of the health of their local population.



Dr Faye Hinsley

Dr Faye Hinsley is a GP at Headcorn Surgery in west Kent.

"It will be fantastic to have more health professionals in our team and we will be able to provide services that meet the specific needs of our communities, rather than referring them elsewhere.

"In the first year in particular, introducing clinical pharmacists and social prescribers will make a huge difference to the pressure on our GPs. Pharmacists will be assisting with the medication needs of our patients, which takes up a significant amount of GP time, and our social prescribers will be working to support people who feel socially isolated and help connect them with various existing community projects.

"In time, we will be able to partner directly with mental health support providers so that counselling is easier to access. We will be able to bring in nurses with specialist expertise and create opportunities for integrated volunteer support. In this way, the whole community will be able support the health and wellbeing of children and adults."

It's not always about the GP

Not everyone who phones a GP practice for an appointment needs to see a GP.

About 30 per cent of requests are to do with back, neck or joint pain, which might be better seen by a physiotherapist with enhanced skills who can assess and advise you.

Pharmacists can also provide advice and medication for minor ailments.

You might also be seen by a health care assistant, nurse, or stop smoking advisor, for example, depending on what care or advice you need.

The whole you

Sometimes people's health can be best helped by services which are not part of traditional health and social care, such as community groups, or advisors. When GPs or other healthcare professionals refer people to non-medical services, supported by a link worker, this is called 'social prescribing'. It takes care of the whole you.

Integrated care partnerships

One of the common problems people face is dealing with lots of different services provided by different organisations that don't always talk to each other well. It's frustrating for patients, carers and staff, in fact, for all of us.

To solve this, we're creating **integrated care partnerships (ICPs)**, bringing together all the different

health and care organisations within a given area so they work as one. While each organisation will hold a budget, they will agree together how funding is spent locally. Primary care networks will be a major part of these partnerships and will deliver much of the care, including all the GP services. This is supported by national policy that puts the focus on collaboration and joined-up care.



We're in the early stages of working out what our four integrated care partnership will look like and what their role will be but we expect ICPs to:

- free up staff to work in teams based on skills and patient needs, regardless of who they work for (children and young people, and people with long term conditions particularly benefit)
- help local people to support their health and wellbeing, focusing on the areas with greatest need
- reduce unacceptable differences in health and life expectancy by tailoring help to different communities in the way they need support (such as people with severe and enduring mental illness)

- design and deliver the best services to meet the needs of everyone they serve, within the funding available
- achieve the best value for money.

They also present the opportunity to work more closely with council colleagues whose role in care and preventing ill-health is critical. It's not just about the obvious services – social care, public health – but also the importance of education, planning, housing, environmental health, leisure and more.

We're proposing four integrated care partnerships from April 2020 based on how patients use hospital services: one each for east Kent; Dartford, Gravesham and Swanley; Medway and Swale; and west Kent.



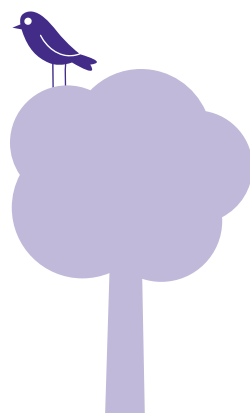
A single clinical commissioning group for Kent and Medway

At the moment, we have eight clinical commissioning groups (CCGs) across Kent and Medway. They are responsible for spending the health budget to meet local people's needs.

This can mean variation in the services provided across the county and the effect on people's health can be different. Sometimes, this is a good thing, because different populations need different services, but it doesn't always work well and it can lead to increases in health inequalities and differences in life expectancy.

With the integrated care partnerships and primary care networks focusing on local populations, GPs leading the eight groups are considering merging the existing clinical commissioning groups to set up a single Kent and Medway CCG to focus on the health, wellbeing and care needs of the whole population.

They would delegate authority to a governing body, which would have GPs on it as well as other health professionals.



A Kent and Medway commissioning organisation would take a bird's eye view of challenges across the county and commission some services such as cancer, mental health, children's services and prevention. It would assess the needs of our population and define what the integrated care partnerships must achieve to meet those needs.

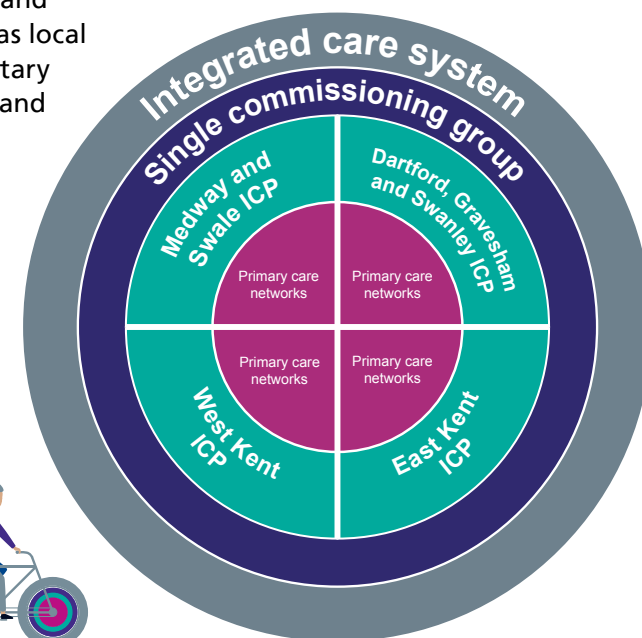
If governing bodies and GP members agree this is the right way forward, we will submit an application to NHS England in September 2019 and aim for the single commissioner to start in April 2020.

The Kent and Medway integrated care system

The NHS Long Term Plan published in January 2019 set out a clear expectation that integrated care systems (ICS) will cover all areas of England by 2021 and should aim to bring together local health and care organisations to redesign care and improve population health through shared leadership, responsibility and action.

In addition to the elements already described, we expect the Kent and Medway integrated care system to include the following by April 2021:

- patient and public representatives so patients help to shape their NHS in the new arrangements
- a clinical and professional board to provide clinical leadership
- formal partnership arrangements with elected members of local authorities through Health and Wellbeing Boards and Health Overview and Scrutiny Committees.
- a partnership board, representing commissioners and providers from across the health and care spectrum, as well as local government, the voluntary and community sector and other stakeholders



What's next?

Over the coming months we will be:

- continuing to develop our plans for the new system including talking to GPs, staff, patients, local authorities, provider trusts, and our independent patient champions Healthwatch Kent and Healthwatch Medway
- launching our people strategy, which sets out how we will support our existing staff and look at ways to attract more health and care professionals to our area
- publishing a five year plan for our area – paying particular attention to children's services, mental health and cancer
- publishing our primary care strategy – which sets out how we will support GPs across Kent and Medway to become networks of practices.



Towards the end of the year, we plan to publish our response to the Long Term Plan. Our five year plan will set out how to deliver the ambitions of the NHS Long Term Plan in Kent and Medway.

Have your say



While this booklet does not have all the answers, it sets out the reasons behind the plan, some of the intended benefits and what this means for you and our next steps.

We'll keep talking to you, but for now, we'd like to know what you think. Your views will help shape our plans for the future.

1. Have we explained these plans clearly?

- | | |
|--|---|
| <input type="checkbox"/> Yes it's very clear | <input type="checkbox"/> It could be better explained |
| <input type="checkbox"/> It's fairly clear | <input type="checkbox"/> I don't understand |
| <input type="checkbox"/> Not sure | |

2. If it's unclear, what needs explaining better?

3. What benefits do you think the changes will bring?

4. What concerns do you have about the changes?

5. Any ideas, or other comments which could help us, help you?



About you

How would you describe your gender?

Male ☐ Female ☐
Other ☐ Prefer not to say ☐

What is your date of birth?

____ / ____ / ____

Do you consider yourself to have a disability or long-term health condition?

(e.g. diabetes, asthma, epilepsy, mental health condition)

Yes ☐ No ☐ Prefer not to say ☐

How would you describe your ethnicity?

- ☐ White British
☐ White Irish
☐ Any other White background (Please specify below)
☐ Mixed White and Black Caribbean
☐ Mixed White and Black African
☐ Mixed White Asian
☐ Any other mixed background (Please specify below)
☐ Asian or Asian British Indian
☐ Asian or Asian British Pakistani
☐ Asian or Asian British
☐ Bangladeshi

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Alternatively, you can fill in our survey online at www.kentandmedway.nhs.uk/ics or email us at comms.kentandmedway@nhs.net

The deadline for responses is Friday, 16 August.

- ☐ Any other Asian background (Please specify below)
☐ Black or Black British Caribbean
☐ Black or Black British African
☐ Any other Black Background
☐ (Please specify below)
☐ Chinese
Any other ethnic group (please specify)

☐ Prefer not to say

What town/city do you live in?

Frequently asked questions

Does this mean that local practices will close and people will be forced to travel long distances to big 'hubs' to seek advice and care?

No, the idea is that practices will pool resources and by working together they will be able to offer more services and facilities. You might need to travel to a different practice or facility if you are seeing a doctor in an evening or during a weekend or for a specific clinic or procedure, but you'll have the opportunity to be seen much more quickly and by the right clinician for you. Everyone is different, but we believe that what patients value most highly is quick and stress-free access to care at a time that suits them.

How will ICPs work across Kent and Medway?

ICPs are alliances of health and care organisations who will

work together to deliver care by collaborating within a defined geographical area. Locally serving between 250,000 and 700,000 people, ICPs will spearhead the drive to reduce health inequalities, put prevention to the fore, design and deliver care that meet patient needs and adhere to best practice standards, and get best value for money from the available budget.

Our clinical commissioning group governing bodies and trust boards will be looking at proposals to establish four ICPs covering West Kent, Dartford, Gravesham and Swanley, Medway and Swale, and East Kent incorporating commissioners and provider organisations to develop and deliver services.

When will the ICS come into being?

We will be working as an ICS by April 2021 although we anticipate much closer working across the health and care system in advance of that date, with a single CCG being established as part of this from April 2020.

You can read more frequently asked questions on our website at www.kentandmedway.nhs.uk/ics



Our vision is for everyone in Kent and Medway to have a great quality of life by giving them high-quality care.

Quality of life, quality of care

Stay in touch

Sign up for our monthly e-bulletin on our website www.kentandmedway.nhs.uk and connect with us:



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