

A discussion document

Delivering better healthcare for Kent



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How health reform can lead to better use of public sector money and better outcomes for people

Foreword



The National Health Service is an institution which is rightly loved and cherished. Its founding vision of universal, high-quality care, free at the point of delivery, is so deeply embedded in our psyche that it is today a key part of our national identity.

Yet, that vision is under threat from the huge demographic and technological advances and changes we face in the 21st century, with life expectancy substantially increased, placing huge financial pressures on our health and care services.

Very simply, if we are to keep the founding vision of the NHS alive, then the health and care system must change to meet the 21st century demands it faces. Every pound must be well spent.

To do this we need a health and care system that is increasingly integrated and streamlined, providing for all of the person's needs, rather than treating individual problems simply as and when they occur.

We need to maximise on prevention by encouraging people to take more responsibility for their own health, and also work together to avoid escalation into high-cost interventions. Essential to this will be improving access to primary and community health services.

We need access to a range of health services that can be delivered in the community, avoiding unnecessary and expensive hospital admissions, and new solutions in managing long-term conditions that an ageing population will inevitably bring.

The changes introduced as part of the Health and Social Care Act, most of which become effective on 1st April 2013, have the potential to do just that.

They put in place a new decision-making structure which takes powers and influence out of the hands of NHS managers and bureaucrats and into the hands of GPs and clinicians. It will allow them to commission new community based services that their patients need and want, rather than simply what the system has always provided.

It also places a duty on GPs and local government to work together through Health and Wellbeing Boards to integrate health and care commissioning, providing local leadership and oversight for local NHS and social care services.

The need for local leadership has never been greater in the NHS. The Francis Report into the scandal at Mid-Staffordshire NHS Trust shows what happens if we let bureaucracy, form filling and targets get in the way of providing the right care for patients.

Government's health reform agenda presents the opportunity for a fresh start, one which places patients, integrated care and GPs at its heart. The potential is there to make the system much more financially sustainable, leading to improved healthcare and better health outcomes.

That will only happen if we reject nostalgia for the way things have always been done and embrace the changes necessary to forge a new health and care system.

In Kent, we have many examples of innovative services that are fundamentally redesigning health and care provision around patients' needs. These are already delivering real results for patients and making better use of precious resources. We need to scale up these successful examples and work towards making them available universally across the county.

If local government and local health service professionals work together, I believe we can provide the local leadership needed to move health and care services out of 20th century models of delivery, and make them fit for the challenges of the 21st century.

This discussion paper outlines our thinking about what that new health and care system might look like, and how we might get there.

Paul Carter, Leader, Kent County Council

What's wrong with the current system?

The current system is one that treats illness rather than promoting wellness. It poorly incentivises prevention and is set up to predominately meet people's needs in an acute hospital setting, often when they have reached crisis point. This bias towards the provision of 'acute' services is a massively expensive way of providing healthcare that is no longer affordable, does not meet people's needs effectively and does not lead to the best health outcomes. Instead of rewarding process and outputs we should reward outcomes such as reductions in hospital admissions and keeping people well through preventative and community based care. We know that we could do much more to help people stay healthy and well in their own homes and communities.

The current system also treats patients as a series of conditions and problems rather than taking a holistic approach around the person. This results in multiple visits, multiple assessments and multiple treatment and support plans that often do not link together; wasting money and failing to provide the best support for the person.

A consequence of the inefficiencies in the system is that patients often face unacceptable delay and inconvenience to get help. Patients are not getting the customer-focused, patient-friendly service that they need. Access to primary and community health care needs to be improved to stop people going to Accident & Emergency unnecessarily because they cannot get help when the doctor's surgery is closed.

In community care, many people are also facing a long wait to get specialist help, particularly in areas like mental health. We also know that community services which provide support to people at home could be more responsive by removing unnecessary processes. If a person finds they need increased support to enable them to stay at home this must happen quickly; time is critical to ensuring people do not get admitted to hospital when all they need is more support at home. Delays in services to help people regain their independence after a hospital stay not only delay discharge from hospital, but can create an ongoing dependence on support services. Quicker access to

services such as physiotherapy, and help to manage day to day activities can prevent this.

The health and care system has for too long held control centrally, away from people and communities and the professionals who work with them on a daily basis. It has become focussed on targets around process instead of those things that really matter to people; access to good care, respect and dignity.

It is clear that we cannot continue to prop up the existing inefficient systems, but must instead think boldly and radically about how we can deliver better outcomes using the resources available.

Child and Adolescent Mental Health Services (CAMHS)

One of the areas where people's needs have not been effectively met by Kent's health and care system is in care for adolescents with mental and emotional health needs. In some cases families are still facing an unacceptable delay before receiving help. Some young people are being referred to higher-level specialist mental health services when their needs could have been met by lower level preventative support delivered earlier.

In response to this problem, KCC and the local NHS are working together to commission new services, so that there is appropriate support for children and young people at every level of need. There is a particular emphasis on early intervention and prevention. A single point of referral has been introduced, and initial assessment of need is carried out by a number of professionals from different services working together.

There is still much work to be done in redesigning CAMHS in Kent, including looking at how organisations work together to support young people with mental health needs as they become adults.

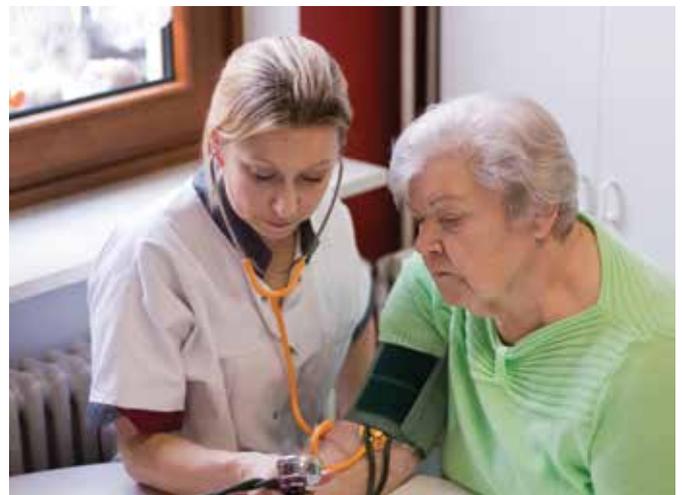
What it should look like

Despite the challenges of the current system, there are already exciting examples of the kind of health and care services we want to see. We believe that by working together, we can seize the opportunities of government's health reforms to create a health and care system for the whole of Kent that makes better use of public money and delivers better outcomes for patients. These are our suggestions for what it should look like:

- Healthcare that is predominately based in the community, around GP surgeries and local clinics that offer an extended range of services and use of new technologies and support to maintain people in their homes
- Use of innovative models such as Pro-Active Care to provide coordinated, enabling support for those most at risk of avoidable hospitalisation
- GPs as the coordinators of their patients' care, with integrated support from social care and other professionals
- A health and care system in the community that is available 24/7 with professionals like District Nurses, Health Visitors, physiotherapists, occupational therapists and others, providing personalised, coordinated support for patients - team around the patient
- A culture of quality in all areas of the health and care system, with respect, dignity and compassion at the heart of everything we do
- Real accountability to patients and their families
- A range of providers of health and care services, encouraging innovation and driving high quality
- Public health services that support people to take responsibility for their health and wellbeing

Bringing care closer to home

We cannot afford to continue to use hospitals as a default position for care. This means we need to be able to provide a greater range of services in primary care settings, such as GP's surgeries. Estuary View surgery in Whitstable is an example of this. Through the innovation of Dr Ribchester, his GP partners and lead clinicians, the surgery has developed a range of services including onsite minor injury unit, x-ray and day surgery facilities. The minor injury unit is open from 8am to 8pm, 7 days a week, 365 days a year and is a stunning example of how innovative thinking can provide services that meet people's need in their own community.



End of life care at home is a good example of how care can be provided more effectively closer to home compared with in a hospital setting. Most people would prefer to be cared for at home or in a hospice at the end of their life but most do not get this choice. This cannot continue and we want to see more investment in community based end of life care, so that people do have a choice.

We also need to provide choice for people as they get older so they can be supported to live at home for as long as possible. Hospitals, social care and GPs all have a crucial part to play in making sure there is an alternative.

A key part of our transformation of adult social care is looking at ways in which we can integrate health and care around a person's needs.

To make this happen, people need to be able to access support when and where they need it. For example, people living with dementia, and their carers, often need support in the middle of the night or at the weekend and we believe community health and care support should be available 24/7 for those in need. It will mean working with health colleagues and voluntary agencies to ensure that support is coordinated around a person's needs to create a team around the patient. This will include an increased number of key professionals including Health Visitors and District Nurses who can play a vital role in coordinating care between all the professionals and agencies involved.

We will also need integrated health and care facilities in our communities that provide preventative and enabling care. Intermediate care is a range of integrated services that promote faster recovery from illness, prevent unnecessary admission to hospital or residential homes, and support people to live independently. They also allow people to be discharged from hospital more quickly by providing a 'stepping stone' to going home. Intermediate care units, which already exist in some parts of Kent, provide intensive short-term care to help people regain as much independence as possible. Reablement at home following a hospital stay, crisis or increasing difficulty managing day to day is another way in which short-term investment in intensive intermediate support can help to improve people's health and wellbeing and minimise the need for ongoing costly care. In Kent we know that by increasing the number of eligible people who receive a reablement service, we could save over £12 million in ongoing domiciliary care costs.

The relationship between patients and their GP is central to any discussion about future community care and support. GPs are close to their patients and communities and understand their needs. Through this trusted relationship GPs must have a central role in enabling patients to manage their conditions by providing access to good quality information, technology and equipment to keep people independent where needed.

Dementia patients - high cost hospital care

One example of the high and avoidable cost of treating people in an acute hospital setting rather than through community care is the treatment of dementia patients. Research suggests that at any one time up to a quarter of hospital beds across the country are being used by people with dementia over 65, placing a huge pressure on NHS resources. The longer people with dementia are in hospital, the worse the effect on the symptoms of dementia and the individual's physical health, making them increasingly dependent on the care and support system. Over a third of people with dementia who go into hospital from living in their own homes are discharged to a care home setting. This places further pressure on the health and care system to meet people's increasing needs. Research by the Alzheimer's Society has found that supporting people with dementia to leave hospital one week sooner by enabling them to manage at home and moving their care to a community setting could result in savings of at least £80 million a year, and result in better outcomes for the patient and their carers.

West View Integrated Care Centre

West View in Tenterden is an example of an Integrated Care Centre where health and social care professionals work together to provide a range of therapeutic services designed to promote recovery from illness. The support offered is time-limited (normally no longer than six weeks,) and is targeted at people who no longer need hospital treatment but do require some support after coming out of hospital. The support offered means that people do not face unnecessarily prolonged hospital stays. They also provide support to people who have experienced a health or social care crisis in their own home and who may otherwise face avoidable admission to acute hospital care or long-term residential care. By working together to provide support in this way, professionals can support patients to return to their own home and live as independently as possible.

Bringing a wider range of health services into the community - Whitstable Medical Practice

Community health services in the Whitstable area are being transformed. Estuary View Medical Centre in Whitstable is a new comprehensive Medical Centre offering full NHS General Practice services and healthcare services normally provided by hospitals. These include GP and consultant led outpatient clinics, a range of diagnostic tests and day surgery. In addition, there is an 8am-8pm 7 days a week, 365 days a year minor injury unit including x-ray facilities. It has 19 GPs and over 100 staff serving the health needs of more than 33,000 patients. As a result of this innovative set up they have been able to provide better patient care, closer to home with shorter waits and at less cost to the NHS. For example, it costs 21% less to treat a patient for cataracts in the clinic compared with a hospital, and up to 83% less to treat Carpal Tunnel Syndrome. It is estimated that the total saving per year of the Minor Injury Unit could be up to £400,000.



Treating the person – not just the condition

Very often, people who need help with their health and wellbeing have more than one condition. Particularly as we live longer, people's needs become a complex combination of physical illness and disability, mental health problems and the need for help with day-to-day living. Historically, health and care only sees the immediate problem and delivery of services can be fragmented. This is upsetting and frustrating for the person and does not lead to the best results for the person's health and wellbeing. It is also a massive waste of resources.

Services need to be joined up so that care and support is centred around the person's needs. We want to see doctors, nurses, occupational therapists, social workers and others deciding together how best to help a person and having one single plan for improving their health and wellbeing. We are working on a **Pro-Active Care pilot** that identifies people most at risk of emergency hospital admission and, supported by their GP, works with them and all relevant services to improve their health and wellbeing. This may mean changes to medicines or extra support to maintain independence but what is significant is that the support is built around the patient's needs, with services working together to ensure the best outcomes. In other areas it has already made reductions in expensive hospital admissions and acute care.

One of the ways of helping us to achieve integrated care around the person is sharing information between professionals so we build up a complete picture of a person's needs and people do not have to tell their story over and over. In Kent we are looking at innovative ways of doing this including piloting the electronic record system 'Patient Knows Best.' To create an environment where patients have ownership over their care and support, we also need to take the time to understand the other forms of help and support people have in their lives. The person's family, friends and other sources of support can be an important part of the solution.

Patient Knows Best

In Kent we have a small pilot underway in two CCG areas, South Kent Coast and Swale, looking at the use of an electronic system, Patient Knows Best. This is an electronic record owned and controlled by the patient that could in time hold their care plan, GP records and assessment documentation. This will enable patients to have greater control in the management of their care and through integration of patient records facilitate more timely and seamless communications between professionals.

We must remove all unnecessary delay in the system when people need care and support. This means that services must be responsive to people's needs - providing the right care and support in the right place at the right time. We think GPs are best placed to lead care for their patients and should have access to a full range of professionals from other agencies to support

them. This could mean the Health Visitor working even more closely with the GP and the local Children's Centre so that professionals are working together to holistically meet a patient's needs within the community.

To help make this happen, we want to see the money that all the individual organisations spend on a person's health and wellbeing brought together so it can be used in the best way. This will mean starting to commission services to meet people's needs in a different way, such as 'Year of Care' commissioning for people with long-term conditions. We want professionals to work side by side, based in shared offices and clinics, and for their managers and leaders to make sure they are working towards the same goals. We need to truly meet the needs of each person, rather than doing what is convenient for each organisation.

The factors that affect a person's health and wellbeing go beyond the remit of traditional health and care services. There needs to be better cross-referral between health and other services including housing, employment support, education and leisure, providing seamless and effective support for these massive influences on people's lives.

Pro-Active Care

The Pro-Active Care model brings together many of the changes that we want to see in improving outcomes for people's health and wellbeing. It is being introduced by the South Kent Coast Clinical Commissioning Group. People are selected to take part by using risk stratification, which involves identifying the people who are at most risk of emergency admission to hospital. Selected people are offered 12 weeks of intensive support led by their GP, involving all the relevant services involved in their care and support. Changes might include a review of medicines, use of different equipment or intensive physiotherapy to support independence. So far, people that have taken part in this programme have seen an 88% reduction in admissions to hospital and if taken to hospital the average length of stay has reduced by 56%. They are also less likely to be anxious or depressed, and have less difficulty in getting around and washing and dressing themselves, reducing their need for support from social care services. This has meant an overall cost saving of 77%.



A system that treats people with humanity, respect and compassion

When people are unwell or having difficulties living their day to day lives, they expect and deserve high quality support and care. The health and care system must treat people with humanity, respect and compassion. This applies whether someone is in hospital, in a care home, visiting their GP or receiving care at home. Unfortunately, we know that this does not always happen in the current system. Investigations like the Francis report into the failings at Mid Staffordshire NHS Trust have highlighted this. What was found was a worrying acceptance of bad quality care and systemic failings caused by poor management and leadership. There should be a culture running through every part of the health and care system that treats people the way we would like ourselves and our loved ones to be treated. The culture of caring needs to be the top priority in recruiting, training and rewarding doctors, nurses, carers and other professionals.

Accountability in health and care

Every organisation involved in providing care and support must be truly accountable for the service that they provide, with strong leadership from the top by Chief Executives and Boards who must take personal responsibility. Ultimately, organisations must be accountable to the people who use them and the public. Local government can play a role in making this happen, by opening up information to the public, so everyone can see how their money is being spent, and by giving people the power to change services when they are not good enough.

The Kent Health and Wellbeing Board will introduce real local democratic legitimacy by bringing together locally elected and accountable councillors, directors of adult social services, children's services, public health, Clinical Commissioning Groups and patients' representatives. Kent County Council will have responsibility for the Board. We will use our influence to ensure that the services that are commissioned meet the health and care needs of the county.

The introduction of 'Healthwatch' is another element of the health reform and has the potential to put more power in the hands of patients and local people, and give them a voice. **Healthwatch Kent** will be an independent organisation that supports local people to share their concerns and views about local health and care services. They will represent patients on the Kent Health and Wellbeing Board, giving the opportunity for patients' views to have real influence on the way health and care services in Kent are provided.

Providers and innovation

One of the ways in which we can improve the quality of care and support that people receive is to make sure there is a choice of services available from a range of providers. Who provides a service is not important - what is important is the quality and consistency of care provided. Where charities, social enterprises and private companies can meet needs and provide good value for money, they must be encouraged to take over the provision. There are many examples where new types of providers are delivering better outcomes and better value for money by taking innovative approaches.

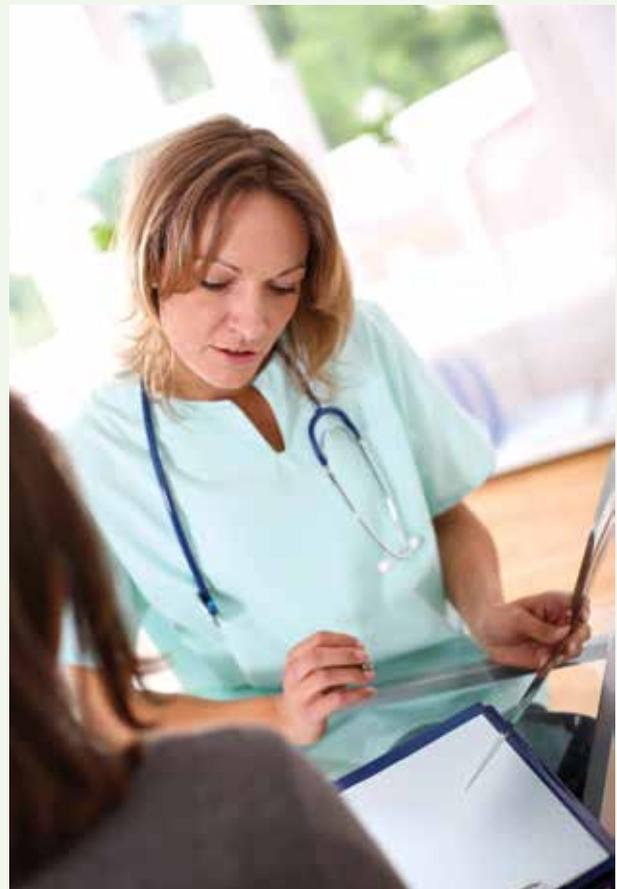
We believe it is the role of the Health and Wellbeing Board to provide system-wide leadership over the commissioning of services to meet local needs. Where choice and quality is lacking, the Board has a role in supporting new integrated services to develop. GPs are best placed to know what services will meet the needs of their patients, and they must be in the driving seat of deciding what to spend the money on. We would like to see GPs having a choice of high quality, responsive services at their fingertips to support their patients.

Services that are not delivering value for money and good outcomes for patients must be decommissioned. This will be one of the measures of success for the new health and care system. Only by stopping what

does not work will we release resources and create the space for innovative new models, new services and new providers. We need to move away from measuring and funding services based on quantity or processes and instead measure real outcomes and quality, only funding what works well.

Virgin Care

Virgin Care is the care arm of the Virgin Group. It is providing over 180 NHS services across the country, including community hospitals, GP services, minor injury units, planned outpatient care and mental health. Through the redesign and integration of services, they are delivering good health outcomes for patients and more efficient use of resources. For example, through their use of a 'Virtual Ward' to treat complex patients in the community, A&E attendances for the patients involved reduced from 1,010 to 51 over six months, GP attendance reduced from an average of 5 per month to an average of 0.5 per month, and patient confidence to manage their own health needs increased from a score of 4.3 out of 10 to 8 out of 10.



British Heart Foundation

Voluntary sector providers have an essential role to play, especially in preventative care where they have often been the first to adopt innovative new ways of supporting and empowering people to manage their own health. An example of the sector's valuable contribution is the British Heart Foundation's health professionals service. This service significantly reduces hospital admissions by providing clinical, emotional and social support to sufferers of coronary heart disease, providing advice on healthy lifestyles and self-care. For patients using this service, hospital admissions have reduced by an average of 35%, achieving a saving of £1,826 per patient, a total saving of over £8 million in a single year.



Public Health - People taking responsibility for their health and care

From April 2013 public health responsibilities transfer to Local Authorities. This will mean that local government plays a far greater role in ensuring that the health and wellbeing of the population is improving. To achieve this, we will work with health partners to focus on priority areas. These include reducing mortality for people with diseases such as cancer and cardiovascular disease. It also includes encouraging lifestyle and behavioural change such as reducing smoking and obesity. Another priority is tackling the social determinants of health and wellbeing such as poor education, poverty and worklessness.

We want to create the conditions in Kent where people are able to take ownership and responsibility for their health. We know that with the right treatments and interventions we can reduce the number of deaths from cardiovascular disease, and that if people understand

the symptoms of major diseases such as cancer they can get access to treatment and support earlier. However for these treatments and interventions to work practitioners must ensure that patients get the best possible advice and information and that we work to identify with communities the barriers to accessing services. We must also work together (schools, health and the local authority) with young people to reduce risk taking behaviours such as smoking, substance misuse and underage drinking.

In return individuals must also take responsibility for their health and wellbeing, acting on the advice and information they are given to manage their conditions or to take steps to ensure that they stay healthy—for example eating healthily, taking exercise, or stopping smoking. In Kent we know we have a particular challenge to reduce the number of obese adults and to promote physical activity. GPs, social workers, health visitors and health trainers to name a few must all play a central role in this challenge. It is through their knowledge and their relationships with their communities that we can ensure people are reducing their risks of disease and poor health.

Kent Health Commission

Kent Health Commission has been set up to explore how best to use the new health and care reforms working within the new Clinical Commissioning Group model to empower local GPs and health commissioners to deliver better quality care, improve health outcomes, improve patient experience and make better use of public money. We are listening to the providers of acute hospital care, community and social care, charities and social enterprises and of course GPs themselves. At the heart of our recommendations is a desire to shift at least 5% of activity from acute hospital care to primary and community health. Releasing in Kent some £59m a year – or £5m per Kent District – this will enable new community services to be developed and then commissioned and provided to patients in a setting more accessible and suitable both for them and for their health needs. Joint commissioning and pooled budgets between health and care are fundamental to the change we seek; issues over who pays simply deflect from patient care.

Drivers for change

Change is possible. The reforms being introduced by the Government through the Health and Care Act restructure the NHS and place local GPs at its heart through the development of Clinical Commissioning Groups (CCGs). CCGs will be responsible for commissioning the majority of health services for their local population and will control 60% of the NHS budget.

At the same time, the reforms also bring together health and care commissioners in new Health and Wellbeing Boards, which are designed to promote the integration of health and care services, and provide system-wide leadership of health and care at a local level. Public health services have been transferred back to local authority control, so they can be better planned and delivered alongside other council services such as education and leisure. The creation of new local, legally independent Healthwatch organisations should help ensure that scandals such as Mid-Staffordshire never happen again.

In essence, these reforms turn the structure of the health service upside down. Instead of being driven by a top-down, command and control approach, where decisions are taken about local care by Whitehall, the design and commissioning of local health services becomes a matter for local communities, built from the bottom-up by local clinicians and based on local patient and population need.

National and local leaders in the NHS and local government must ensure that the opportunities offered by these reforms are not missed, as they have been all too often in previous attempts at reform. Unless the need for change is embraced by GPs, local authorities and patients, these reforms will fail, placing unsustainable financial pressure on the NHS. But change is not just a word. If we are going to seize upon these reforms, the services that patients access will have to look and feel different to what is provided today.

To provide better services, health and care commissioners must be brutally honest with each other about the state of current services and how much



money we are wasting on duplication and inefficiency. There needs to be 'open book' accounting in both health and social care, so we each understand how much services truly cost and what outputs and outcomes they are delivering for local people. Professional pride in the NHS or political considerations in local authorities must not be allowed to get in the way of this honest debate.

Once the base position is known, health and care commissioners must be ruthless in decommissioning provision that doesn't deliver the best outcomes for patients or provide value for money, even when these services have been provided in the same way, in the same location, by the same provider for many years. This will mean engaging with patients and local communities about the need for change, and involving them in the design and delivery of new service. Leaders in health and care must support each other in making the case for change. It will also mean embracing the innovation of new providers from the private, voluntary and social enterprise sector. The only determining factor in commissioning should be quality of care that can be provided.

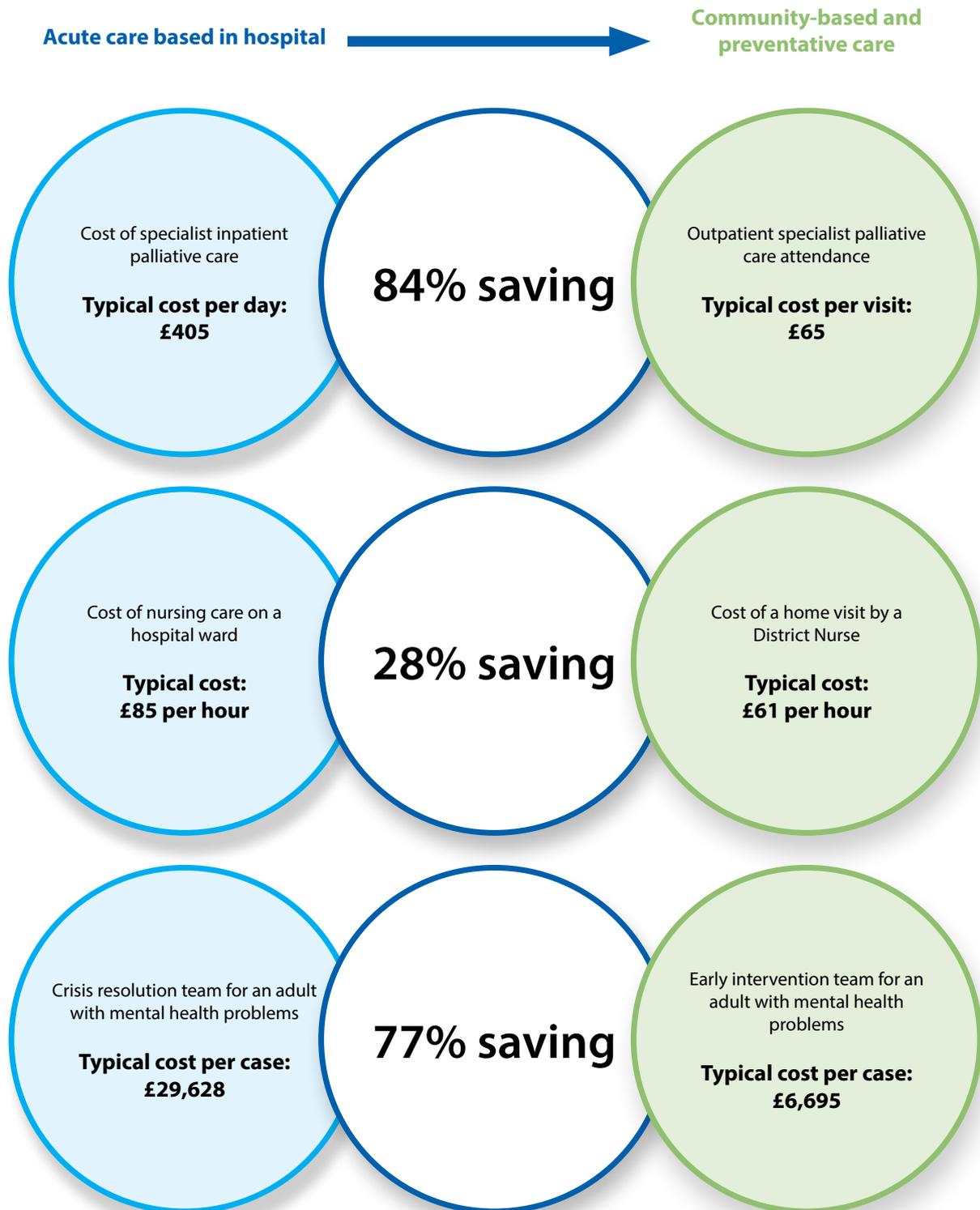
The NHS National Commissioning Board, which will still commission some local health services, and which will commission CCGs to provide primary care (i.e. general practice), must ensure that CCGs are free to innovate and experiment, decommission and re-commission services at a local level. The NHS National Commissioning Board must ensure that it doesn't default to a command and control culture when

undertaking its role locally. Instead, it needs to use its role and influence to challenge CCGs to be as innovative as possible to meet the health needs of their patients. Health and Wellbeing Boards and local Healthwatch organisations need to support CCGs in challenging any top-down culture that resists local decision-making and change.

Shifting away from the bias towards 'acute' services in hospitals towards community-based and preventative care is key to delivering a health and care system that meets people's needs and makes best use of limited resources. The diagrams below demonstrate the stark reality of the unaffordable cost of unnecessary acute care. The shift will have a knock-on effect on the services that local NHS hospitals currently provide. Some NHS hospitals may want to become centres of excellence in a specialist area, expand their range of services, or increasingly seek to provide community health services as well as acute services.

Change is possible. By working together, local government and health leaders can seize upon the exciting opportunities that the health reforms provide, to create a health and care system that is fit for the 21st Century.

The need to shift from acute to community-based preventative care



Illustrations based on figures from Unit Costs of Health & Social Care 2012, University of Kent.

Making it happen

To realise the changes to the health and care system that we need, we have a long journey ahead. The first step on that journey has been the development and agreement of the Joint Health and Wellbeing Strategy for Kent, owned by the Kent Health and Wellbeing Board. It is a public document, which jointly identifies health and social care outcomes for the people of Kent. This strategy will help us to work together to meet the health and care needs of the Kent community, focusing on the needs of patients rather than organisational needs and structures.

The Health and Wellbeing Strategy for Kent is informed by the Joint Strategic Needs Assessment for Kent, which identified priorities that we need to work towards to improve people’s health and wellbeing in Kent. Achieving these priorities will also help us meet the national Outcomes Frameworks for the NHS, public health and adult social care. The four priorities, and the approaches that the Health and Wellbeing Board will take to achieve them, are set out below.

Joint Health and Wellbeing Strategy

Priority 1

Tackle key health issues where Kent is performing worse than the England average

Priority 2

Tackle health inequalities

Priority 3

Tackle the gaps in provision

Priority 4

Transform services to improve outcomes, patient experience and value for money

Approach: Integrated Commissioning

Approach: Integrated Provision

Approach: Person Centered

Outcome 1

Every child has the best start in life

Outcome 2

Effective prevention of ill health by people taking greater responsibility for their health and wellbeing

Outcome 3

The quality of life for people with long term conditions is enhanced and they have access to good quality care and support

Outcome 4

People with mental ill health issues are supported to live well

Outcome 5

People with dementia are assessed and treated earlier

“The vision set out in this discussion document is by no means a certainty. The health reforms provide the potential to deliver better health in Kent but this will require us to be open to taking brave, bold steps. To deliver the change that is needed, we will all need to think differently and work differently.”

Paul Carter, Leader, Kent County Council

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