

# Our case for change





## What's this about?

**We all want health and social care services that can meet our needs now and in the future. The NHS in Kent and Medway, Kent County Council and Medway Council do their best to offer safe, compassionate and high-quality care. However, we face new challenges that mean we need to change the way we work to improve care and get better value for the money we have available.**

As our population grows, and more people live with long-term conditions, the demands on our services are changing and increasing.

Services are not necessarily designed for today's or future needs, and it is becoming harder to keep up with rising costs. What's more we aren't making the most of opportunities to improve health and wellbeing, prevent illness and support people to manage existing conditions and stay independent.

This booklet – our case for change – describes the current situation and why change is necessary. We want you to get involved to help shape and influence good health and social care in your area.



## Why do we need a case for change?

We are publishing this case for change to explain more about the thinking behind a draft plan called the Sustainability and Transformation Plan that was launched in November 2016.

### What is the plan?

The draft plan explains our vision for the future. Our ambition is to put local people at the heart of services, helping people to stay well and independent in their own homes and communities and avoid being admitted to hospital. It sets out how we want to:

- improve the health and wellbeing of local people
- deliver high-quality, joined-up health and social care
- offer access to the right care and support in the right place, at the right time
- make sure NHS and social care staff are not under so much pressure that they can't deliver the caring ethos of the NHS and social care
- better meet people's needs within the funding we have available
- build health and care services that are sustainable for years to come.

### Local care

Our first priority is to develop more and better local care services, which bring together all the services you currently get from your GP, as well as a range of additional services such as:



- urgent care and care for non-life-threatening injuries
- diagnostic tests
- ante and post-natal maternity care
- community and district nursing
- mental health support
- social care eg. help with washing, dressing and using the toilet
- physiotherapy
- dementia care.

Bringing together primary, community, mental health and social care services will mean we can offer joined-up care in people's homes and local communities. We recognise we will need to increase our capacity in these areas in order to achieve this.

Having high-quality local care services with greater capacity will relieve some of the pressure on our hospitals. It will reduce the need for people to go to hospital for treatment and services that in the future could be provided more locally.

### Hospital care

Some people will always need specialist and intensive care that can – and should – only be available in hospital. We need to make sure our hospitals can deliver the quality of care people need and that they can leave hospital as soon as possible, safely supported by local care services. This will improve medical outcomes for people and their experience of health services. Over time it will also reduce dependency on hospitals which then releases resources back into local care services.









## How will the new way of delivering services benefit you?

### You can expect to see:

- joined-up services to treat and care for you at home and support you to leave hospital
- as soon as you're medically fit to leave "your own bed, is the best bed" with the right care and support in place
- health and social care professionals coming together to work as a single team for your local area, able to access your records 24 hours a day (with your consent)
- a modern approach to health and social care services using the best technology, from booking your appointment online to virtual (but secure) consultations, online assessment and diagnostic systems, and advice on apps to monitor your health
- timely appointments with the right professional
- care for you as a whole, for both your physical and mental health
- regular monitoring if you have complex health conditions affecting your physical or mental health, or both
- more support from voluntary and charitable organisations who have great expertise and local knowledge and already play such an important part in our communities
- better access to health improvement advice and services to help you improve and manage your own health and so reduce your risk of serious illness
- "social prescribing" - information to help you access relevant support from voluntary, charitable and local community groups or services
- quality hospital care when you need it – and more care, treatment and support out of hospital when you don't.

Read the Kent and Medway vision for securing the future of our services at

[www.kentandmedway.nhs.uk/stp](http://www.kentandmedway.nhs.uk/stp)





There is already lots of good work happening in our area. Individual services are finding ways to work more effectively, to join up health and social care and to better design services around the needs of local people. You can find out more about this work on our website at [www.kentandmedway.nhs.uk/casestudies](http://www.kentandmedway.nhs.uk/casestudies). We need to build on this good work across the whole of Kent and Medway.

More detailed plans for changing the NHS and social care in Kent and Medway are now being drawn up by groups of local doctors, hospital chief executives, patient groups and councils. At the end of this booklet there is more information about how you can get involved and contribute to the more detailed plans.





## About health and social care in Kent and Medway

Understanding the health and social care needs of local people, and how these are likely to change over time, helps us plan for the future and make better use of resources (that's technology, money, staff and

buildings). We also need to have a clear picture of how current ways of working are getting in the way of our ambition to keep people well, independent and out of hospital, so we can see what needs to change.



All of us, the people who use services, are changing. The good news is we are living longer, but this means the way the NHS and social care work needs to change to meet the needs of an ageing population. **We are living with more long-term conditions, such as diabetes, dementia and heart disease which increases demand for health and care services.** But the type of services we need are not necessarily the same sorts of services we have always had.

**Some of our services were designed to meet the needs of people in the 1960s, 70s, and 80s. We know there are better ways of organising how we care for people.** For example, we offer a lot of tests, treatments and services in big hospitals which could be safely offered in people's homes, health centres or local communities.

We also don't have enough professionals working in local communities in a joined-up way. Our current ways of working mean it is harder to support people who have a number of health and care needs. **People who are frail, or who have multiple health conditions, can quickly get unwell and end up in hospital.** This is because we don't always spot when someone is at risk of getting worse early enough, and then put the right care in place in their home or community so they don't need to go into hospital.

While most of the contact people have with health and social care happens outside of hospital, we spend most of our budget on acute hospital care because big hospitals cost more to run than community services. **We know we could safely deliver more services in local communities, more cost-effectively and more conveniently for local people.**





## Local services

In Kent and Medway we have:



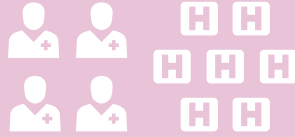
**249**

GP practices



**4**

organisations  
providing  
community care



**4**

hospital  
trusts



**7**

acute  
hospitals

providing services across



**3**

organisations  
providing mental  
health care



**13**

community  
hospitals



**1**

ambulance  
trust



**2**

local authorities  
providing  
social care



**466**

independently  
run social care  
providers



**303**

independently run  
residential and  
nursing care homes



**394**  
dentist  
practices

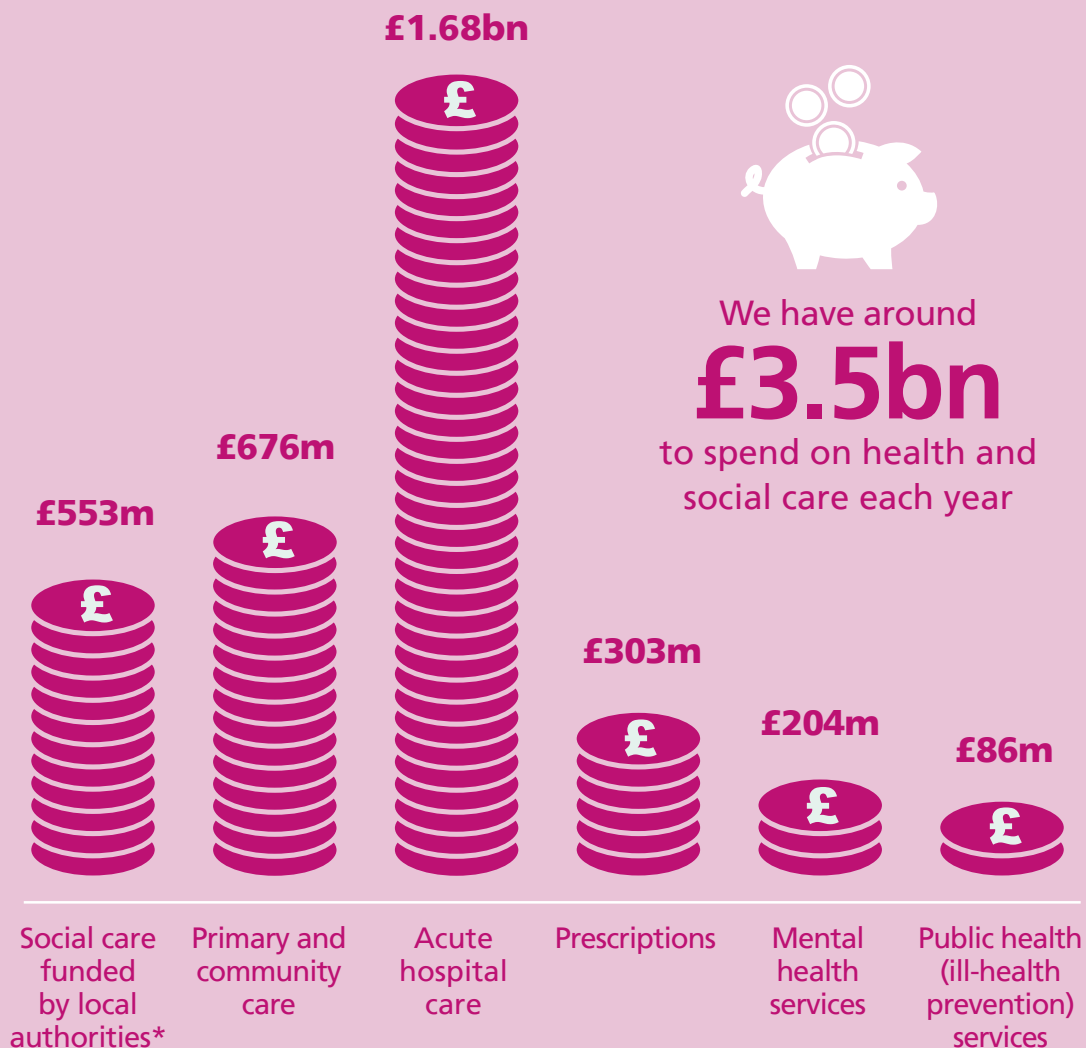


**157**  
optician  
practices



More than  
**335**  
pharmacies

## Health and social care budget



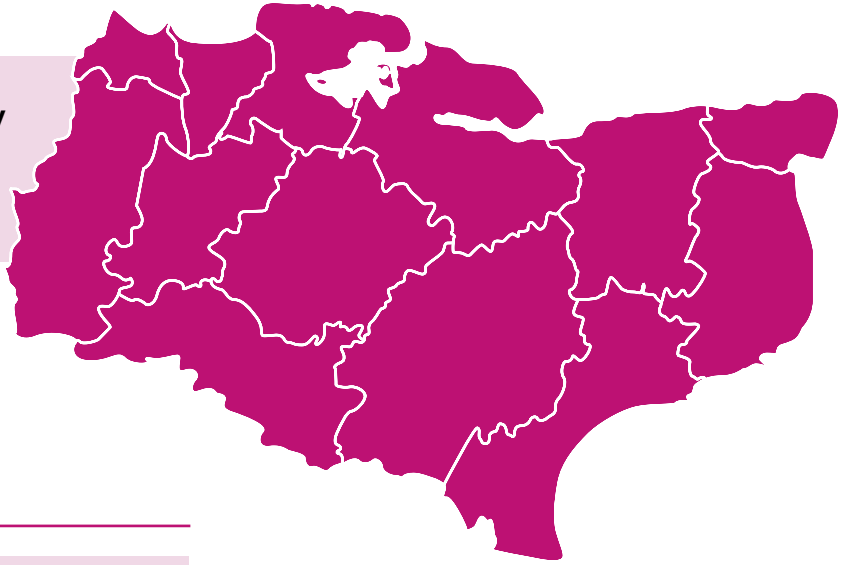
\*70% of people who receive social care pay for it themselves, so the amount spent on social care in total is over £1 billion.





## Local needs

There are approximately **1.8 million** people living in Kent and Medway.



The local population is growing rapidly

The number of people living in Kent & Medway is predicted to rise by **almost a quarter** by 2031.



This increase is higher than the average across England. This is because local people are living for longer and because people are moving into the area.

**Local people are living longer and older people tend to have additional health needs**

While it's good news that people are living longer, an ageing population often means increasing demand for services to keep people well or help them when they are not. We need to change what we currently do to better support older people in our area.

**Lots of people are living with long-term conditions**

**Over 528,000 - that's almost one in three - local people live with one or more significant long-term health conditions.**



Many long-term conditions like diabetes, high blood pressure or breathing problems (such as COPD - chronic obstructive pulmonary disease) can be well managed, improved or even prevented if people can get the right support easily and quickly.

## Too many people are living unhealthy lifestyles and are at risk of developing conditions that are preventable

In Kent and Medway, on average around one in five people smoke, but in some areas it is as high as 30%. Around ten per cent of adults are obese and more than a quarter don't get enough physical activity. All these lifestyle factors increase the risk of developing a serious illness.

## There are unacceptable differences in health across Kent and Medway

Women in the most deprived areas of Thanet live on average **22 years less** than those in the least deprived.



With the right help it can be possible to prevent the main causes of early death which are often linked to things like obesity, smoking and childhood poverty.

## Many people (including children) have poor mental health, often alongside poor physical health

We know that mental health is as important as physical health. The percentage of adults and children living with mental ill-health in Kent and Medway is roughly in line with the rest of England, but mental health problems are more common in people living in the most deprived areas. We want to better support everyone with mental health needs.

## If we carry on working in the way we are, we cannot meet the current and future needs of local people with our existing budgets

We are very unlikely to see any more significant increases in health and social care budgets in the near future. Our budgets are not rising at the same pace as costs and demand. Our health budget is already overspent by £110m in 2016/17.

If we don't change how we work and spend our money for the greatest benefit, we will be overspent by **£486m** by 2020/21.





## What you've told us you want from local services

We know from ongoing discussions with local communities, and research done by Healthwatch, that local people would like:

- more support to help people live healthy lives
- the NHS and social care working more efficiently and offering higher quality care
- the NHS and social care to work in a more joined-up way
- quick action when you become unwell or need extra help
- care to be as close to home as possible
- appointments that are easy to book and at convenient times.

Find out more about how your local NHS has listened to and acted on your views over recent years on our website.





## The challenges we face

**We are facing some big challenges in health and social care. We need to address these quickly to improve the health and wellbeing of local people, increase the quality of local services and work within our budget.**

## We need to focus more on supporting people so they don't get ill in the first place

Most people are currently healthy, but many are at risk of developing long-term health conditions such as diabetes and heart disease. Currently only two per cent of health and social care funding is spent on preventing people becoming ill.

**This is about £86 million a year, but we spend around £3.41 billion on treating ill-health.**



Between 2009 and 2013, around 1,600 early deaths each year could have been avoided with the right early help and support. For example, the lung condition chronic obstructive pulmonary disease (COPD) is a common cause of early death, however most cases (85%) are caused by smoking.

We need to focus ill-health prevention and public health work in areas of Kent and Medway with the greatest needs. We need to actively encourage and give practical support to people to help them find realistic ways to improve their long-term health and wellbeing.

## GPs and their teams are understaffed and not able to deliver the quality of care they would like

**If staffing in Kent and Medway were in line with the national average there would be**

**245 more GPs and  
37 more practice nurses.**



However, we can't recruit the doctors and nurses we need as there are not enough who want to live and work in Kent and Medway. This means we have a lot of staff vacancies. Primary care teams are doing their best in difficult circumstances but not being able to recruit enough staff means local people can't always get appointments quickly and sometimes have long waiting times once they are in the surgery. These types of problems in primary care can mean diseases are not detected early enough or existing conditions get worse. This isn't good enough for patients, or the staff who care for them, and puts increased pressure on hospital and mental health services.



## Services and outcomes for people with long-term conditions are poor

Often people with long-term conditions do not get enough support to manage their health and wellbeing, and this can lead to unplanned time in hospital.

**Evidence shows that as many as four in 10 emergency hospital admissions could be avoided if the right care was available outside hospital.**



Carers are also not receiving enough support. Fewer than half of local carers are satisfied with their experience of care and support.

## Many people in hospital could be better cared for elsewhere

**Evidence shows that every day around 1,000 people in Kent and Medway are in a hospital bed when they no longer need to be.**



This equates to about one in three people in hospital at any one time. These people may still need help and care, but it could be given more appropriately elsewhere if the right services were available.

People don't want to be in hospital if they don't need to be and staying in hospital longer than necessary can

be harmful. For example, extended hospital stays can increase the risk of infection, may lead to muscle wastage and could make it less likely for people to return to their previous level of independence. It is also expensive – it costs £220 a day to care for someone in an acute hospital bed when they are not actively receiving treatment, and this money could be better used elsewhere.

Having people stuck in hospital leads to knock-on delays that can cause, for example, long waits in A&E or cancelled operations because beds are not available for planned or emergency admissions.

## Services for the most seriously ill patients need 24-hour access to specialist staff, tests and equipment

Some services for seriously ill people in Kent and Medway find it hard to offer a full service round-the-clock, and to meet expected standards of care. For example, all stroke patients who are medically suitable should get clot busting drugs within 60 minutes of arriving at hospital. They require specialist diagnostic tests and highly skilled expertise to deliver this. None of the hospitals in our area currently meet this standard for all patients.

**Even if there was more funding available, there is a shortage of skilled staff, especially senior doctors, to cover rotas 24 hours a day, seven days a week.**





Not having enough senior doctors on hand all the time can mean worse outcomes for patients. Essential support services that help people get discharged from hospital such as pharmacy, social care and mental health liaison are also not available at the weekend.

We know from evidence elsewhere that bringing services together to create larger specialist units, for example for stroke, would improve outcomes for patients and the quality of care available. We would have more specialists to cover the service all the time, and specialist staff would see enough patients with the same illness or condition to keep up their levels of expertise.

### **Planned care – such as going into hospital for a hip operation or having an x-ray – is not as efficient as it could be**

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There is variation across Kent and Medway in how often GPs refer people to see a hospital specialist. Once patients have been referred there is variation in the tests and treatments they get. This means some people get referrals, tests and treatments they don't need, and others don't get the care they should. Unnecessary referrals, tests and treatments also waste valuable resources. Planned care is often disrupted by emergency and unplanned hospital admissions, meaning appointments and operations get cancelled at the last minute.

### **Cancer care does not always meet national standards**

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Cancer is a major cause of death and survival rates could be much better. Most of Kent and Medway is below the England average when it comes to diagnosing cancer at its earliest stage. This is partly because of lack of awareness of the symptoms of cancer leading to delays in diagnosis, and because not enough people take up the offer to have screening for cancer. Once cancer is suspected, waiting times for diagnostic tests, to see a specialist and then for treatment, sometimes do not meet national standards.

### **People with mental ill-health have poor outcomes and access to services is not good enough**

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**People with a serious mental illness die on average 15 to 20 years earlier than the general population.**



There is a lot of evidence that links poor physical health with mental illness and vice versa. For example, having depression doubles the risk of developing heart disease and people with depression have significantly worse survival rates from cancer and heart disease. We know that a lot of people are not happy with mental health services, particularly for crisis care.

## Services could be run more productively

The efficiency of our hospitals is broadly in line with other hospitals of a similar type across England in many of the ways they spend money, and some are among the most efficient. However, healthcare organisations in Kent and Medway know they could do more to reduce costs and run services more efficiently. For example, by working

together they could have more buying power and get lower prices for commonly used goods and equipment.

**It is estimated that approximately £190m of savings could be made if services were run as efficiently as top performing hospitals in England.**





## Putting the right foundations in place

In order to deliver our plan, there are three foundation areas that must be working well:

### Being able to attract, recruit and retain the right staff

There are currently high levels of staff vacancies, turnover and temporary staff in most areas. There is also a shortage of skilled staff in some areas.



### Having the right buildings

We are fortunate to generally have good quality buildings, however we don't use some of our buildings as effectively as we could, to deliver health and social care services.



### Excellent information technology and information management systems

None of the organisations in Kent and Medway think they currently have the IT and information management systems they need to share information across organisations in a way that will better support the delivery of high-quality care.



**There have never been better reasons to update the way services are organised in Kent and Medway. Our desire to make services better for patients and staff, and the challenges we face, combined with the financial pressure health and social care services are under, explain why things cannot stay as they are.**



## Our ambition for the future

Our ambition for the future is described in detail in our draft Sustainability and Transformation Plan. We have published this case for change to explain more about the reasons behind the ambition set out in the draft plan.

Our plan explains how we want to address the challenges described here, and take advantage of the opportunities, to make our local health and social care services sustainable for the future.



## What will our plans mean for health and care in Kent and Medway?

### Better health and wellbeing

- services which meet the needs of our changing population, as people age, and more people move into Kent and Medway
- reductions in health inequalities (unfair differences in health and life expectancy that people experience in some parts of the county) and death rates from preventable conditions
- more services to prevent and manage long-term health conditions such as diabetes and lung disease.

### Better standards of care

- people cared for in the right place and able to get high-quality, accessible social care across Kent and Medway
- fewer attendances at accident and emergency departments, and fewer emergency admissions to hospital beds
- local providers of health and social care consistently delivering high-quality services, which meet nationally-recognised clinical quality standards.

### Better use of staff and funds

- ability to attract, retain and grow a talented workforce – and use our staff to the best effect
- some of our specialist clinical staff and equipment consolidated so they can work more effectively across a wider population as expert teams
- a balanced budget for health and social care across Kent and Medway.





## Get involved

We hope this case for change will help to get local people - patients, users of services, carers and health and social care staff - talking in more detail about what should happen next. We want you to get involved in shaping plans for health and social care in Kent and Medway.

During 2017 there will be lots of ways to influence what happens next, including public events and meetings, online surveys and joining your local patient participation group or health network. For more information visit [www.kentandmedway.nhs.uk/getinvolved](http://www.kentandmedway.nhs.uk/getinvolved)

### Sign up now

Now you have read this booklet please subscribe to our newsletter at [www.kentandmedway.nhs.uk/subscribe](http://www.kentandmedway.nhs.uk/subscribe). By signing up you'll be kept up to date on all the opportunities to share your views and ideas with us as our plans develop.



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यदि तपाईंलाई यो दस्तावेज वैकल्पिक ढाँचामा वा अन्य भाषामा चाहिएमा हामीलाई [km.stp@nhs.uk](mailto:km.stp@nhs.uk) सम्पर्क गर्नुहोस।

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