

5.3 HEALTH AND SOCIAL CARE

The content for this chapter reflects a range of existing documents including:

- Kent and Medway Case for Change (2017)¹;
- The draft Sustainability and Transformation Plan (STP) (2016)²;
- Clinical Commissioning Group (CCG) Strategic Commissioning Plans;
- Kent's Accommodation Strategy for Adult Social Care - Better Homes: Greater Choice (2016)⁵;
- Medway Adult Social Care Strategy 2016-2021.

As Kent and Medway works towards an STP, future GIF iterations will be able to align infrastructure calculations with the STP priorities using a more structured approach and a demand modelling tool.

The Social Care Act (2012) preceded the adoption of the Joint Health and Wellbeing Strategy for Medway 2012-2017 which set out 5 strategic themes, including:

- Give every child a good start;
- Enable our older population to live independently and well;
- Prevent early death and increase years of healthy life;
- Improve physical and mental health and wellbeing;
- Reduce health inequalities.

CHALLENGES AND CHANGE

As the population grows, with more people living longer, demands on the services are increasing, making it harder to keep up with rising costs. Challenges vary across CCG areas; however, some key themes facing the County are:

AN AGEING POPULATION

Older people (aged 80+) are the fastest-growing group of people in Kent and Medway. Older people have a higher level

of service use compared to other age groups, particularly hospital admissions and use of community services.

LOCAL CARE WORKFORCE CHALLENGES

Fragility within local care is characterised by low numbers of GPs and practice nurses per head of population, high vacancy rates and high stand-in use. Local care is struggling with practices closing, workforce issues and variable infrastructure.

THE TRANSFORMATION AGENDA

Health and social care commissioners, and providers across Kent and Medway, have created a five-year STP to set out how Kent and Medway services need to change over the next five years to achieve the right care for people in decades to come.

The work will be overseen by the Clinical Board, which includes:

- General practitioners;
- Hospital consultants;
- Nurses;
- Public health professionals;
- Social care leads;
- Pharmacists; and
- Other clinical experts and geographic areas (e.g. East Kent Strategy Board).

The STP will identify actions to improve health and well-being, provide better standards of care as well as better use of staff and funds, with the aim of increasing efficiency to manage increasing demands.

Key priorities will be reducing the need for health and social care through self-management, ill health prevention and earlier diagnosis.

MAXIMISING THE ESTATE

Compared with England averages, the hospital estate within

Kent and Medway is relatively new and fit for purpose.

There are new public finance initiative (PFI) hospitals - Tunbridge Wells Hospital in Pembury, Darent Valley Hospital in Dartford and the Gravesham Community Hospital. The William Harvey Hospital and the Kent & Canterbury Hospital have the oldest and least fit-for-purpose estate (although still in line with the national average).

There is a large proportion of mental health estate that is dated and not fit-for-purpose (e.g. Thanet Mental Health Unit). At present, there is not a complete picture of the GP estates to understand their quality. CCGs are at different stages of assessing the quality of GP practices in each CCG area.

Engagement through local plan consultations is needed to ensure that there are adequate primary care services planned as part of future developments and adequate Section 106 and CIL contributions are secured.

Furthermore, it is understood that there is a high level of under-utilisation within the community estate. In many community hospitals, for instance, up to half of the bed spaces are not used.

PREVENTION AND INTEGRATION

A focus on prevention and early intervention is very important in improving health and well-being for local people, particularly those in more deprived areas. Despite this, only 2% of health and social care funding is spent on public health in Kent and Medway.

A suite of preventative measures during and beyond the five-year STP period is likely to bring a substantial financial and societal benefit to the Kent system, if delivered at the pace

CASE STUDY: EBBSFLEET GARDEN CITY – HEALTHY NEW TOWN PROJECT

In February 2016, it was announced that Ebbsfleet Garden City would become one of the country's ten beneficiaries of the healthy new town project. The Ebbsfleet Healthy New Town development offers a unique opportunity to bring together health and regeneration. **Dartford, Gravesham and Swanley** Clinical Commissioning Group is leading the Ebbsfleet Garden City Healthy New Town project, which represents a significant opportunity to improve the health of local people and build a new healthy community that promotes healthy lifestyle choices.

The new development will provide an attractive environment that promotes active and sustainable healthy living. There will be support offered to people who have dementia and community cohesion encouraged through design. Multi-functional green spaces, high-quality leisure facilities and healthy eating venues will be developed alongside active transport links, integrated cycle paths and walking routes.

New models of care, built around people, not organisations, will embrace the third sector and local community networks, creating opportunities for co-located services that support strong multi-generational communities.

and scale with the participation of the wider health, social care and public sector workforce. Preventative measures could include green space, outdoor gyms etc. that are available for the community to use to keep active and healthy.

HUB MODELS

The local care model plans to transform the locally based provision of care through the integration of primary, community, mental health and social care and at the same time move some elements of traditional acute hospital care into the community. This allows patients to get the right joined-up care that they have consistently told services they want in the right place, and make the best use of available resources. The intent is to develop local care by scaling up primary care in clusters, based on patients registered with a GP within a defined locality. The model proposes enhancing primary care by wrapping community services around these groupings of GP practices to support the communities they serve, based on populations of 30-50,000 registered patients and also to commission and manage higher-acuity and other out-of-hospital services at scale.

This growing focus on bringing local care into a single point within the community means the creation of local care hubs. In order to develop hubs, the preferred approach would be to relocate an existing practice or merge a number of practices into a new facility that, with the wider growth planned, will eventually become a hub facility or a larger GP practice that works at scale. This will depend on the population being served and the accessibility for patients. Hub working will not replace GP services, but will be additional to GP services.

In Kent and Medway, the picture of existing health services will require significant redesign and modernisation to move towards an integrated care strategy. This will place additional pressures on consolidation and refreshing existing healthcare infrastructure. In recognition of this, there will be additional pressures to consolidate existing healthcare infrastructure. An integrated Health and Social Care model could look like the proposed vanguard development at Estuary View in Whitstable (see case study).

In order to meet the future adult social care needs, there will be a changing requirement on the services provided by nursing care homes and extra care housing. It is anticipated that a significant sum will be required to modernise the healthcare model within Kent and Medway to provide fit-for-purpose facilities along the lines of the integrated Estuary View model.

WHAT COULD THIS MEAN FOR KENT AND MEDWAY?

The “Delivering better healthcare for Kent” discussion document supports and encourages community integrated health and social care. KCC is considering how the lessons learned from Estuary View can be applied to the delivery of future health and social care facilities in Kent.

Theoretically, the health and social care village hub is expected to serve a population of between 40 and 50,000 people, although many of the services listed are accessed from a larger population base. The additional population forecast in Kent and Medway to 2031 would require the equivalent of 9 to 10 additional Health & Social Care Villages, equivalent to up to £300 million in costs.

ADULT SOCIAL CARE

In “Kent’s Accommodation Strategy for Adult Social Care (Better Homes: Greater Choice)”⁵, estimates show that 30% of beds in care homes are occupied by people who could be better treated in their own homes or supported accommodation, such as extra care housing. It also predicts greater focus on care home provision for dementia services, with and without nursing care. Design is crucial. The vision is that people should live independently in their own home, receiving the right care and support. There is real need for investment from the independent sector for larger, modern, fit-for-purpose services designed for people with complex dementia. However, there is an overprovision of standard general frailty care home provision, particularly around the East Kent coast.

CASE STUDY: ESTUARY VIEW MEDICAL CENTRE, WHITSTABLE: INNOVATIVE ASSET MANAGEMENT FOR HEALTH AND SOCIAL CARE

Estuary View in Whitstable is an integrated medical centre providing an example of maximising investment in capital assets. It is owned and managed by Whitstable Medical Practice (WMP), an NHS GP Partnership. Construction was completed in 2009 at an estimated cost of £7 million, providing 2,400 m² of floor space and including a variety of co-located facilities.

The existing medical centre has already seen reduced costs to the NHS, with a two-year study highlighting **£1.6 million** in savings. This is versus standard NHS tariffs achieved through lower tariffs, use of GPs with a special interest, fewer outpatient follow-ups and A&E avoidance. Many clinics have been added since this survey, which will have enhanced the level of savings.

WMP has expansion plans to develop the existing Estuary View Medical Centre into a Community Integrated Health & Social Care Village. Full planning permission has been granted as part of this complex for a 101-suite care facility and a 102-suite acute care home. This would include a co-located base for integrated community nursing and social care teams. It is estimated that the cost of delivering the integrated Health & Social Care Village would be between £20 and 30 million.

The community hub model also has the potential to deliver council services and complementary social infrastructure, including dentists, opticians, crèche, library space, Citizens Advice and meeting rooms.

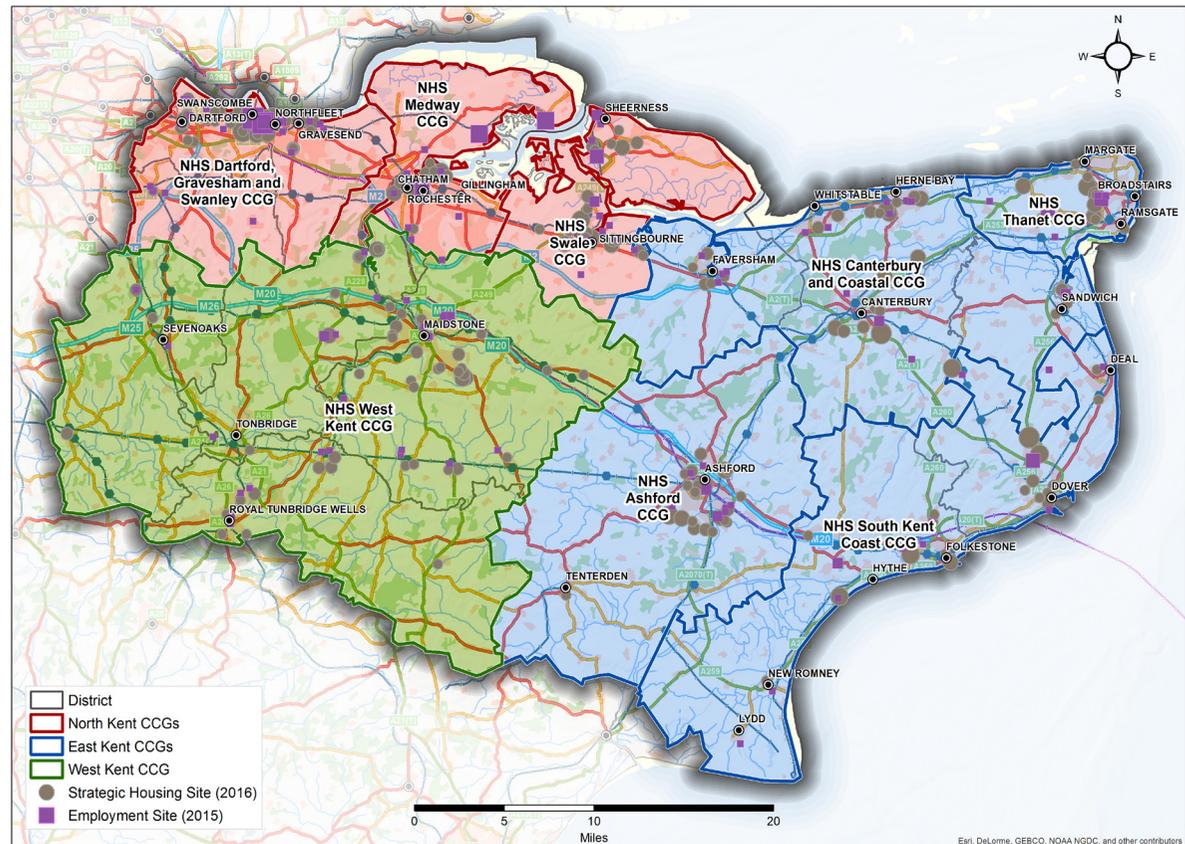


Figure 5.5: Kent and Medway CCG areas

For Medway there will be an increase in the number of younger adults with learning disabilities and an increase in the number of older adults. These adults from age 85 onwards are likely to have social care needs, including dementia. This increase is projected to grow exponentially to 2035.

The emerging Health and Social Care infrastructure costs that have been identified to date, arising directly from growth, are as follows:

Total Cost = £2,763,974,000
Total Funding = £1,825,324,000
Secured Funding = £9,688,000
Expected Funding = £1,815,637,000
Funding Gap = £938,648,000

¹ <http://kentandmedway.nhs.uk/stp/caseforchange/>; ² <http://kentandmedway.nhs.uk/resources/kent-medway-sustainability-transformation-plan/>; ³ http://www.kent.gov.uk/_data/assets/pdf_file/0018/14634/Kent-social-care-Accommodation-Strategy.pdf; ⁴ Delivering Better Healthcare for Kent; ⁵ Kent's Accommodation Strategy for Adult Social Care (Better Homes: Greater Choice)"