



TRANSFORMING COMMUNITY SERVICES IN EAST KENT AUGUST 2009

1. Introduction

NHS Eastern and Coastal Kent (NHS ECK) approached Kent & Medway Networks (KMN), as the support organisation for the Kent Local Involvement Network (LINK), in July 2009 to take the lead in engaging local people in East Kent about community health services. The information gathered would then be part of a brand new strategy for Community Services. This was a unique opportunity for local people to influence a strategy before it had even been drafted so it was felt that although the timescale was very short local people should not be denied the opportunity to have their say.

2. Background

The 'Transforming Community Services Programme' was set up by the Department for Health (DoH) in 2008 to support commissioners (people who buy health services) to give patients greater choice and improve access to a range of services that work well together. NHS ECK's new strategy will show how they intend to commission services in the community over the next 5 years.

3. Methodology

Flexibility was key to ensuring as many people as possible could participate in the short time available.

There were four ways people could take part:

1. *Workshops open to everyone*

A series of workshop venues were booked across the East Kent area in Canterbury, Ashford, Sandwich, Sittingbourne, Margate, Whitstable, Folkestone and Kemsley. These workshops were open to groups and individuals from anywhere in East Kent.

2. *Workshop or informal discussion with a specific group*

Facilitators were able to deliver the workshop at group meetings in the group's own venue. For example, the workshop delivered in Kemsley Village Hall was with a group following their church service and the Friends in Pain group in Margate allowed us to be part of their group meeting.

The workshops were delivered in an informal manner and mainly with small groups so that everybody taking part had the opportunity to share their experiences of health services and put forward their ideas for improvements. One pre-arranged workshop was changed to an informal drop-in session as it was felt more appropriate for the venue and the local community using it.

3. *Paper version of the workshop*

A questionnaire based on the workshops was emailed or posted to people who were interested in attending a workshop but unavailable on the dates provided, or if they were not comfortable attending a workshop or could not access the internet.

4. *Online survey*

The survey was a page within the NHS ECK website. A link was emailed to people via e-newsletters and bulletins. This method was primarily aimed at people in employment who could not attend workshops.

Participants were given a definition and explanation of community services and a list of what community services are currently being delivered in East Kent.

Participants were encouraged to share and discuss their own, their family's or friends' experiences and expectations of health services whether they were good or bad and the reasons behind those experiences. It was from these experiences that it has proved possible to highlight lessons to be learned and what needs to be improved.

Participants were also asked "what needs to be changed or developed over the next 5 years so that you and your family's experience of health in or near to your home is better than it is today?" which gave them an opportunity to develop a vision for how they believe community services should be delivered over the next five years.

4. Community Response

The information shared and ideas brought forward through all four methods of engagement were very valuable although some serious concerns were raised about health services in East Kent.

It was clear when collating all the information that common themes were emerging from across the whole area around information, communication, accessibility, mental health, discharge from hospital, the patient experience, voluntary services and disparity of services across East Kent.

Seven key improvements and recommendations were drawn out of this project and put to the NHS Eastern & Coastal Kent in a report published by the LINK.



5. These are the recommendations:

5.1 *Improve accessibility and visibility of information*

So that...

- information is published in plain English so it is easy to read by a wider audience
- specific information about health conditions, treatment, medication and community / voluntary support services available is in one document and in plain English to enable patients to take better care of themselves
- better use is made of local contacts such as neighbourhood forums, health trainers, community, youth and children's centres to raise awareness of available services and information relevant to that community is easily accessible facilities currently providing information, such as E-Kiosk, in some areas are expanded to other areas

5.2 *Improve communication between NHS teams, GPs, District Nurses, community service providers and patients*

So that...

- communication takes place at the right time, in the right way between the right people
- technology can be used to improve the way information is shared between the NHS and patients, for example, via text message

5.3 *Improve the discharge policy and procedure from hospital into the community*

So that...

- there is a more co-ordinated approach from NHS and Social Care agencies to ensure there is a smooth transition from hospital to home where patients continue to receive the care and support they need

- there is one point of contact responsible for discharges, co-ordinating communications and ensuring there are GP / District Nurse follow ups and appropriate care plans are in place and being delivered

5.4 *Improve accessibility of services by expanding current initiatives and exploring new ways of delivering services in community settings*

So that...

- there is better support and use of community facilities, youth centres and the people who work in those centres, to provide services and information that is easily accessible to that particular community
- voluntary services that are providing patient transport are better supported so they can expand their services to benefit more people
- current initiatives that are successful in delivering information and services directly into communities can be expanded to benefit communities across East Kent

5.5 *Improve the availability of community based mental health services and their integration with other health services*

So that...

- there is more community based staff to help support people in a crisis both in and out of hours
- CAMH children and Adolescent Mental Health teams have the capacity to support more children and young people in their communities
- communication is improved between all agencies involved in a patient's care to ensure physical and mental health needs are considered together, that resources are in place for promoting mental well being and that resources are used more effectively

5.6 *Improve the availability of resources for community nursing services*

So that...

- more District Nurses can be employed to provide a pivotal role in signposting, flagging up health and social care needs, providing information and ensuring patients recently discharged from hospital have the care and support they need once they are back at home

5.7 *Improve the relationship between NHS ECK and GPs*

So that...

- NHS ECK have more influence over the services GPs do and, more importantly, don't provide for their local communities
- GPs and their staff are better informed as to what community and voluntary services are available to their patients so that they can better signpost them

6. Community Vision for Community Services in 2013

The workshops also gave people the opportunity to create an overall vision for how they would like community services to be at the end of the life of the strategy in 5 years time -

Community Services that are well publicised with accessible and visible information, delivered equally across the area, in a joined up way, that are easily accessible by all and that are developed in partnership with local communities

7. The Impact

Right from the start of the project the importance of demonstrating how people could impact on the strategy was acknowledged as being vitally important to ensure effective involvement.

The LINK submitted its report on the workshops and the information gathered to NHS Eastern & Coastal Kent so that they could directly include the information in their strategy.

And this is how they did it –

7.1 Point 72 on page 24 lists the 7 recommendations for improvements as above.

7.2 (Taken from Community Services Commissioning Strategy 2009 -2013)

The table below matches the seven key outcomes from the patient and public engagement exercise with the six strategic commissioning principles of the strategy. This shows that the principles reflect what local people want to see improved. There is a greater level of detail in the strategy for each principle which states the work that needs to be done to achieve each principle.

PPE Outcome	Community Services Strategic Commissioning Principles					
	Deliver more services locally	Local health and social care needs data	Improve integration	Increase knowledge of services	Increase focus on prevention	Quality, safety and value for money
Improve accessibility and visibility of information				✓		
Improve communication between NHS teams, GPs, district nurses, community services providers and patients			✓			
Improve the discharge policy and procedure from hospital into the community			✓			
Improve the accessibility of services by expanding current initiatives and exploring new ways of delivering services in community settings	✓	✓	✓	✓		
Improve the availability of community mental health services and their integration with other health services	✓		✓		✓	
Improve the availability of resources for community nursing services	✓		✓	✓		
Improve the relationship between NHS ECK and GPs	✓	✓		✓		

8. Project Conclusion

In the short time available to carry out this project nearly 300 people were involved in one of the four methods. The workshops proved to be a good way of ensuring local people were not only involved in the development of a new strategy but was an opportunity for people to have their say and see how it made a difference. There were, of course, lessons learned about timescales, planning and preparation that will ensure future similar projects engage and involve more people from wider parts of the community.

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