

Your LINK for improving health and social care

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a LOCAL INVOLVEMENT NETWORK

TRANSFORMING COMMUNITY SERVICES IN EAST KENT

AUGUST 2009

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August / September 2009

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Acknowledgements

Thank you to all participants for taking the time to get involved and put forward their ideas for improving community services in East Kent.

I would also like to thank Sue Peach, NHS Eastern & Coastal Kent, Skillnet, Dave Rawling, Ashford LD Community Interest Company, the staff at Riverside Youth Centre, Riverside Children's Centre, Phil Scott, Phoenix Youth Centre, Christine Locke, Diversity House, Thanet Community Development Trust, Whitstable Umbrella Centre and Janet Lloyd, Kent and Medway NHS and Social Care Partnership Trust for their spirit of joint working, shared enthusiasm for involving local people in improving community health services and the use of their venues.

I would like to thank Ruth Brown, Lead Commissioner for Community Services and Joy Hadaway, Patient and Public Engagement Manager from NHS Eastern and Coastal Kent for giving Kent LINK the opportunity to carry out this piece of work and for their continued support in delivering it.

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 from an independent, community perspective. 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 (DH) 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 five years.

The strategy will:

- look at health services in the community and ensure that they work well together to improve patients' health and provide them with a positive experience;
- provide commissioners in East Kent with an over-arching vision of how local people want to receive and experience community services;
- highlight if NHS ECK needs to do anything differently and make any changes to existing plans for health services in the community;
- be completed in October 2009.

It was agreed at the beginning of this piece of work that:

- patients, the public, staff and local organisations would be involved at the beginning of developing this strategy to ensure it represents what local people need and want;
- this would be the start of continuous community involvement over the five year lifetime of the strategy;
- the outcomes of this engagement work would influence and be shown in the Community Services Commissioning strategy document;
- everyone asked to participate would understand how their contribution would be used and what they can and can't influence;
- every contribution would be valued and documented;
- every participant would be formally thanked, fed back to in a timely manner and be told how they can continue to be involved in the future.

3. Timescales

The timescales for this piece of work were as follows:

Monday 3 to Friday 21 August 2009	Gather information from local people through two hour group visits / workshops / information discussions, paper workshops and online questionnaires.
Thursday 27 August 2009	Summary event to feedback to participants the information gathered and to ensure what will be submitted to NHS ECK by the Kent LINK is truly from the community.
Thursday 16 September 2009	Community Services Strategy submitted to NHS ECK Commissioning Strategy Committee for approval.
Late September 2009	Final report by the Kent LINK published.
October 2009	Feed back to all involved with approved Community Services strategy and covering letter identifying where their involvement has made a difference

4. Methodology

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

There were four ways people could join in:

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 the workshops.

People taking part were given a definition and explanation of community services and a list of what community services are currently being delivered in East Kent. They 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 is 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 five 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.

5. Participant's Profile

All methods:

Total Participants: 279	Male: 97	Female: 182
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Ethnicity	No.	Ethnicity	No.
<i>White Irish</i>	2	<i>White</i>	89
<i>White British</i>	148	<i>Mixed British</i>	2
<i>Black British</i>	12	<i>Mixed Other</i>	1
<i>European</i>	1	<i>Other White</i>	3
<i>Caribbean</i>	1	<i>Other</i>	3
<i>Iraqi</i>	1	<i>Afghan</i>	4
<i>Iranian</i>	1	<i>African</i>	8
<i>Eritrean</i>	3		

Age Range (Years)	Total
0 - 16	5
17 - 34	47
35 - 54	120
55 - 64	52
65 - 80	48
80+	7

Workshops:

Total Participants: 106	Male: 41	Female: 65
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Ethnicity	No.	Ethnicity	No.
<i>White Irish</i>	2	<i>Afghan</i>	4
<i>White British</i>	74	<i>African</i>	8
<i>Black British</i>	11	<i>Iraqi</i>	1
<i>European</i>	1	<i>Iranian</i>	1
<i>Caribbean</i>	1	<i>Eritrean</i>	3

Age Range (Years)	Total
0 - 16	5
17 - 34	2
35 - 54	39
55 - 64	17
65 - 80	19
80+	4

Paper Workshop:

Total Participants: 6	Male: 2	Female: 4
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Ethnicity	<i>White British</i>	No.
		6

Age Range (Years)	0 - 16	17 - 34	35 - 54	55 - 64	65 - 80	80+
Total	0	1	1	2	2	0

Online Survey:

Total Participants: 167	Male: 54	Female: 113
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Ethnicity	No.
<i>White British</i>	68

<i>Black British</i>	1
<i>White</i>	89
<i>Mixed British</i>	2
<i>Mixed Other</i>	1
<i>Other White</i>	3
<i>Other</i>	3

Age Range (Years)	Total
<i>0 - 16</i>	0
<i>17 - 34</i>	24
<i>35 - 54</i>	80
<i>55 - 64</i>	33
<i>65 - 80</i>	27
<i>80+</i>	3

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6. 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's experience, voluntary services and disparity of services across East Kent. This report summarises the information gathered, highlights key points and makes recommendations for improvements all of which have come from the people taking part.

The themes and recommendations have not been placed in order of priority in this report.

6.1 Information

At all of the workshops one of the key issues for patients, carers and their families was about the accessibility and availability of information. Where information is available it is not always appropriate, reader friendly and often 'too busy' with text. It is felt that there is not enough information based on the health needs of the local community in which the information is available, for example, an area where African communities reside would benefit from more information about sickle-cell in their local health centre or surgery.

There appears to be a lack of information about community services, what they are, where they are available and how people can access them. It was apparent from the workshops that there was generally a low level of understanding about these services and quite often only an awareness of services individuals had actually used and not about what else is available to them. This includes what services are available in the community hospitals, minor injuries clinics and walk-in centres which are generally considered good facilities in the community.

There is also a concern about the information, understanding and awareness NHS staff have of community services and voluntary support groups which results in patients and their carers not being signposted effectively and missing out on those opportunities.

It was raised that Health Trainers and the services they provide are not adequately publicised to local communities.

Information about specific health conditions, medication and treatment is not consistently well explained to patients, especially those with a learning disability or whose first language is not English. Information is often discussed and given to the parent or carer rather than to the patient directly.

Improve accessibility and visibility of information

So that:

- information is published in plain English and 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

6.2 Communication

The level and standard of communication appeared to be the source of frustration for many people when using health services.

People have reported not receiving the appropriate information about their appointments, about times and how to travel to them. Examples have been given where appointment letters have been sent out without basic information on them such as the appointment time and patients have received multiple letters about the same appointment. Currently some dentists send text message reminders for appointments to those who have mobiles which appeared to be a popular and effective way of communicating with some patients.

There is a noticeable lack of communication between NHS teams, GPs, District and Community Learning Disability Nurses, community service providers and patients which has been attributed to situations such as physiotherapists attending an appointment not knowing which hip of a patient had been replaced.

Improve communication between NHS teams, GPs, District and Community Learning Disability Nurses, community service providers and patients

So that:

- communication takes place at the right time and 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

6.3 Discharge from Hospital

The policy and procedure for discharging patients from hospital was raised as unacceptable by participants. Examples were given where patients had been discharged from hospital and left without follow up and without a care package.

There appears to be a lack of joint working and information sharing between appropriate agencies such as hospital, GP, District and Community Nurses and Social Services to ensure that patients have the means to return home and then once they are home they have adequate and appropriate care and support in place.

It was reported that patients have been expected to make contact with their GP / District or Community Nurses / Social Services themselves which relies on their awareness of their condition and requirements for care and support which leaves vulnerable people without the care and support they actually need.

Care plans are not always put in place before patients leave hospital and sometimes it is left to patients to inform their GP / District or Community Nurse / Social Services and ensure they are carried out. It is felt that it would be more appropriate for a health or social care professional to carry out assessments of need based not only on medical needs but also on mental and emotional capacity. Assessments that are made over the telephone could also contribute to inappropriate care and support being offered, taken up or actually refused by patients and it is believed that face to face assessments or joint assessments with carers and family would overcome this problem.

The timing of discharges has also been raised as a concern. Whilst it is understood and accepted that patients cannot be discharged at the weekends - due to a lack of care provision available - it is unacceptable that patients are kept in longer as a result taking up beds and possibly delaying the patient's recovery.

If the discharge process is more co-ordinated with joint input from appropriate agencies, patients, their family and carers, the potential for re-admissions and further health and care complaints and requirements could be reduced. It will also help ensure people are able to use services in their community and remain in their homes for longer.

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 or Community Nurse follow ups and appropriate care plans in place and being delivered

6.4 Accessibility

There is an understanding that some services have to be delivered in a range of primary secondary and, occasionally, in tertiary specialist care settings and generally people are happy to travel to access those services if they can. The 'hopper' bus which transports people between hospitals was highlighted as a good service. However, access to community services that are outside of people's immediate geographical community is not so good, especially for those who do not drive. This is also true for young people who have to travel out of their local areas to access sexual health, drug and alcohol services in a way that helps them retain anonymity. If it is hard to access information and services it raises the question of how many people are missing out on vital information and services which is affecting their health and wellbeing.

It was said that community hospitals provide good opportunities for social interaction as well as better personal care and attention to the needs of patients which improves recovery, raises esteem and the general well being of patients.

There have been areas highlighted as having little or no 24 hour emergency provision of GPs, pharmacists or dentists in local communities and that people who don't have transport are unable to access emergency assistance without dialling 999 which may not be appropriate.

There is a lack of understanding of the eligibility criteria for patient transport, how to book that transport and what to do and where to go if you are not eligible. There are voluntary services that provide transport to appointments but they are thought to be oversubscribed, unfunded and not always appropriate. There have been many reports that appointment times do not take into consideration a patient's transport requirements, whether that is patient or public transport. However, the Choose and Book system widely received praise in the way it offers patients choice about where and when they receive treatment.

Examples of what works well in community settings due to easy access include:

- SureStart Children's Centres that offer a variety of services such as speech and language therapy for under five year olds;
- Breastfeeding support groups and counselling sessions which are supported by volunteers;
- Children's Centres and youth centres that are used as central contact points for a variety of people to access information, attend support groups and get professional advice through specific clinics, all of which are popular.

Discussions were held around mobile units that could deliver low level services such as prescriptions, blood tests and 'flu jabs and which may increase the uptake of services such as winter 'flu jabs, immunisations for children, etc., e-kiosk could be part of that to provide regular up to date information for those who are unable to access mainstream services, or the internet for information. Lifestyle/health checks, when appropriate, could also be delivered on a mobile unit, for example for cholesterol or blood pressure checks or annual health checks for people with learning disabilities, without people having to visit the GP. This was a popular idea especially for those in remote rural areas.

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

6.5 Mental Health

A vast amount of issues and concerns were raised around mental health services in the community, the support, care and treatment people receive and the links between health teams, patients, carers, statutory organisations such as the Police and volunteer services.

It was stated at one workshop that mental health services do not get the recognition, support or service development that is required to help people suffering from mental health problems to recover and break the re-occurring cycle. The cycle of mental ill health needs to be

broken in order for patients to stop re-entering the health service, reduce hospital costs and increase community based support. It is reported by carers that the hospitalisation of mental health patients is slow and convoluted and with very few beds available. There have been improvements recently to mental health services where carers are being more involved in patients' treatment in hospital, but problems arise when patients are discharged into the community too early and / or without appropriate support or care plans in place. There is frequently little support 'out of hours' with the result that people are taken to A & E or to the Police which is not always appropriate for the kinds of symptoms which are being manifested, for example, psychosis or dementia. Many of the patients who are admitted to A & E have to wait for a long time for assessment which further exacerbates their distress and problems.

Carers of people with mental health problems would like to see more joined up working between health professionals, care agencies, the Police, the carers and, of course, the patients. There are concerns that although patient confidentiality is important health professionals need to evaluate the risk to carers and the public when withholding information. If patients are referred to secondary care counselling via a GP the waiting time for an appointment can be up to 6 months which is often too late as people need help and support quickly.

There appears to be a lack of community based services that support mental health patients near to their homes for example stories were told of medication being administered in inappropriate venues. Although there are some good facilities available, such as the Frank Lloyd respite unit for older people and counselling support services being delivered through Children's Centres. However, counselling in the community is very limited. Sessions in one Children's Centre are actually paid for by SureStart because when funding was cut it was felt it was too good a service to lose. Counsellors are restricted to the number of people they can see each week due to funding and yet in a community setting these services are oversubscribed with a waiting list even though they have the capacity to take on more.

Concerns were raised around the capacity of Child and Adolescent Mental Health (CAMH) to deal with children and young people at a time when they need support. Early intervention is key to preventing ongoing mental health problems into adulthood but the transition from children's services to adult's services needs to be better.

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

So that:

- there are more community based staff to help support people in a crisis both in and out of hours
- CAMH 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.

6.6 Resources

District and Community Nursing teams were praised for the work they do in the community at a number of workshops. It is widely understood and sympathised with that there is a need for more district and community nurses as they provide a vital link between patients, the NHS and the community. District nurses provide the face to face interaction with patients that could make the difference between patients taking up the care and support they need or being left vulnerable in their own homes.

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Improve the availability of resources for community nursing services

So that:

- more District and Community 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.

6.7 General Practitioners

Although GPs do not come under Community Services the service they provide does impact on other services in the community. GPs are central to referrals into community services, to communicating and providing information about what is available to patients and ensuring continuity of care. There is inconsistency across the East Kent area around services and follow ups that different GPs provide so the care and support you receive as a patient depends on the area you live in. These inconsistencies and the apparent lack of control NHS ECK has over GPs and the services they provide to their communities were discussed at several workshops.

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

7. Conclusions

It became apparent through this engagement work that more often than not it is the inconsistencies across the East Kent area that are of most frustration to local people, the inconsistent information and messages they are given and the inconsistency of services available dependent on where you live. This ties in with all the themes discussed in this report where information and communication are real problems, accessibility and availability of services as well as the care and support available in the community.

There is gradually more focus being placed on the patient experience by NHS organisations but this engagement work has demonstrated that due to the inconsistencies across East Kent, patient experiences differ dramatically depending on where they live. People using health services are increasingly frustrated by lack of information, disparities of the services and facilities available to them and that if you are articulate you achieve more such as getting an appointment when none were available. It also highlights the inequalities faced by many of our communities not just associated with deprivation but by location and demographics.

The participants of the workshops raised an important point about the need for a more holistic approach to care in the community which requires more effective joint working between agencies, staff trained appropriately and with clear guidelines around how to flag up health and social care concerns that fall outside their remits. Volunteers and the voluntary sector should be part of a more holistic approach to care in the community as should District Nurses.

There is a great deal of care and support services being carried out by voluntary sector agencies. These services are often oversubscribed, unfunded and not supported by the statutory sector but greatly valued by the people using them. Volunteers drive patients to appointments, run informal support groups, visit people in hospital and provide a key link between patients, the NHS and Social Services. It was felt by participants that more support should be given, not just financially, but also to promoting and recognising the important role the voluntary sector plays in health and social care.

8. The Community's Vision for Community Services in 5 years

One of the aims of this engagement work was to develop a vision with people from across East Kent. This vision is based on the wishes of those people for the future of community services.

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

9. Appendices

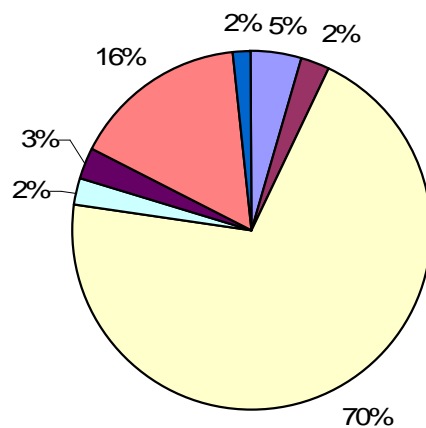
9.1 Online Survey Results

Participants were asked “based on your experience or your expectations, what are the top three things that need to be improved most in East Kent over the next five years?”

	Priority
First priority	Having a wide range of services available in the community so you have a choice of where you receive care, for example physiotherapy, x-rays, minor injuries
Second priority	How well NHS teams talk to each other - between your GP, hospitals and services offered in the community
Third priority	How easy is it to get to a service, for example opening times, transport routes

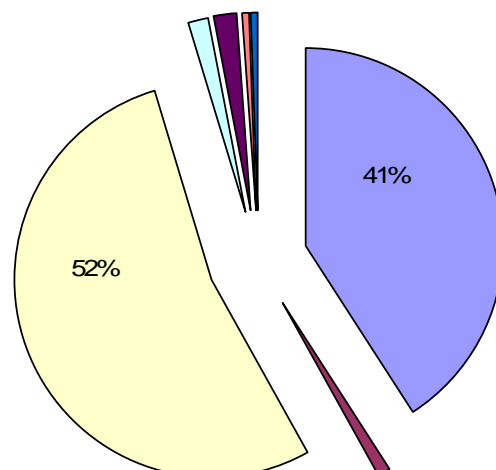
9.1.2 Participant's Profiles

Graph to show situation of participants that took part in the online poll



■ A Carer
 ■ Disabled
 ■ Employed
 ■ Unemployed
 ■ Other
 ■ Retired
 ■ Unspecified

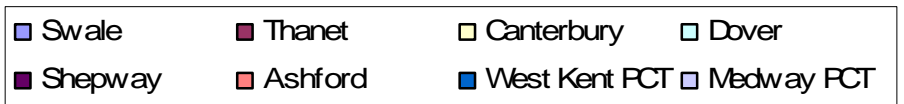
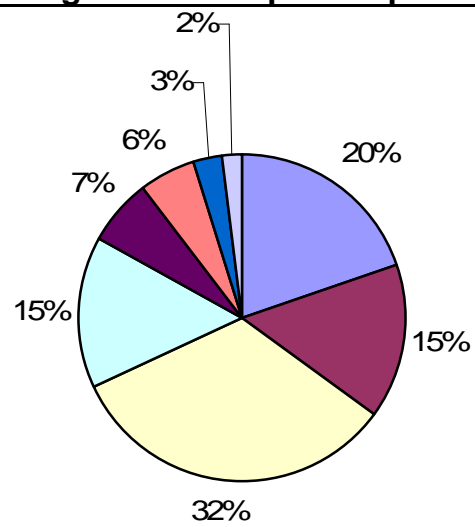
Graph to show ethnicity among online poll participants



9.2 Workshop Participant Demographics

Locality	Participants	Percentage
Swale	21	20%
Thanet	16	15%
Canterbury	35	33%
Dover	16	15%
Shepway	7	7%
Ashford	6	6%
West Kent PCT	3	3%
Medway PCT	2	2%
Total	106	

Percentage of workshops filled per Locality



Percentage of age ranges that participated in the workshops

