



MAPPING
THE FUTURE 

Overview

August 2013

What is Mapping the Future?

Mapping the Future is a project that will modernise health and care services for the 463,730 people who live across the boroughs of Tonbridge and Malling, Tunbridge Wells, Maidstone and most of the Sevenoaks district in west Kent.

Mapping the Future will produce a future picture of the modern, efficient health and care services that we will need to provide in order to meet the changing needs of people in west Kent.

Who is involved in Mapping the Future?

Mapping the Future is being coordinated by NHS West Kent Clinical Commissioning Group (CCG), the main organisation that plans and buys healthcare services for the area.

The other organisations that either pay for or provide services to people in west Kent are also involved in the project, including:

- Kent County Council's Social Services
- Maidstone and Tunbridge Wells NHS Trust
- Kent Community Health NHS Trust
- South East Coast Ambulance Service NHS Foundation Trust
- Kent and Medway NHS and Social Care Partnership Trust
- Integrated Care 24 (IC24)
- Voluntary organisations
- GPs.

We want EVERYONE who has an interest in west Kent's health and care services, whether they are representing an organisation, or are a local resident, to let us have their views on this future picture.



Why is Mapping the Future needed?

Put simply, west Kent's health and care services need to change as there is a widening gap between what people in west Kent need and the funding available. Based on current trends, the demand for healthcare will increase by 20 per cent over the next five years but there will be no increase in funding. We have to find a way to give people the quality of care that they want and need, which is affordable.

NHS West Kent CCG has a budget of £471 million per year to spend on healthcare in the area. If we continue to deliver the services in the way we do now and meet new demands for care, we will have a funding gap of £62 million by 2018/19.

By being proactive and working together the NHS can start putting changes in place now, so that we can continue to provide you and your family with the health and care you need in the future.

What will Mapping the Future achieve?

At present different organisations and individual services make their own plans. This creates a disjointed and inconsistent service for people who need health and care services.

The Mapping the Future blueprint will help local health care providers develop more coherent plans, provide more joined-up services and reduce unnecessary spend.

Mapping the Future will:

- Lead to the creation of a five-year healthcare plan
- Provide the opportunity for local people to become involved in decisions about what should happen
- Enable commissioners and service providers – hospital trusts, community services, the mental health trust, ambulance services and social care providers – to plan more effectively
- Put patients at the heart of the process so that services are planned, commissioned and delivered in their very best interests
- Make it easier to coordinate care, especially for people with multiple health and/or social care needs
- Ensure resources are used wisely.



What has happened so far?

Between May and June 2013, four meetings took place for clinicians, health and care professionals, managers and patient representatives, to review the way health and care services are currently provided, from prevention through to recovery.

The sessions focused on the following areas:

- Falls and mobility
- Dementia and mental health
- Urgent and emergency care
- Respiratory diseases.

These topics were selected because they are areas where demands for care are increasing, but the topics themselves were not the main focus of the exercise. It was more about pulling out the common themes of how things are currently done and how they could be done in the future, to improve services.

People attending the sessions identified some of the current challenges to be overcome through the Mapping the Future project:

- Missed opportunities to tackle the causes of health problems
- Missed opportunities to tackle health problems early on
- Patient information doesn't 'flow' round the different systems
- Missed opportunities for involving voluntary and community organisations
- Services in the community are not geared to dealing with urgent care needs
- Opening times of services don't work together well and night and weekend access to services could be improved
- Providers of services don't know what other services are available, making it difficult to inform or steer people to the right place for help
- Professionals and the organisations they work in are concerned to protect their own interests but this can result in costly care that is not always best for the people that need care
- Lack of diagnostic services or consultant advice anywhere other than in hospital
- Not enough is done to learn from each other or share in identifying solutions
- The quality and performance of services delivered in the community is inconsistent
- Patients and carers aren't given enough information for them to be more actively involved in their care.

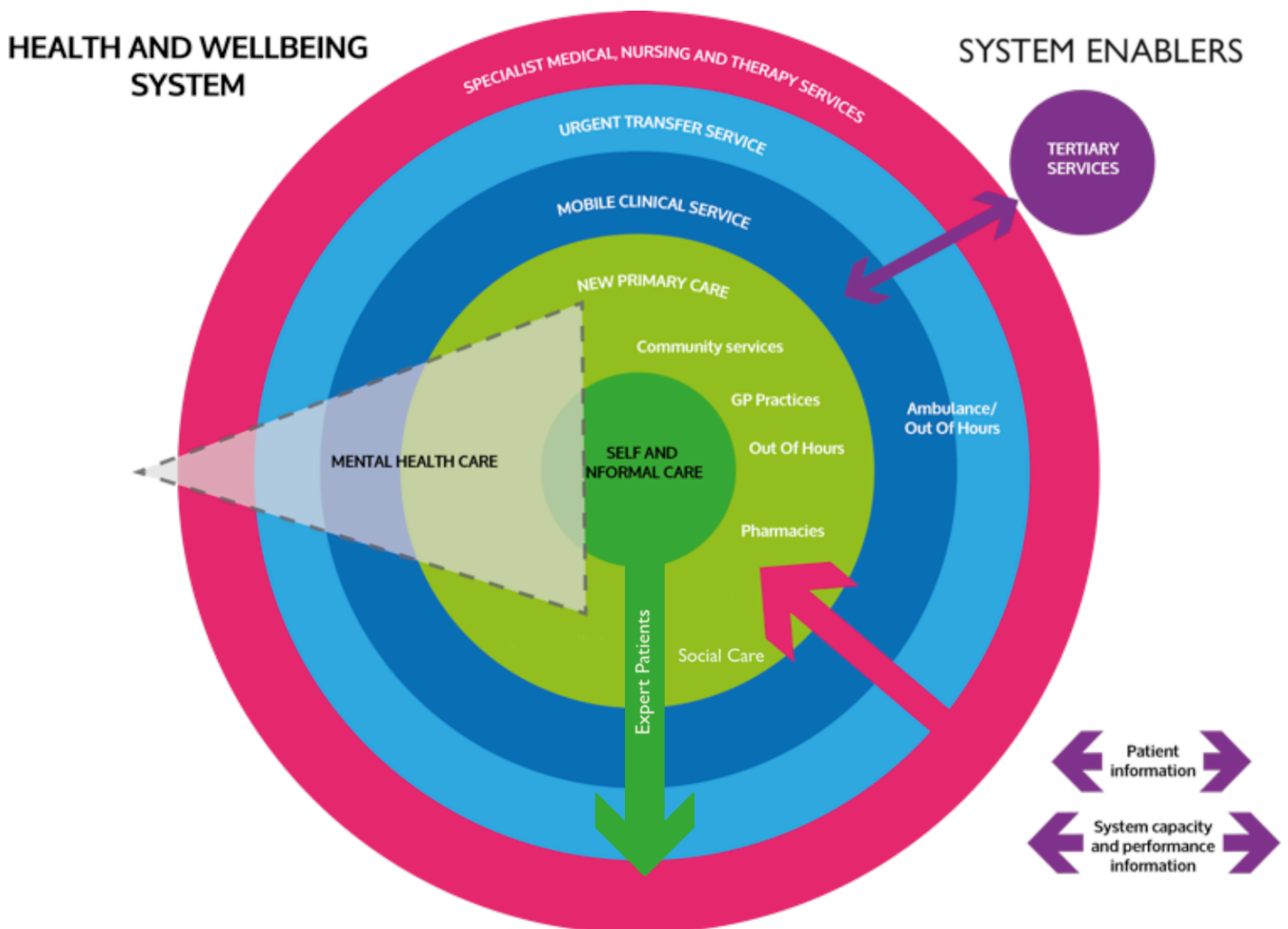


Participants heard the evidence about how other areas have tried different ways of organising health and care services. And they've used this information and their experience and judgement to describe what the future health and care system in west Kent might look like.

The information gathered from these sessions highlighted some common themes around the way health and care services should be delivered going forward in west Kent. A draft plan, known as a 'blueprint' was developed and then shared with everyone who had input to the four meetings.

This blueprint is now being refined in readiness for other health and care staff, voluntary and community organisations, patients and the public to comment on.

What does the 'blueprint' or plan look like?



At the heart of the blueprint are the people who need health and care. A health and wellbeing system ensures that all opportunities are taken to tackle important health risks such as tobacco, drugs and alcohol and enable people to choose healthy lifestyles. The majority of care is delivered by a new primary care system. This comprises pharmacists, GPs, community nurses, mental health and social care working together as a team, operating round the clock and working closely with specialist medical, nursing and therapy services in hospitals. More use is made of paramedics treating people at the point where they are ill. And mental health care is threaded through all of these aspects.

Health and wellbeing system

- All organisations involved in health and wellbeing will work together to tackle risks to health and to improve the health and wellbeing of local people.

Self and informal care

- Patients and carers will be supported to take responsibility for their health and care through education, peer support, and signposting so they know what services are available, including voluntary and community options
- People will be encouraged to make early decisions about how they prefer to be treated
- People will be supported to stay independent and at home for as long as possible.

New primary care

- GP practices, community services and social workers will be more joined-up and able to respond to patient needs round the clock
- Appointments or meetings with people will be provided face-to-face or over the phone and there will be longer opening times
- A consistent range of services will be available across west Kent and operating at weekends and nights
- Everyone will use the same patient record system
- GPs will have access to advice from hospital specialists so they can manage their patient's care without sending them to hospital unnecessarily
- Primary care teams will take a more proactive approach to tackling health risks and conditions early on, so they can help prevent people's health deteriorating



- Primary care teams will 'own' their patients' care. They will make sure patients receive specialist care if needed and help plan their return home as quickly as possible
- Professional teams will have advanced skills in diagnosis and treatment of patients with long-term conditions.

Mobile clinical service

- NHS 111 will provide valuable advice and help to patients and carers by phone and online as part of the health and care system
- Call handlers will be fully briefed on local services and have access to 'live' information
- Mobile clinical services that comprise paramedics and other health professionals, will provide care to the patient at the place where they become ill rather than bringing the patient to the services as a matter of course
- Mobile clinical services will have access to the same information as other health and care professionals (such as patient records) and there will be a clear system in place to transfer people back to the care of their primary care team.

Urgent transfer service

- The traditional ambulance service will continue to transfer patients with urgent care needs where necessary. They may provide a range of treatments and diagnostic tests to patients on the way, providing effective handover to specialist hospital services
- The same health and care protocols will be used across the system
- There will be access to the same information as other health and care professionals (e.g. patient records and awareness of what medicines people may need to take to hospital with them)
- The transfer service may take people to other care locations such as community hospitals or care homes as well as acute hospitals.

Consultant-led services / specialist doctors, nurses and therapists

- Hospital-based urgent and planned care will complement each other but will be managed separately to ensure they work as efficiently as possible
- Some consultant-led services will be concentrated in larger centres where there is evidence that this can improve quality and offer more cost-effective care



- There will be closer links with primary, community and mobile clinical services, with greater sharing of responsibilities, a culture in which there is clear accountability for care which stretches across organizational boundaries, supported by one single patient record system. People should experience more joined-up care as a result
- Information about patient needs and service activity will be constantly analysed to make sure resources are in the right place
- Hospital-based services will help people to make positive changes in their health behavior, e.g. around smoking or alcohol consumption
- There will be better linkages between the treatment of physical and mental health conditions
- Primary and specialist clinicians will work together to agree when it is appropriate to refer patients to specialist centres outside of west Kent and work to establish the same culture of shared care with clinicians in specialist centres.

What are the next steps?

The draft blueprint will be ready to share with the public in September 2013, and local people and organisations will be invited to submit their views through a dedicated Mapping the Future website and a range of engagement events.

Questions

We would welcome your response to the following questions. Responses can be submitted via our online questionnaire: <http://www.surveymonkey.com/s/mappingthefuture>

1. What are your comments on how we tackle west Kent's challenges of rising demand and limited resources for health and care?
2. If we all took responsibility for our own health what would we need to help us do that?
3. How can we make health and social care services more efficient (less wasteful)?
4. How can we ensure the person's experience of receiving services is more coordinated and joined-up?

