

# Reimagining community health services introduction to engagement summer 2024

## Contents

1. Introduction
2. Adults
3. Children and young people

## Appendices

1. Surveys
2. Comms and Social Media Report
3. Community Organisations Reports
4. Listening Events Key Themes

# Reimagining community health services

## 1. Introduction to engagement summer 2024

### Community Health Services

Community health services help adults and children get well and stay well, either in their own home or other out-of-hospital settings close to home. They are a critical part of health and care, working closely with general practice and alongside hospitals and embedded in our communities.

These services are nurse and therapist-led, helping people to regain or find their independence and get back on their feet after illness or injury. They also include therapists and nurses working with children with disabilities or long-term illness, supporting people with long-term conditions and giving dignity to people at the end of their life and their families.

We know people recover faster at home and those who need longer term care need support to live their lives the best way they can. NHS Kent and Medway wants to improve community health services, making sure people can access the same quality and type of services no matter where they live, reducing waiting times, improving care and people's experience.

To help determine how we can improve community health services, for adults and children, NHS Kent and Medway conducted a series of listening activities with the public, frontline staff, patients and communities to find out:

- What is currently working in community health care.
- What needs to be improved.
- What matters most to the people who use and work in these services.

These reports cover the key findings from the engagement activity.

### What has NHS Kent and Medway done to listen to people?

Patient, community and staff input are critical to make sure we develop the best models of care and make sure community health services are fit for the future. Between May and July 2024, NHS Kent and Medway carried out a series of activities to gather views and experiences.

We conducted a review of existing patient experience findings, ran three surveys which were hosted on [Have Your Say in Kent and Medway](#) (our dedicated platform for involvement), invited people to listening events across Kent and Medway and online, worked with local community organisations to reach people from communities who are

traditionally not well served by health and care services, attended local community events and carried out interviews with people who use community health services but who are not able to leave their homes.

To promote the engagement, we ran digital and offline advertising and sent information through to NHS partners, local councils and voluntary and community organisations to help spread the message and share details of the ways to get involved.

Much of our promotion was aimed at both adults and children and directed people to the community services home page where they could choose which was most relevant to them. We ran advertisements through Meta channels (Facebook and Instagram) and Kent Messenger papers across the county. Our advertisements reached 1.1million people in total (some more than once) and generated 15,400 clicks to our Have Your Say home page to find out more.

Between 30 May and 24 July:

- 112 people attended eight events
- 9 community organisations spoke to 322 people from underserved and less listened to communities
- 1,500 postcards distributed through Kent County Council social care, One You Kent and health and wellbeing buses
- We spoke to people at four community events
- 135 adult surveys were completed
- 39 children surveys were completed
- 120 staff surveys were completed
- Seven interviews with housebound patients were conducted.

## What happens next?

This engagement feeds into the development of principles for improving community health care services. It helps NHS Kent and Medway and the providers of community health services to focus on what matters most to those using and working to deliver services. Further engagement with people, patients and staff will take place in early 2025 focusing on how care should be delivered and looking at pathways of care.

## 2. Reimagining community health services for adults: Summary of what we have heard

*“I am proud and honoured to still be a part of the NHS. I believe my work ... is making a tangible difference to people's lives, has reduced the risk of future preventable diseases for hundreds of clients over the years. I believe this focus on health inequalities and person-centred preventative care is also helping to reduce the burden on acute services and primary care.”*

*(staff survey response)*

This report is a summary of the key findings from the engagement on adults' community health services which took place in the summer of 2024. It outlines findings from:

- A patient/public survey (adults)
- A staff survey
- Four in-person listening events and two online listening events
- The findings of nine community organisations working with underserved and less-listened-to communities
- Seven interviews with housebound patients.

An appendix accompanies the report setting out the findings from each engagement activity in more detail. A further report details the findings on children's community health services.

### Key messages

A number of themes re-occurred throughout the engagement activity. These should be built into the next stages of planning for community health services.

Staff are highly valued by patients and communities for their caring dedication to patients and families.

Staff themselves feel they make a difference to people and that they are well placed to understand needs and to work flexibly to deliver care. However, there are issues with capacity - having enough time to do a good job and having to spend too much time on administrative tasks. A comprehensive plan to develop a sustainable workforce for the future is required.

Communications with patients must be improved. People need open, regular communications and a clear way of getting in touch with services. This includes:

- improved phone lines
- better translation services
- accessible formats
- clarity around who is responsible for what and what will happen next.

Honesty about waiting times was a requirement from many of the patients and families.

Involving people in decisions about their care and listening to patients and families was seen as a priority by both staff, patients and members of the public responding to community organisations. The role of unpaid carers needs more recognition and more systematic support.

Staff mostly do not feel they are well joined up with different organisations. Joined up care which focuses on improved patient outcomes and experience could be achieved by focusing commissioning on patient outcomes, by stressing better communication between teams, by rolling out multidisciplinary team and integrated neighbourhood teams. There should also be seamless sharing of patient information between health and care providers including hospitals and social care.

Focusing resource on preventing ill health and local partnership working is needed which includes shifting resource into community services and into community prevention work. This will help the system with ever growing demand and improve health and wellbeing in the longer term. There must be recognition of all the local partners who can achieve this, including voluntary and community sector organisations, and local communities.

Reducing waiting times and making sure services are equitable across Kent and Medway were also seen as key to improving health particularly in areas where there are higher levels of deprivation and poorer health.

## What did people tell us?

### Surveys

135 people completed the patient and public survey and 120 completed the staff survey.

The adult community health services most frequently used by respondents are musculoskeletal services (MSK) (43 per cent), community nursing including specialist and complex nursing services (27 per cent), continence care and continence management services (25 per cent), urgent community response (24 per cent), and health and care co-ordinators (21 per cent). We heard from clinical and non-clinical staff from all the current community health care provider organisations and from those working in other related bodies such as acute hospital trusts.

Overall experience of patients is good with 42 per cent rating the services as 'good' or 'very good' and 17 per cent rating them as 'excellent'. The main reason for the positive responses were the quality of care and the caring nature of staff:

*"Everyone we dealt with from staff booking appointments, physios, the community rehab team and nurses were all really helpful."*

Staff told us the main things they value about working in or with community services are making a difference to patients and families through providing flexible, patient centred care.

They also valued being able to provide care in people's homes and close to people's homes, and the colleagues in the teams they work with.

Patients and the public told us the main areas for improvement were communications and the provision of information including better phone access, more clarity about appointments and how long they would have to wait. Participants also asked for shorter waiting times.

Staff told us that the following would improve services:

- Better sharing of records and data across health and care services
- Improved communication across services
- Increased funding and staffing
- Reduced waiting times
- Improving the equality of access across different geographical areas
- A multidisciplinary approach to care.

## What matters most?

Survey respondents were asked to rank ten key priorities for improving services. Staff and patients mostly agreed on what was most important for people who use services.

	<b>Staff's top four priorities</b>	<b>Patient's/public's top four priorities</b>
<b>1</b>	I feel I am listened to, and I take part in the decisions about my care and support	My care is joined up with different professionals working closely together
<b>2</b>	My care is joined up with different professionals working closely together	I don't have to wait a long time to see someone when I need to
<b>3</b>	Regardless of where I live in Kent and Medway, I can easily get the same types of community health services	I feel I am listened to, and I take part in the decisions about my care and support
<b>4</b>	I don't have to wait a long time to see someone when I need to	Regardless of where I live in Kent and Medway, I can easily get the same types of community health services

Being able to get to services was also important to patients and the public – with some people telling us that they struggled to get to appointments due to the location of services and poor public transport links. However, when asked, 46per cent said it had been easy to travel to their last appointment.

## Listening events

Listening events were held in East Malling, Chatham, Dartford and Canterbury and a further two were held online. The events were attended by 83 participants including health and care staff (clinical and non-clinical) and representatives of health and care partnerships, patients and family carers, and community and voluntary sector organisations. Participants discussed what is currently working well and what could be improved. People told us this improvement programme needs to make sure a shift in resource towards community health services and to preventing ill health. Future models of care should emphasise collaborative working and breaking down unnecessary barriers between organisations.

The improvement must focus on:

- Building on and supporting current good practice – including how community health service staff are embedded in the community, and tools for providing more self-care and support, and use of new technology
- Improving access to services and reducing inequality of access – with concerns raised about a ‘postcode lottery’ contributing to health inequalities in the least affluent areas of Kent and Medway
- Focus on prevention of ill health – drawing funding and focus into partnership approaches to reducing health inequalities and supporting health and care partnerships in their approach to working as widely as possible with partners to deliver healthier communities
- Supporting and respecting staff and building workforce for the future – focusing on sustainability and flexibility to support the delivery of care including support for high quality administrative support
- Better communications with patients and improving communications between different providers and teams – some patients experience periods of silence when they are waiting for appointments, staff report problems with ‘hand-offs’ and transition points for patients to different services
- Embedding multidisciplinary team working making sure that the focus is outcomes for patients and moving away from organisational boundaries– also reducing the number of ‘single points of access’
- Integrating services into local neighbourhoods – incentivising collaboration will encourage better working with community and voluntary sector organisations place value on partnership led initiatives which work across sectors
- Better sharing of patient information - making sure that each professional involved in a patient's care journey is well-informed, reducing the likelihood of errors, duplications or miscommunication
- A systematic approach to recognising and supporting unpaid carers – helping people stay well and maintaining their independence through a unified approach to supporting family carers across the system

While there was a great deal of passion and commitment to local community health care and participants came with good examples of patient focused integrated care. People also told us they had participated in similar discussions in the past and had heard promises of change before. People wanted to see evidence of change and the differences their input had made.

### Community organisations: Gathering views from underserved communities

*“Everyone is different with different capacity and needs – person centred care. You have a learning disability nurse – but not one for physical disability – I think is totally wrong.”*  
(respondent, Disability Assist)

Community based organisations Disability Assist, [Diversity](#) House, Folkestone Nepalese Community, [Hi Kent](#), [Involve Kent](#), Kent Association for the Blind and [Social Enterprise Kent](#) conducted interviews and ran discussion groups with people living in areas of deprivation, people from minority ethnic communities and people living with disabilities and long term conditions.

People told us they had mostly good experiences of community healthcare because of the dedicated, professional and caring staff. Improvements could be achieved through having more joined up services, better staff awareness around the different individual needs of patients, staff having more time to be able to provide person centred care, better record sharing and better communications around what to expect. Key themes in the discussions and interviews were:

- Help and support when using multiple services – many respondents needed to use several services and found it difficult to understand the differences between different services. Services need to be joined up around the person
- Provision of easy-to-understand communications – provided in a variety of formats and translated into different languages including information about where I am on a waiting list and explaining referrals
- Being listened to and taking part in decisions about their care and support was very important to people – this was the number one priority when people were asked to rank key priority statements
- Person centred care is important – teams need to understand and appreciate different needs and preferences and be facilitated to respond to these to help people stay happy and independent
- Involvement of family carers and close family members is also important
- Flexibility around appointments including longer times where required and more access to face-to-face appointments in their local neighbourhood when needed
- Travelling to services was a particular concern for the participants located in some areas such as Swale and for people with some disabilities which made travelling more problematic – locating services near to where people live is important and making appointments easy to get to



## Interviews with housebound patients

*“I know them so well now they are like part of my family...and that’s great” (patient interviewee)*

Seven housebound patients who receive community health services were interviewed. They were extremely satisfied with the care they received. Many had built relationships particularly with community nursing staff and told us that developing personal relationships contributed to the high quality of care they got.

Being treated with respect, understanding what is going to happen and having a number to call were all highly valued. Improvements could be made to how information is communicated, giving staff more time with patients, co-ordinating care at home across the system and involving patients and families in decisions.

## 3. Reimagining children’s community health services: summary of what we heard

### Introduction

Between 30 May and 24 July 2024, NHS Kent and Medway engaged for parents and carers of children and young people who use community health services. We did this via a survey, two online events and by asking community organisation who work with those less heard from to engage with their own stakeholders and feedback to us.

- We had 39 children’s survey responses
- Six community organisations engaged with 116 children, young people, parents and carers.
- 29 people attended events

The following report summarises what we heard from all of those channels.

### What we heard

Across all the engagement we heard the following themes.

#### What is good about services that should be shared?

- Friendly / caring staff
- Satisfaction with services are good when they reach them

- Multi-disciplinary teams are helpful and supportive
- Locations close to home

Across all methods satisfaction with services once being supported by them was relatively good. Staff supporting children and young people were seen to be caring and helpful with people saying they treated children equally and adapted to their needs. They also reported that many community locations were close to home and therefore simple to get to.

### What should be improved

- Access / long waiting lists
- Communication – with patients and between services: information about services, support offer while on waiting lists
- Integration / Referrals/ fragmentation – support as young people are moving back and forth between services to avoid young people falling down gaps or getting lost in the system
- Training and education – for staff and parents/ carers
- Service flexibility
- Transport for when locations are further away
- Continuity of care – especially important when dealing with young people with complex needs
- Record sharing
- Workforce wellbeing
- Sustainable use of the voluntary / community sector

The biggest theme for improvement was around **access to services**, both in terms of reducing waiting lists and also parents reporting they feel they have to ‘fight’ to access the right support at the right time for their children.

**Fragmentation / integration** also came through across all events, surveys and discussions. There was significant frustration around what was seen to be ‘service hand offs’, referrals where information didn’t follow the patient and people having to navigate a complex system without support. This was raised in relation to transition from children’s to adults’ services but not limited to that and was a concern whenever young people are moving between one service and another.

### Children’s survey responses

39 people responded to the survey, 27 of whom resided in Medway and Swale with two in West Kent, four in East Kent and four in Dartford, Gravesham and Swanley.

The most used services respondents had used were community paediatrics and speech and language therapy.

The majority used services more than once while four were still waiting for an appointment following referral. 20 people said their experience was good / very good or excellent and seven reported a 'poor' experience.

Priorities identified in order of importance through the survey were,;

1. Regardless of where I live in Kent and Medway I can easily get the same types of community health services
2. My care is joined up with different professionals working closely together
3. I don't have to wait a long time to see someone when I need to
4. I feel I am listened to, and I take part in the decisions about my care and support
5. I can be treated or seen at home or in my neighbourhood
6. I have a shared care record across services and one care plan for me
7. When I need to move from children's to adults services my care is unbroken and joined up
8. I can manage my own health and well-being (with information and support from health and care services)
9. There is a focus on preventing health problems before they start on providing support for isolated people and creating healthier communities
10. I can use technology to seek advice and care at home, for instance using monitoring devices at home and video consulting

## Children's community organisations

Six community organisations supported this work.

- **21 Together** - a charity which supports children and young people aged 0-25 with Down's Syndrome and their families in Kent
- **Diversity House** - a charity who promotes community integration, re-integration, social inclusion and cohesion within the Swale and Kent communities
- **Folkestone Nepalese Community** – a non-profit organisation dedicated to assisting the local Nepalese and Gurkha veterans along with their families in Folkestone and nearby regions.
- **Involve Kent** - a large charity in Kent that helps people to live happier, healthier lives. We empower communities to live well by tackling the root cause of ill health, including isolation, loneliness, disadvantage and frailty.
- **Medway Parent and Carer Forum** - an independent, pan disability, parent led charity who work with (not for) the local authority, health and local services to improve services for children and young people with special educational needs and/or disabilities (SEND) and their families.
- **Youth Ngage** – an organisation delivering positive engagements for youth and young people between the ages of 11 – 21 around the North-Kent area

50% of those spoken to were young people, 41.7% were parents and 8.3% carers.

The key themes from the reports were:

- **Waiting lists** - waiting times are too long for referrals, reviews and assessments
- **Communication** – this includes information about services for parents and carers, letting parents and carers know about other support for them while on a waiting lists and staff speaking to other services
- **Staff training and development** – there is a need for more courses focused on diverse communities and supporting those families to meet their needs
- **Service flexibility** – services meeting the needs of the child, young person or family at appointments or in clinics by adapting the environment when needed

Across all organisations, the top four services participants mentioned were:

- Audiology
- Community paediatrics
- Children and young people speech and language therapy
- Occupational therapy

A lot of feedback was received around services for ADHD and autism specifically and these will be fed into improvement plans for those services.

## Children's listening events

Two online listening events were held with 38 people signed up and 29 people attending. Many of these people were staff working in services across providers, there was also representation from Medway Parents and Carers Together forum (PACT).

Alongside identifying caring and compassionate staff and effective MDT approaches as what works well, there was significant discussion around workforce and how to make sure staff wellbeing was improved and 'burn out' and stress reduced. There was a focus on creating positive work environments with sustainable workloads and 'time to care'. Parental training also came out in both events, with additional guidance and support needed for parents to help them support their child's wellbeing.

Inconsistency of services, complexity and fragmentation were raised as challenges that needed a system level approach.

## Appendices

All appendices are available on request