APPENDIX A

Local Health Care Provision in Maidstone

1.0 Background

1.1 A report was presented to the Communities, Housing and Environment Committee on 16th April 2019 following an all member workshop regarding local health care on 25 February 2019. A detailed briefing note had also been prepared and circulated as a background document. Some circumstances have changed since this note was provided; relevant points of change are picked up in this note. At the workshop, Members had raised concerns about the infrastructure and staffing for General Practitioner (GP) provision. Additionally, the issue of historical Section 106 (S106) agreements had been debated. This issue had been considered in further detail with the Chairman of the Strategic Planning, Sustainability and Transportation (SPST) Committee.

1.2 In summary the key points and information covered on the 16th April 2019 were as follows:

- Changes to GP Practice staffing in west Kent had been implemented in line with the NHS 10 Year Plan. This was expected to increase the capacity available for managing patients with complex conditions
- The NHS West Kent Clinical Commissioning Group (CCG) had taken positive steps to implement the high impact recommendations in the NHS England Time to Care Scheme. These changes were expected to have a positive impact on staffing capacity.
- CCGs monitored risks to continuity of service, such as closures of GP practices. Conversations between the CCG and GP Practices were undertaken to promote resilience and sustainability.
- The potential links between areas of deprivation and issues with recruitment and retention at GP Practices had not been researched at a local level.
- The development of new houses resulted in an increased need for GP services. This meant that available business space needed to be maximised, while appropriate recruitment also needed to be undertaken.
- It was important to promote Maidstone as an attractive place to live and work. This encouraged people to move to the area and deliver services required by residents.
- Maidstone Borough Council worked closely with other organisations to ensure that projects to expand GP Practices and

deliver infrastructure were completed in a collaborative and effective manner.

- Maidstone Borough Council had worked with the West Kent CCG to support the allocation and use of S106 monies. There were, however, challenges when spending this funding. Firstly, the money was only to be spent on improving the capacity of health facilities in order to meet the needs of a population. Secondly, S106 funding was made available to the CCG at agreed milestones. Projects could therefore not be commenced until the S106 monies had been released to the CCG. Finally, S106 funding was considered to be a capital contribution. This meant that there were restrictions on how the money could be spent and often required match-funding from GPs or other property owners. In some instances, S106 money was pooled to enable large scale extensions.
- The local media could share information and raise awareness about how to appropriately use services. This could include information regarding social prescribing, to ensure that professionals and residents had a common understanding of this and the potential it had to improve health.

2.0 **Context**

2.1 The NHS Long-Term Plan (https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf) was published in January 2019. Amongst other things it recognised the multiple challenges faced by community health services and general practice including

- Rising patient need and complexity
- Traditional GP partnership model has become increasingly unattractive
- Insufficient staff and capacity
- There is a shortage of practice and district nurses
- There are not enough GPs, GPs are retiring early, newly qualified GPs are working part time and the use of Locum GPs has increased

2.2 In response the comprehensive 10 year identified five major practical changes to the NHS service model over the next five years which are

1. Boost 'out-of-hospital' care, including dissolving the historic divide between primary and community health services.
2. Redesign and reduce pressure on emergency hospital services.
3. People will get more control over their own health, and more personalised care when they need it.

4. Digitally-enabled primary and outpatient care will go mainstream across the NHS.
5. Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere.

2.3 As a result, models of care and therefore workforce needs, and partnership arrangements need to change.

Workforce

2.4 To respond to the current mismatch between demands and staffing capacity and to make the ambitions in the Long Term Plan a reality, the NHS has recognised that it will need more staff, working in rewarding jobs and a more supportive culture. The aim is to introduce over 20,000 additional workers into the primary care workforce, over the period of 5 years. The Plan sets out several specific workforce actions which will be overseen by NHS Improvement that will address this; an NHS interim People plan has also been published.

2.5 Of relevance to the issues raised by Councillors Purle and Rose amongst other things the Long-Term Plan commits to increase investment in primary medical and community health services as a share of the total national NHS revenue spend across the five years from 2019/20 to 2023/24. This means spending on these services will be at least £4.5 billion higher in five years' time. This is the first time in the history of the NHS that real terms funding for primary and community health services is guaranteed to grow faster than the rising NHS budget overall. It is intended that this investment guarantee will fund demand pressures, workforce expansion, and new services to meet goals set out across the Plan.

2.6 Community health services and general practice face multiple challenges – with insufficient staff and capacity to meet rising patient need and complexity. Following three years of testing alternative models the NHS has committed to a series of community service redesigns everywhere. The £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with new primary care networks (PCNs) based on neighbouring GP practices that work together typically covering 30-50,000 people. There are 9 Primary care networks in West Kent and 5 which cover the Maidstone borough geography.

2.7 PCNs will be funded to work together to deal with pressures in primary care and extend the range of convenient local services,

creating genuinely integrated teams of GPs, community health and social care staff. As part of a set of multi-year contract changes individual practices in a local area will enter into a network contract, as an extension of their current contract. Expanded neighbourhood teams will comprise a range of staff such as GPs and associate specialist (SAS) doctors, pharmacists, district nurses, community geriatricians, dementia workers and allied health professions (AHP) such as physiotherapists and podiatrists/chiropodists, joined by social care and the voluntary sector. Work has just commenced via the West Kent Integrated Care Partnership Development Board Steering Group to explore how partners, including Maidstone Council, can work together to achieve the extended contract outcomes (see 4.4 below)

2.8 Within five years over 2.5 million more people will benefit from 'social prescribing', a personal health budget, and new support for managing their own health in partnership with patients' groups and the voluntary sector. As part of this work the range of support available to people will widen, diversify and become accessible across the country. Link workers within primary care networks will work with people to develop tailored plans and connect them to local groups and support services. Over 1,000 trained social prescribing link workers will be in place by the end of 2020/21 rising further by 2023/24, with the aim that over 900,000 people are able to be referred to social prescribing schemes by then.

2.9 Expanded community health teams will be required under new national standards to provide fast support to people in their own homes as an alternative to hospitalisation, and to ramp up NHS support for people living in care homes. This will help prevent unnecessary admissions to hospitals and residential care, as well as ensure a timely transfer from hospital to community. More NHS community and intermediate health care packages will be delivered to support timely crisis care, with the ambition of freeing up over one million hospital bed days. Urgent response and recovery support will be delivered by flexible teams working across primary care and local hospitals, developed to meet local needs, including GPs and specialty and associate specialist (SAS) doctors, allied health professionals (AHPs), district nurses, mental health nurses, therapists and reablement teams.

2.10 Under this Long Term Plan, digital-first primary care will become a new option for every patient improving fast access to convenient primary care.

2.11 Achievement of these changes is highly dependent on complementary workforce changes the focus will be on:

1. Making the NHS the best place to work;

2. Improving NHS leadership culture;

3. Taking urgent action on nursing shortages;

4. Developing a workforce to deliver 21st century care;

5. Developing a new operating model for workforce; and

6. Taking immediate action in 2019/20 while they develop a full five-year plan.

General Practice Estate

2.12 Over the next two years the NHS will focus on ten priority areas as part of a strengthened efficiency and productivity programme. This includes improving the way it uses its land, buildings and equipment. This will mean the NHS will improve quality and productivity, energy efficiency and dispose of unnecessary land to enable reinvestment while supporting the government's target to build new homes for NHS staff.

2.13 Strategically the NHS will work with all providers to reduce the amount of non-clinical space by a further 5%, freeing up over one million square metres of space for clinical or other activity. Much of the estate consists of world-leading facilities that enable the NHS to deliver outstanding care for patients. But some of the estate is old and would not meet the demands of a modern health service even if upgraded. At the Spring and Autumn budgets in 2017, the government announced an additional allocation of £3.9 billion to accelerate estates transformation, tackle critical backlog maintenance issues and support efficiency.

2.14 All Sustainability and Transformation Partnerships now have estates plans to support their clinical and service strategies, and include proposals for a pipeline of possible capital investments. Alongside this the NHS will continue to maximise the productivity benefits they generate from their estate, through improving utilisation of clinical space, ensuring build and maintenance is done sustainably, improving energy efficiency and releasing properties not needed to support the government's target of building new houses.

2.15 GP contractors are responsible for providing suitable premises to deliver services from. If works are required, they are responsible for sourcing capital funding. The CCG holds the revenue budget for re-imbursement of rent, business rates, water rates and clinical waste. S106 and CIL contributions are sources of capital that can contribute to a general practice premises improvement or development (to support growth); current NHS investment rules mean that the maximum contribution from S106 is 66% of the total capital cost. Any extra space means an additional revenue cost. This must be affordable within the CCG's revenue budget and offer value for money to the NHS. There is a three-stage governance process for new premises developments and large extensions. Hence application of S106 funding for GP estate improvements is complex and as a result significant time is needed to implement them.

3.0 **The West Kent and Maidstone Position**

Workforce

3.1 In Maidstone the community is served by 19 GP practices; in October 2019 there were 95 GPs excluding locums (64.9 full time equivalents) and just over 180,000 patients registered. GP practice list sizes varied from 3476 to 19,057. The most recent (December 2019) workforce data evidences that for Maidstone practices there are 2,235 patients per Whole Time Equivalent GP. As explained above the number of GPs is only part of the workforce picture.

3.2 Models of working are changing and there are many health care professionals other than general practice doctors who contribute to providing local health care in individual general practices and increasingly across Primary Care Networks. Prior to the NHS Long Term Plan there was already a reimbursement scheme which enabled recruitment for example of advanced nurse practitioners and first contact physiotherapists; the latter see patients without a GP referral for assessment, treatment and diagnosis of musculoskeletal conditions. Funding associated with the NHS Long Term plan is enabling recruitment of further general practice/PCN staff including social prescribers (5 people in post now and this is funded to grow next year, more physiotherapists will be funded from 2020/21).

3.3 There are 5 primary care networks covering the borough. Local experience is that:

- Smaller general practices find it challenging to recruit GP partners;

- A high percentage of GPs, practice managers and practice nurses are over 55;
- Recent nurse recruitment has been more positive; 4 new student nurses chose primary care careers as first choice last year and 2 nurse associates were first in Kent and Medway to be appointed;
- There are some signs of a turn in the tide with applications for GP partnership and West Kent GPs were the best represented group at last years 'Next Generation GP' group (a local programme for emerging leaders and future "change makers" in general practice);
- Every West Kent practice has a practice manager;
- First tranche of new roles for Primary Care Networks ie social prescribing link workers and clinical pharmacists are recruited or being recruited to.

3.4 In addition, creation of the Kent Medical school is on target and the first 100 students are being recruited now and will arrive in 2020. Around 30 students a year from appropriate year groups will spend part of their training time in the West Kent health system. There will be a Service Level Agreement to enable students, to gain a range of experience including in general practice, there is a tariff paid to PCNs for training students.

<u>New ways of working - social prescribing</u>

3.5 Social prescribing and community-based support is part of the NHS Long-Term Plan's commitment to make personalised care business as usual across the health and care system creating a new relationship between people, professionals and the health and care system. Working under supervision of a GP, social prescribing link workers give people time and focus on what matters to the person, as identified through shared decision making or personalised care and support planning. Link workers collaborate with local partners to support community groups to be accessible and sustainable and help people to start new groups. Prior to the NHS Long Term Plan there was already a social prescribing pilot in West Kent led by Involve and supported by the CCG and the council.

3.6 Social prescribing is now a universal service across West Kent available to all, integrated with primary care. All 9 PCNs in West Kent have recruited their first Link Workers, 8, including all 5 Maidstone borough PCNs, with Involve and 1 with Imago. A comprehensive training programme has also been delivered including social prescribing Induction, safeguarding, mental capacity, mental health first aid, dementia awareness, autism awareness, information governance, motivational interviewing,

behaviour change for physical activity. In addition a comprehensive directory www.connectwellwestkent.org.uk has been created enabling self serve and telephone and face to face support if needed.

3.7 Early findings demonstrate positive improvements for individuals using the ONS well-being measures. Anecdotally GP feedback is positive including "Social prescribing has a huge impact on my work as a GP – increasing patients' sense of self-worth and confidence to manage their conditions. It complements the medical care I give to ensure all needs are met. I have seen patients presenting with functional symptoms find a renewed self-belief, so their physical symptoms diminish and housebound patients overcome anxiety and attend the surgery." Feedback from patients has also been positive for example "I was so worried about my health and being able to talk this through with someone that isn't a GP has been more beneficial than I ever imagined. So so pleased!" and "I have never felt understood when I have come to the surgery, I know I talk a lot and I feel that GP's sometimes do not listen as they have limited time, but the link worker has taken the time to sit and listen to me and understand why my anxiety affects me the way it does. Thank you for making me feel like I can manage my anxiety and not a demon I can't face."

General Practice Estate

3.8 Issues encountered with access to services does not automatically mean that more buildings are needed. Where additional space is required plans will include refurbishment (including creating more flexible use of space), extensions to existing buildings and in a smaller number of cases new premises. In Maidstone there is a recognised need for a new general practice building serving the urban area.

3.9 The West Kent CCG produced a GP estates strategy in November 2018 that identified several premises priorities that could provide a response to the expected growth. The key issues and opportunities for the council to enable some of the changes needed have previously been covered at the workshop and CHE Committee meeting in February and April 2019 respectively.

3.10 S106 contributions held by the council are summarised below (as at August 2019).

	£	No of Contributions
Total Healthcare contributions held by MBC	**£1,937,643.91**	**56**
Contributions expected to align to Premises Development Projects (note – these are not all "live" projects; some are future intentions that relate specifically to contributions in an area)		
New Premises Development - Greensands Health Centre , Coxheath	£ 298,215.91	6
New Premises Development - Sutton Valence Group Practice	£492,725.36	6
Premises Extension/reconfiguration - Len Valley Surgery, Lenham & Harrietsham	£198,931.67	7
Premises Extension/ reconfiguration – Marden Medical Centre	£208,366.04	7
Premises Improvement / Extension – Staplehurst or Marden	£37,568.75	2
Premises Extension/ reconfiguration - Headcorn	£46,584.56	3
Total contributions aligned	**£1,282,392.29**	**31**
Total Contributions 'drawn down' since end August 2019	**£79,715.07**	**5**
Contributions held to align to identified projects	**£575,536.55**	**20**

3.11 In terms of the NHS 3 stage process for capital infrastructure schemes the following projects are approved:

At Stage 1 (ie further exploration and development of proposals/ plans) -

- New Premises for Grove Green Surgery (branch of Northumberland); MBC is working with the CCG as part of the sites identification and options appraisal;
- New premises for College Practice, Allington;
- New premises for Sutton Valence group Practice (this proposal accommodates growth in the Sutton Road/Langley area);

At Stage 2 (ie Outline Business Case and review of financial impact, ahead of Full Business Case and full approval at Stage 3)

- New premises for Greensands, Coxheath.

3.12 In addition the following work has been undertaken:

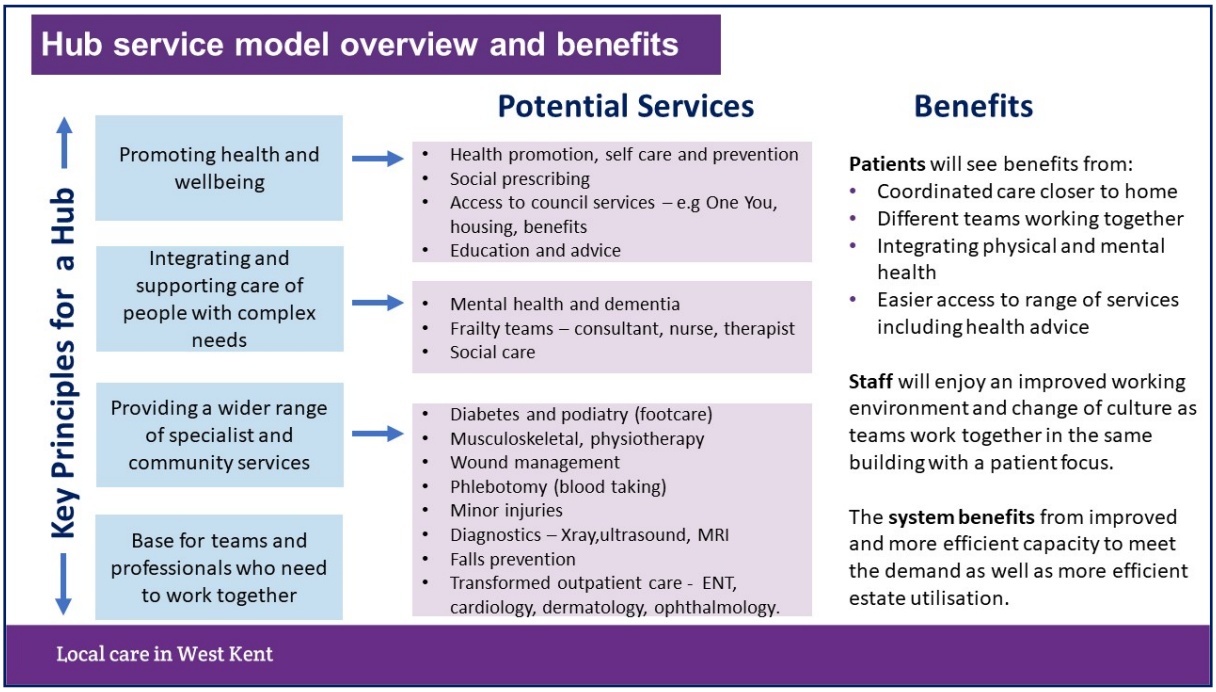
- Len Valley Practice - Feasibility work undertaken (in final stages of review) to provide options for consideration to increase capacity at main and branch sites;
- Grove Park Surgery - premises no longer in use following merger with Northumberland Local Care Hub work progressing (see below); the CCG expect to link need for new general practice building for Maidstone urban area to the Local Care Hub once location work is complete;
- A number of smaller projects have focused on upgrade works to a small number of practices to support more flexible use of the space for the clinical staff and also where S106 allows it has supported the expanding workforce with IT equipment both in the surgery and to support remote working. For example, at the Wallis Avenue practice S106 funds have been used to upgrade the flooring and wash basins in four clinical rooms, upgrade the patient accessible WC and for installation of automatic entrance doors. These improvements will support the practice to accommodate growth in both workforce (a new Advanced Clinical Practitioner and Healthcare Assistant have been recruited) and people living in the area, improve access and facilities for patients and ensure flexible and full use of the clinical rooms. The improved clinical space will also accommodate additional health professionals recruited for the local Primary Care Network as a result of the NHS 10 year plan for example social prescriber, clinical pharmacist, first contact physio, community paramedic.

Local Care Hub

3.13 The west Kent local care model recognises the need for transformative change, offering different combinations of scale and

accessibility for different types of service according to user population sizes and importantly workforce models. It was from this work that general practice reorganised into clusters (the predecessors to Primary Care Networks (PCNs)) and the concept of local care hubs was initially developed.

3.14 There has also been a growing recognition through the West Kent health and well-being board and it's successor the West Kent Improvement Board that there also needs to be a greater shift to prevention and self-care ie those actions that can in the longer term reduce, or at least dampen demand and time spent in the health and care systems and that the health and care system must encourage and support people in taking a much greater personal responsibility for their own health and wellbeing. Voluntary and community groups have a key role to play in these shifts alongside local councils and public health focusing also on the wider determinants of health such as exercise, housing and employment.



3.15 The vision for a hub is that, to patients, public and staff, it will look and feel different to a traditional health facility. A hub is about a better and more modern way of delivering services, both proactive and reactive, bringing together health, social care and public health including a range of services dealing with wellbeing, prevention, protection and the wider determinants of health. The services being coordinated and located together in such a way that makes it easier for patients to access them, reducing the need to keep repeating their story and enabling a higher level of multi-disciplinary and integrated working through a workforce equipped to work in new and more modern ways. Local care hubs will be capable of serving

the whole population, not just those who regularly go to their GP, with a view of facilitating more people to remain in good health until much later in life. While offering health and care services it will also offer much more including social spaces, for example a café and advice centre, which will assist in creating a fresh and vibrant atmosphere. National evidence suggests that this style of working environment also aids workforce recruitment and retention.

3.16 Local care hubs will enable extended service access, for example up to 12 hours a day and potentially 7 days a week, allowing patients with complex needs to have multiple and seamless appointments, on the same day, with the range of professionals and advisors who need to be involved in their care and overall wellbeing. Community teams and other professionals will have their team bases in the hubs facilitating better conversations over patient care and allow for improved access to ongoing skill development.

3.17 In determining the list of core services for a local care hub one of the key considerations is what has been termed as the 'multiplier effect', i.e. those services where the benefits of being co-located with other specific services will provide a range of benefits to patients, staff and whole population health. The Strategic Business Case listed the following key services:

- Promoting health and wellbeing - health promotion, protection, self-care and prevention, social prescribing, access to council services e.g. One You, housing, benefits, health education and advice;
- Integrated care for people with complex needs **-** Mental health and dementia, frailty teams, ie consultant, nurse, therapist and social care;
- Wide range of specialist and community services - diabetes and podiatry (footcare), musculoskeletal and physiotherapy, wound management, phlebotomy (blood taking), minor injuries, diagnostics such as X-Ray, ultrasound, point of care testing e.g. diabetes, glaucoma and hearing and possibly MRI, falls prevention, outpatient care – ENT, cardiology, dermatology, ophthalmology, possibly cancer care;
- Base for teams - workspace for staff based within the local care hub and those who travel around the community including communal team spaces for joint working, education and development.

3.18 Maidstone borough council has key roles in connecting services which impact on health and well-being including housing and community services with health and social care and providing

proactive support in site identification and enabling the creation of the infrastructure for local care hubs – knitting into spatial, regeneration, property/asset and medium term financial and investment strategies.

3.19 Members were briefed about the first phase of work to create Local Care Hubs in West Kent by the CCG at a well-attended session in July 2018. In August 2018 the CCG Governing Body considered the strategic business case and agreed that Local Care Hubs work should be further developed based on provision of 3 Local care Hubs including one in the Maidstone town centre area and two mini hubs generally in the areas of Aylesford and the Weald. The second phase of this work is now underway. A steering group for phase 2 was set up by the CCG in September 2019; given the elapse of time and changing health and care governance landscape there has been a period of validation of the original strategy to create local care hubs. Work has also been undertaken on identifying suitable sites in the broad locations identified at phase 1. Service, operational and financial modelling are well developed. The current timetable is for the Outline Business Case to be completed by March 2020.

4.0 Collaboration between the council and the Clinical Commissioning Group

4.1 Currently strategic level conversations between the council and key partners in the health system occur via the West Kent Integrated Care Partnership Development Board (WKICPDB) which was established in November 2019. This was preceded by the West Kent (Health) Improvement Board (WKIB) and previous to that the West Kent Health and Well-being Board. Change in governance arrangements has occurred most recently in response to national requirements to prepare for implementation of Integrated Care Partnerships by April 2021. The WKICPDB is chaired by a Non-Executive board member (from the Community Health Foundation Trust); board partners include health providers including the acute, community health and mental health trusts, Kent County Council public health and social care services, patient participation groups and Healthwatch – as well as the council and the CCG. In broad terms this is the arena where strategic relationships are built and partnership projects are identified and monitored.

4.2 There is a number of sub-groups for the board; the council is represented on

- West Kent ICPDB — Chief Executive
- WKICPDB – Steering Group — Chief Executive

• West Kent ICPDB Members' Forum	Deputy Leader
• Local Care Hubs Steering Group	Chief Executive
• Local Care Delivery Group	Head of Housing & Communities

4.3 The WKIB meetings occurred monthly; there have, to date been two meetings of the WKICPDB and one for the Steering Group involving district councils. While the emphasis at the health improvement board has historically been predominantly on improving health and social care pathways, district councils have worked together to shift the centre of gravity to include more emphasis on integrating medical health interventions with social health interventions, primary and secondary ill health prevention and raising awareness of our role in shaping healthy places, delivering health in all our policies and reducing health inequalities. The ICP vision is more inclusive – recognising that the determinants of people's health have a significant impact on population health and working together can reduce the pressure on the health care system.

4.4 Opportunities arising have included development of positive relationships with senior officers in the health system enabling understanding of priorities and projects eg developments at Maidstone hospital, Local Care Hubs, work to improve particular pathways eg for frail people and more recently working together at a neighbourhood level with PCNs who will need to deliver specific Directed Enhanced Services (DES) required by NHS England, some of which eg requirements to improve anticipatory care, improve prevention and to reduce health inequality – will emphasise the need for GPs to work with district councils. MBC is working with KCC public health and West Kent Health Limited which supports GP/PCNs to identify how to achieve the required DES outcomes; from an MBC perspective we have a key role in local knowledge, local data analytics, connectivity to a broad range of non-medical local services as well as our role as a provider of key services including housing and commissioned services including debt and money management advice.

4.5 The Local Care Hubs Steering Group meets according to milestones in the project. Currently it is anticipated that the outline business case will be completed by March 2020. While there are many factors and uncertainties officers have promoted Maidstone East as the preferred location for the main local care hub due to its accessibility and the potentially positive impact for the Maidstone East regeneration project; there is also the potential for a co-located GP centre fulfilling the need for a new practice in the town. The option

of MBC having a role in providing the local care hub infrastructure ie a departure from the traditional NHS model, has also been put forward and will be considered further by both parties. Currently development at Maidstone East is anticipated for 2023. The case for mini-hubs is being reviewed; officers have promoted Staplehurst health centre as a potential venue for a mini-hub serving the Weald population.

4.6 The Local Care Delivery Group meets bi-monthly. It has resulted in, among other things, the development of the range of partnership activity including that delivered by the MBC Helping You Home service (see below) and detailed improvements to out of hospital care and support for residents.

4.7 The Council also has regular bi-lateral meetings and discussions with the WKCCG and other health partners – in the main these focus on spatial planning and specific housing, communities and health service delivery opportunities and challenges.

4.8 Spatial planning and health partnership working includes

- Engaging with the CCG on the Local Plan Review including the LPR process and advice concerning the best times for the CCG to engage regarding sites and arrangements for sharing potential development locations to enable CCG feedback on the locations where it would be more/less feasible to provide infrastructure responding to growth;
- Periodic review and updating of the Infrastructure Delivery Plan (IDP) for the current Local Plan infrastructure needs – linking it with the GP Estates Strategy to ensure the CCG's ability to bid for future CIL funds;
- Mapping of historical S106 contributions secured and alignment with current estates strategy projects (see table above);
- Monitoring of S106 contributions including regular meetings with the developers and the CCG eg to review trigger and expiry points and monitor progress on S106 partly funded projects.

4.9 The IDP 2019 update specifically refers to current health projects. It identifies the reasons for inclusion in the IDP as the need to:

- Improve quality and/or increase capacity at existing GP surgeries;
- Requirement for new building to deliver general practice services (in addition to existing premises);
- Identify options for development of a Local Care Hub in the Maidstone area;
- Identify options for a Local Care mini-hub in the Aylesford area.

4.10 The IDP recognises that there is a number of agencies and organisations responsible for the delivery of health infrastructure in the borough, and the commissioning of health services is split across three main organisations: NHS England, the Clinical Commissioning Group (West Kent CCG), and Public Health (Kent County Council). Some of the most direct impacts on health infrastructure are likely to be felt in local GP surgeries and urgent and emergency care services. The 2018 CCG GP Estates Strategy, which clearly sets out a set of priorities relating to GP infrastructure linked directly to population growth as set out in the adopted MBLP, has been used as the basis for identifying the 2019 IDP projects relating to GP infrastructure. It is noted that general practice premises plans are kept under regular review by the CCG and priorities are subject to change.

4.11 Discussions have also been held with the Maidstone and Tunbridge Wells NHS Trust to establish their position with regards to existing capacity and plans for future development of the hospital site at Hermitage Lane, Maidstone. Extensive works to refurbish existing wards will significantly improve the hospital environment and ensure compliance with updated guidance. The Trust is also considering options to improve both road and air access and provide additional car parking. Having been designated as one of the Kent wide Hyper Acute Stroke Units (HASU), the Trust is planning on developing a new Acute Medical Unit facility at the Maidstone site, although the scheme is at too early a stage to be included in the 2019 iteration of the IDP.

4.12 GP estate projects identified in the IDP 2019 are listed below; the IDP identifies which developments' S106 funding will contribute to each project.

1. Options for development of a Local Care Hub in the Maidstone area; shortlisted locations include Maidstone East and Kent Medical Campus;

2. New building to deliver GP services in Maidstone central area (over and above existing premises). This may be delivered through the commissioning of a new provider or an extension of an existing provider of GP services;

3. College Practice, Maidstone including Barming Medical Centre and Allington Clinic (branch sites); College Road and Allington premises are not considered suitable for the longer term. Premises development plan required to provide sustainable and resilient capacity. Stage 1 work has been approved;

4. Aylesford Medical Centre (located in Tonbridge & Malling). Premises Development Plan required. Option to understand opportunities linked to Local Care mini-hub in Aylesford area;

5. The Medical Centre – Northumberland Court and Grove Green (branch). New site needed for Grove Green branch surgery – MBC and CCG working with GP to identify options. Northumberland Court premises is identified in the IDP as needing works including refurbishment and reconfiguration as part of ongoing review to support maximum utilisation of existing premises. This work is now complete;

6. Sutton Valence Group Practice – main site South Lane and branch site at North Street subject of a new premises development plan (replacing two existing premises) which are proposed to respond to growth in Langley/Sutton Road/ Sutton Valence area;

7. Len Valley Practice – Glebe Medical Centre branch. Measures to provide additional capacity in line with future Premises Development Plan (potential extension of existing premises);

8. Greensands Health Centre. New premises provision in Coxheath proposed to replace existing two premises in accordance with premises' development plan. The Outline Business Case was approved by the CCG in October 2019;

9. Brewer Street Surgery, Bower Mount Centre, Vine Medical Centre, Blackthorn Maidstone, Mote Medical Practice, Orchard Medical Centre, Langley, Wallis Avenue Surgery, Bearsted Medical Practice, Albion Medical Centre, Marden Medical Centre, Headcorn surgery, Staplehurst Health Centre are all practices where works including refurbishment and reconfiguration of existing premises will be assessed as part of the CCG's ongoing review to support maximum utilisation of existing premises.

4.13 The council corporately has made the CCG aware of its work in developing proposals for a council-led garden community at Lenham Heath and, through regular dialogue, has a good understanding of the CCG's key planning criteria. One of the key characteristics of a new garden community is the opportunity to plan infrastructure as part of the master planning and capture some of the uplift in land value to invest in it. This project is still at a very early stage and therefore there have not been any detailed discussions concerning health care infrastructure.

4.14 With respect to housing, communities and health services the key objectives are to improve the experience and outcomes of health and council services including through working better together and collectively to reduce demand for services.

4.15 In 2018 MBC established a "Helping You Home" service which works with Maidstone and Tunbridge Wells acute trust and now with Primary Care Networks in the borough; it is funded via the Better Care Fund. Activity includes:

- Working with the hospital patient discharge team enabling, for example, people to return home more quickly when medically fit to do so but their home needs adaptation and finding accommodation for people who were homeless before going into hospital or become homeless while in hospital;
- Contributing to Multi-Disciplinary Team meetings for Maidstone Central and Maidstone Wide Primary Care Networks; this enables identification of housing needs/adaptations for patients who are frail and/or have complex needs. Regular contact with GPs where housing services staff identify concerns or safeguarding needs arising from health conditions;
- Work with the Health and Social Care Connect service to enable people to remain in the community who may be at risk of going into hospital;
- Training for health professionals and GP manager/reception staff to provide information and advice on the referral processes in to councils and effectively signpost services when patients present with non-medical issues – including the need for property adaptations (including showers, stair lifts, ramps and level living ie ground floor bedrooms and bathrooms), homelessness prevention, cold homes, falls prevention, hoarding and complaints about private sector landlord matters including disrepair;
- Direct contact with GP practices to obtain supporting information on medical grounds for those presenting to the council as homeless or in housing need;
- The Community Protection team also have some contact with GPs and Community Mental health services.

4.16 MBC is commissioned by KCC public health to provide Health Improvement known as One You Kent; activity includes:

- One You advisors are skilled at motivational interviewing and assisting people referred in healthier lifestyle choices eg with respect to being active and healthier weight;
- Engagement with GPs, trainee GPs and Patient Participation Groups to familiarise them with One You services and other

council services which impact as determinants of people's health and how to access/make referrals One You Kent referral forms are set up on the DORIS system (GP referral management system);

- Training of GP receptionists and GPs through their Protected Learning Time events on a variety of topics to develop partnership working; recent examples include Domestic Abuse and the Maidstone Leisure offer including Making Maidstone More Active consultation;
- Weight Management programmes in GP surgeries and initiatives to encourage people to be more active including health walks in association with a GPs and Patient Participation Groups (PPGs);
- Contribution to better integration of falls prevention actions and muscular skeletal alliance;
- Contribution via the CCG Self-Care and Prevention Group and the west Kent social prescribing advisory group. This work resulted in a successful bid to the Department for Health for a pilot social prescribing project; as noted above social prescribing is now being mainstreamed. There is also now a Social Prescribing Advisory Group.

4.17 MBC officers also have bi-lateral discussions and meetings both with the WKCCG and other partners to progress specific issues arising from day to day operational experience. Recent examples include discussions with the CCG commissioner for mental health services and the provider of key mental health services KMPT to identify better communication and service provision for rough sleepers and response to vulnerable people in crisis (which has been a key issue for both our rough sleeper and community safety unit) – resulting in, among other things, inclusion of mental health services in our rough sleeper bid to MHCLG and involvement in the current review of crisis care where there is the opportunity for our local experience to re-shape future mental health services.

5.0 **Key issues**

5.1 Key issues for the council working with the local NHS to secure enough workforce, integrated service delivery and premises include:

- Creating a place where people want to live and have their families to support the retention and recruitment of healthcare professionals;
- Delivery of the new operating models particularly planning and integrating health and well-being interventions to achieve the outcomes identified at the Kent and Medway level through the

West Kent Integrated Care System; including delivery of the Maidstone Local Care Hub and joint work with PCNs and community health services to reduce health inequalities and improve anticipatory care;
- Inclusion of strategic and site specific spatial policy to reflect the CCG estates strategy;
- Identification and leveraging funding for health services and estate including through S106 and CIL;
- Development of alternative models for delivery of health infrastructure where new premises are required and meet NHS investment (capital) and value for money (revenue) tests.

Challenges

5.2 MBC has worked closely with the CCG and health providers particularly over the last 24-36 months, which has developed understanding and collaboration to enable and improve delivery of services to our existing and future population. This puts us in a better position to address challenges of improving health and wellbeing services. Challenges include:

- Local government councillors and officers developing depth and consistency of understanding of NHS governance and strategy for improving capacity and accessibility of health care – in particular future models of care, changes to the workforce including the role of the whole general practice team and how investment decisions are made;
- There is a complementary need to continue to develop NHS understanding of the role of local government and the potential opportunities for different models for delivery of infrastructure through the council as investor;
- Complexity – changing operational models, developing and growing the health professionals workforce, changing culture and securing decisions for medium term capital investment are complex requiring trust and time;
- Timescales – for recruiting staff and improving/expanding premises.