

Your Care, Your Future

Update report for partner Boards

April 2016

Introduction

The following paper has been prepared for the Board members of all *Your Care, Your Future* partner organisations:

- NHS Herts Valleys Clinical Commissioning Group
- Hertfordshire Community NHS Trust
- Hertfordshire Partnership University NHS Foundation Trust
- West Hertfordshire Hospitals NHS Trust
- East of England Ambulance Service NHS Trust
- Hertfordshire County Council

This includes a recap of the process so far – including the key milestones achieved – alongside updates on recent activity and forthcoming priorities.

2015 – a recap

Objectives

Your Care, Your Future has been addressing the following four questions:

- How well (how effectively and efficiently) are patients' needs met by the current health and social care system across west Hertfordshire?
- What are the opportunities to meet future health and social care needs of the west Hertfordshire population more effectively and efficiently?
- How should health and social care services across west Hertfordshire be configured to realise these opportunities?
- What organisational form(s) and commissioning/contracting model(s) best support the delivery of the preferred future configuration of services?

Case for Change and Vision for the future

Since November 2014 *Your Care, Your Future* has engaged with a range of people - including patients, health and social care staff, local residents, voluntary organisations and other interested people. This engagement led to the publication of three important documents:

- the [Case for Change](#) - which set out the need to improve services to meet the changing health and social care needs in West Hertfordshire
- the [Vision For The Future](#) and [full strategic outline case](#) - which outlined the vision for the future of health and social care in West Hertfordshire.



Key feedback that informed the Case for Change and Vision for the Future included the need to:

- Redouble our efforts on activities designed to prevent ill health, for instance to reduce the incidence of obesity and long term conditions
- Improve integration between all our services to make things less complicated for patients who use services from multiple organisations
- Deliver much more care at home or closer to where people live.

In 2016 we have been building on the vision for the future to develop detailed plans to help us implement the future models of care across West Hertfordshire. We are also fast-tracking some changes to ensure we see improvements in both the short and long term.

To ensure prevention forms a core building block of all future plans we are also working closely with Hertfordshire County Council to finalise the development of a prevention strategy and delivery plan.

To support the development and implementation of the vision a partnership Board is in place, which includes two non-executive directors from each organisation as well as an executive lead from each partner organisation, who acts as a point of contact for more information.

Summary of recent activity

At the outset of 2016 we set out to build on the vision outlined in strategic outline case, building on the extensive and valuable conversations, meetings, events and other engagement that took place in 2015.

Improving services today

Whilst careful planning and consideration is taking place to improve services in the longer term, work is already underway to enhance local services for residents in West Hertfordshire.

For example, a service to support older people – Rapid Response – has been extended to St Albans; this programme involves a joined-up team of local providers responding quickly to deliver support to older people, helping them avoid having to be admitted to hospital. This scheme has reduced emergency admissions in Hertsmere and we are looking to expand the initiative so that it covers the entire patch.

Work is currently underway to expand the 'Rapid Response' service to Dacorum, which forms part of the workstream to improve the model of care for older people (please see next section).

Additional community cardiology and gynaecology services will also be commissioned in the coming months.

Programmes of work

To help deliver priority changes in different localities a number of different workstreams (programmes of work) have been formed, involving clinicians, local communities and stakeholders. Creating these workstreams will enable us to deliver the Vision for the Future. Some of the changes will happen quickly and others will take longer – this means that the workstreams are at different stages and will progress at different paces.

The workstreams include redevelopment projects as well as new patient pathways for particular services.

Redevelopment workstreams

The redevelopment projects will develop at different paces. During our engagement so far we identified some priority communities where we could develop more integrated services following some upgrading of existing buildings. These are:

- South Oxhey
- Hemel Hempstead
- Elstree Way
- Harpenden

These workstreams are getting underway and teams of local clinicians and patients are beginning to work on detailed plans for health and wellbeing hubs in their area – including the types of services that should be available – shaped around the health and care needs of local patients:

- In Harpenden, Hertfordshire Community NHS Trust has been working with the community including town, district and city councillors, The Harpenden Society, Red House Forum and the St Albans and Harpenden Patient Group to discuss the redevelopment of the Harpenden Memorial site and ideas for the hub. They have a local resident on their project board and have a programme of future engagement activity. Following approval of the strategic outline case for the Harpenden redevelopment, the Outline Business Case is due in June 2016.
- In Hemel Hempstead, we have invited the Dacorum Patients Group to nominate two or three representatives to sit on a project team and we are planning a conversation event to be held in July where we will showcase some examples of how a hub can work. The commercial feasibility work has commenced and we are working towards producing a strategic outline case for the hub in November 2016.
- In Borehamwood, work to develop the strategic outline case for the health and wellbeing hub in Elstree Way is underway and is due to be published in November.

These priorities have been incorporated into the Herts Valleys CCG commissioning and operating plan for 2016-17.

These local networks of care won't all be the same; they will respond to the needs of local people. Examples of services that might be provided include:

- Health promotion and prevention services such as weight loss and stop smoking clinics
- Some GP, pharmacy and optometry services
- Social care support
- Tests and treatments such as x-rays, ultra sound scans, blood tests, mental health services, minor surgery, rehabilitation, and physiotherapy
- Urgent care services for those that don't need full A&E
- Services offered by the voluntary sector such as support groups, classes and so on

This means that local residents will be supported to keep well and look after themselves and that, when they do need health and care services, they are well co-ordinated and that patients don't have to travel too far unless absolutely necessary.

New models of care workstreams

Clinicians have also been working closely with patients to develop new models of care for specific services:

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| • Dermatology | • Musculoskeletal (MSK) |
| • Community services | • Ears, Nose and Throat (ENT) |
| • Stroke | • Ophthalmology |
| • Older People | • Gynaecology |
| • Diabetes | • Cardiology |
| • Urgent care | |

Having started to translate the strategic outline case into a year-by-year delivery plan – which will be used to inform the Sustainability Transformation Plan – the process for activating some of these workstreams is being developed. For example:

- **Diabetes:** the vision for this pathway has been developed with contributions from patients and Diabetes UK. Herts Valleys CCG is working with incumbent providers to develop an integrated diabetes service to:
 - Improve the management of diabetes i.e. A1c, cholesterol, BP Levels
 - Reduce complications i.e. admissions for DKA, severe hypoglycaemia and amputations
 - Improve service provision for vulnerable groups
 - Improve patient experience and satisfaction

In line with feedback heard throughout the process, the benefits of the new services – which is being developed as a priority in 2016/17 – include:

- Improving the management of diabetes i.e. A1c, cholesterol, BP Levels
 - Reducing complications i.e. admissions for DKA, severe hypoglycaemia and amputations
 - Improvement of service provision for vulnerable groups
 - Improvement in patient experience and satisfaction
- **Dermatology:** this workstream has also been informed by patient input and the vision for a redesigned outpatient service will be put into practice via a 'lead provider model' in 2016/17. Procurement will be launching soon with testing of the open market. **Ophthalmology, ENT, Gynaecology** and **MSK** services will also see outpatient services redesigned, following similar procurement timescales.
 - **Older people:** in addition to the expansion of Rapid Response, work is underway to strengthen links with local care homes. For example, GP practices/federations are being aligned with care homes, whilst one 'care home pharmacist' will be rolled out in each locality. We are also developing a model for a fully integrated frailty team, with access to 'step-up' or 'sub-acute' beds in the community and links to the end of life care pathway. Access to primary care services is also being improved and, by October 2016, we will develop a commissioning framework to increase capacity through improving access to primary care for implementation from 2017/18.
 - **Community beds and services:** a vision and plan for adult community services in each of the four localities is being developed. For example, in Dacorum this includes a 'rapid response' service and resolving the future of the Gossoms End beds. We are working towards implementing the new model for community beds in 2017/18, which will include commissioning rehabilitation beds from residential care homes alongside wrap-around therapy and nursing services.
 - **Cardiology:** our vision for developing an integrated cardiology service will build on diagnostics and integration with other long-term condition services. Following a procurement process in 2015/16, Concordia Ambulatory Care Services Limited were awarded a 3 year contract from 2016/17 to provide Clinical Advice to Primary Care on all cardiology queries and GP referrals for direct access Echo and 24 hour ambulatory ECG service. The service goes live from 9 May 2016. The service will have the capacity to provide approximately 4500 Echocardiograms and ECG's in community clinics in each of the four localities. The service will provide access to this diagnostic care closer to patients' homes and within five days of referral enabling timely diagnosis of cardiology conditions and a management plan for the patient, to be managed in primary care or for onward referral to secondary care.
 - **Stroke:** developing stroke services in line with *Your Care, Your Future* has been prioritised to provide a seamless end-to-end pathway for patients. The services will include:
 - Hyper Acute Stroke Unit (HASU) based at Watford General Hospital
 - Acute Stroke Unit
 - Specialist Stroke Rehabilitation Beds
 - Early Support Discharge (including social care elements)

We will work with incumbent providers to develop the model throughout 2016/17 with a view to full implementation starting in April 2017.

Hospital services

The future of hospital services in West Hertfordshire is a key priority for the local area however it is only one part of the solution - we must work to provide quality services in all settings. This will help us treat the right conditions in the right setting, ensuring people only have to travel to hospital if the care they need cannot be provided closer to home.

Towards the end of last year local health bodies agreed to adopt the approach to provide better care that is joined-up and responsive to individual needs, closer to where people live. This means we need to make some changes to how hospital care is delivered.

The programme for deciding the future of hospital services in West Hertfordshire remains on track. At the end of last year we identified number of short listed options. In recent months we have been hearing about and assessing additional options that have been submitted to us. This led to further options being considered and we are now looking at each option in more detail, ensuring they are workable and practical for local residents. The options include:

- Consolidating all acute services in a new hospital on a new site a variant of this option – submitted by the Dacorum Hospital Action Group – is also being considered
- Consolidate all acute services at Watford
- Acute, emergency and specialised services at Watford. Day case surgery and complex diagnostics at St. Albans

The detailed assessments for each option – which include an analysis of projected travel times – is already underway. The findings will be published in the coming months and we will ask local residents, patients, clinicians, charities and other people who are interested for their views. Our aim is to publish the strategic outline case and definitive preferred option towards the end of 2016 or early 2017.

Next steps

In 2016 we will continue to work with local clinicians, service users and stakeholders to design future health and care services in West Hertfordshire. We will continue to meet with local clinicians, residents and patients throughout the year and will launch specific engagement opportunities later to help:

- Design local health and wellbeing hubs
- Finalise a preferred option for acute care services in West Hertfordshire.

Information on future events, meetings and other engagement opportunities will be available here: <http://www.yourcareyourfuture.org.uk/get-involved/>.

At the next meeting of all the Boards – scheduled for May – we will provide further updates and detail on the progress of each workstream and next steps.