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Notes from *Your Care, Your Future* Dacorum locality design event

8 July 2015

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Dacorum Locality Design Event Summary

On 8 July more than 75 local clinicians and service users met at the South Hill Centre in Dacorum to discuss how health and social care services could be more effectively delivered in their area.

Your Care, Your Future hosted the event with the aim of testing the latest thinking on future models of care in localities in west Hertfordshire. The objectives for the day were:

- To update people on the work that has been undertaken as part of the *Your Care, Your Future* review and the Dacorum Commissioning Plan
- To enable clinicians, public stakeholders and patient representatives to work together to design how health and social care services will be delivered in Dacorum

The first section of the event consisted of presentations to update local clinicians and service users on the work of the review and the Dacourm Commissioning Plan.

The second half of the event consisted of a series of workshops. Clinician and service users discussed a number of different themes including:

- Mental Health and Learning Disabilities
- Out of Hospital Care
- Teenage Health
- Older People and Long Term Conditions

Each group discussed the following questions:

- What services need to be provided in Dacorum for this workstream?
- How might these services be delivered?
- What barriers might prevent the provision of these services in Dacorum, and what enablers exist to overcome these barriers?

This report summarises the discussions from each of the workshops. Key themes that occurred on many of the tables included financial constraints, the need to ensure people are empowered to access care and prevention services as early as possible, better use and awareness of services that are already available and more effective information and record sharing. A number of the tables suggested a hub model may be an effective way to deliver services in Dacorum but that consideration must be given to ensuring rural areas receive the services they need.

1. Mental Health and Learning Difficulties

1.1. What Services need to be provided in Dacorum for this workstream?

- **Services need to be available 24/7.** It was identified that at the moment services are not available 24 hours a day in Dacorum, and this needs to be addressed in order to improve the support which is currently offered.

- **Health checks for Mental Health** were suggested as a way to normalise people accessing mental health services and to ensure this happens earlier (rather than waiting until crisis). It was suggested to be a positive way to ensure conditions are picked up quickly and treated as early as possible.

- **Create a specialist triage** for mental health, to give patients the care and support they require.

- **Access to crisis care** was highlighted with participants highlighting that they felt current service provision is not sufficient to meet need.

- **Mental and physical health coaches** such as Keep Well were identified as an important support network that needs to be readily available in localities.

- **Multi-service links** were deemed as important to ensure people are aware of and able to access the services available in their local area and to ensure it is not duplicated. The benefits to the patient experience were also highlighted.

- **Drop-in Services** were discussed – it was suggested that there should be a drop in service available in Dacorum so that help is easily available and patients do not need to wait for a doctor's appointment.

- **Support groups** need to utilised more, such as Cherish. They should be accessible for everyone and available to children and young people.

1.2. How might these services be delivered?

- **Accessibility.** It was discussed that the services should not be age-specific and should be available to everyone.

- **Remove stigma** around Mental Health. It was discussed that there could be drop-in groups which invite people to talk about mental health. This would not necessarily have to be someone with a condition, but anyone who may be affected (including people who may be affected through their jobs – such as police officers)

- **Better navigation** of the system and available resources is needed.

- **The HUB** was discussed as a good location for the services to be available from. It was noted that this could be a physical Hub but it could also be achieved by navigators. However it was noted that navigators would need to be specialists with training in mental health.

- **Single point of Access** was identified as a key factor.

- **Outreach once a month at a GP** centre was discussed as an improvement which could be made, for the public to know there is a safe place for them to go and discuss any problems with a doctor.

1.3. What currently prevents this happening now? (Barriers)

- **Lack of resources** in the Urgent Care Centre was identified as a key barrier, and it was said that they are not currently equipped to deal with people in (mental health) crisis. It was mentioned that families might not be the best people to support in a crisis, and professional care needs to be improved. Having a quiet room where people can wait for treatment was suggested as an easy improvement that could be made.

- **Financial constraints and a lack of suitable buildings** were discussed as a barrier which prevents improvements in the system at the moment.

- **Complicated system**. Participants noted that the support which currently exists is not always easy to access and people don't necessarily know that it is available.

- **Staffing**. It was noted that this sector is understaffed and that this needs to be addressed in order to significantly improve the service. It was also discussed that there needs to be improved training for all staff, and a better recruitment process.

- **Lack of information sharing** was highlighted as a barrier. Everyone delivering care should be able to access records and share all information. It was said that systems do exist but GPs need to start feeding into it.

- **Walk in service** should be introduced to better support the local community; if support can be accessible earlier then this could stop crisis situations arising.

1.4. What needs to happen to make this work in the future? (Enablers)

- **Data sharing** was identified as a key enabler; it was noted that there are already projects in train which will facilitate this including sharing with the police.

- **Training** needs to be introduced for police and paramedics (and other areas) to ensure crises are dealt with in the best and most appropriate way.

- **Walk in centre** to be introduced which also has a quiet place to talk to patients; giving people the chance to discuss any problems in a safe environment is hugely beneficial.

- **Support for carers** needs to be improved; this is starting to be done but needs more work.

- **Accessibility.** There should be someone in all GP services once a month to allow patients to easily see a specialist; the more accessible the support is the more people will use it.

- **Passport for patients** (advance directive) which outlines any health conditions; however, if all records are going to be electronic then this wouldn't be needed. The group discussed the challenges of expecting someone to remember to carry their passport (if it were physical).

- **Crisis plan** should be completed when the patient is well, and shared in A&E and with GPs so that it could be easily accessed in the event of a crisis.

- **Preventative work** was highlighted as an important enabler, particularly for young people, to encourage problems to be addressed as early as possible to reduce the possibility of a crisis.

- **Care for freedom** was identified as a great support system which brings patients to their appointments and offers them the support they need.

- **Introducing a gold standard** for mental health was suggested as a way to standardise and improve care.

- **Herts Help** is a directory of services to help people. It was identified as a great source of information but people aren't using it. This needs to be made available to everyone, and ensure that people aware of the service.

2. Out of Hospital Care

2.1. What Services need to be provided in Dacorum for this workstream?

- It was identified that there is a **lack of social care** and care packages, especially in smaller villages such as Tring. It was said that this is due to there being a lack of people to provide the care, and the fact that more support is needed for carers. Transport was also discussed, including problems with travel times for staff using public transport.

- **Difference in commissioning services** was discussed and it was highlighted that services are not being commissioned sufficiently in rural areas

- **Discharge procedures** were addressed as an area which needs to be improved. It was said that this needs to be better coordinated (particularly addressing considerations such as family dynamics, arranging food, housing etc). One participant suggested the Hertfordshire County Council scrutiny group should address discharge procedures at the different hospitals in the area to ensure all are on par. Another member of the group felt that there should be someone responsible for discharge summaries to ensure they don't get missed; perhaps a project manager?

- **Pharmacies** were identified as a key support, but they need promotion on the services they offer as they can treat minor illnesses. It was suggested that hospitals could send discharge summaries to pharmacies as well as GPs.

- **Communication** was identified as a key issue in Out of Hospital care, and it was said that the system needs to be less segmented. There is continuous chasing of referrals for updates – these are tasks which should be communicated anyway.

- **Contact Directory** was raised as a useful tool which could be introduced, with a list of helpful numbers to give carers/patients which are discharged.

- **Falls prevention** was identified as an area which needs improvement, it was discussed that such services are not getting the resources they need quicky enough, such as stair rails, which causes further falls. The quicker the equipment gets installed, the more falls can be prevented and the less strain there is on hospital care.

- **Introduce advance nurse practitioner triage** to be the first point of call in a crisis, currently private care homes call ambulances and block A&E when they could be treated separately.

- **Cross boundary issues** were identified as a problem, and something which needs to be addressed.

- It was highlighted that there could be an improvement on the optimisation of the **medicine management.**

2.2. How might these services be delivered?

- **Project Management Team** to be introduced to support the discharge from hospitals, and ensure all support is in place for the patient.

- Suggestion of a **seven day cooling off period** if problems occur, the secondary care service would have to take patient back so that it doesn't fall to the GP to deal with the inappropriate discharge.

- **Minor treatment centres** locally could be introduced, such as urgent care centres as a first point of call instead of always visiting the hospital.

- **GP HUBS** are needed in local areas so the elderly don't need to keep visiting the hospital. It was also suggested that care homes could be linked electronically to GP Practices.

- **Community pharmacist** to be introduced to ensure medicine optimisation and treat as many minor illnesses as possible to reduce the strain on GPs.

- **Increased direct access to GPs for investigations** was discussed as a way to improve the service currently offered.

- **Holistic Health Care Team** was seen as important to ensure that communication is as easy as possible and everyone has access to the information they require to actively treat each patient.

- **Promotion** was discussed as key in educating the public on where to go for help, such as Tube/train posters/bus stations, informing people of there to go for help – such as 111, GP, Hospital etc.

2.3. What currently prevents this happening now? (Barriers)

- **Social care packages/discharge** was identified as a large barrier to the successful running of the service – these need to be improved to both support the patient and lessen the strain on hospitals and GPs.

- **Lack of resources** across the board puts a strain on the services and hinders any improvement - more funding and resources are required.

- **Commissioning for rural areas** is seen as an area needing improvement.

- **Delays in assessments** were discussed as a problem which affects delivery of services.

- **The lack of workforce and the salary** for staff was identified as a key barrier.

- It was suggested that some **medicines** are not used well and appropriately and this area needs to be improved.

- **Lack of communication and integrated records** is affecting the services which are currently being offered and not allowing them to be utilised to their full potential.

- **Right care, right time.** One participant quoted a statistic that 60% of patients per week didn't need to be seen by their GP. It was noted that reducing unnecessary visits would free up resources.

2.4. What needs to happen to make this work in the future? (Enablers)

- **One off activity to clear backlogs** was suggested, as this would then allow services to deal with business on a day to day basis.

- **Champion for people**. It was suggest that this could be an expansion of community navigator role. Service users could have their own 'case manager'.

- **Project management of discharge** was discussed again as a way to enable positive change. Having that service in place would potentially prevent further injuries/illnesses and support patients who have been discharged. The stronger this support, the fewer reoccurring visits to GPs and hospitals would be needed.

- As the lack of **integrated records** was a barrier, it was discussed that records need to be moved to an electronic database to enable better communication across the out of hospital care sector.

- **Simplifying involvement of pharmacists** was discussed as an enabler to improve services, ensuring patients have a clear understanding of the full range of services offered by pharmacists – this would allow this resource to be used at its maximum potential.

- **Improvement in communication between services** was deemed as vital; having better communication across the services would reduce the unnecessary delays and mistakes.

- **Triage appointments booked with GPs** was identified as a good system, some practices already do this but it would be beneficial to roll out across Dacorum.

- If **all tests/investigations could be carried out at once** for diagnosis, the service would be improved however it was noted that this would not always be possible.

3. Teenage Health

3.1. What Services need to be provided in Dacorum for this workstream?

It appears that public health has commissioned a service but there is a lack of understanding about what exactly has been commissioned. The provider is seeking to ensure services are more locally based.

The group felt that the following services were needed in the local area (expanded in service delivery section below):

- **GP based care**
- **School nurses**
- **A facility in Tring**
- **Mobile services**
- **MOTs/annual health checks**

3.2. How might these services be delivered?

- **GP based care.** Bennetts End Surgery provides young people with a discreet confidential drop in style service that includes:
    - Own entrance
    - Reception staff trained by Brook
    - Appointment times between 330pm and 530pm (after school) for convenience.

  It was identified that other GP practices could rent additional space to provide this kind of service. Key requirements highlighted were: services must be tailored to young people, simple to use, safe and confidential, properly advertised via channels that young people access including school websites. It was noted that GPs are not necessarily required to staff these sessions – other health workers could perform the role.

- **School nurses** were identified as an under-utilised resource. Whilst young people may not visit a school nurse for sexual health advice, the nurse would be able to signpost young people to appropriate advice.

- **A facility in Tring.** The need for a sexual health/family planning clinic in Tring was identified especially given the population there and train rides currently required to access services elsewhere.

- **Mobile services** were suggested in the same way that cancer screening services work. It was mooted that mobile services could visit locations including schools. However, the issue of confidentiality was raised which may stop young people accessing a service like this.

- **MOTs/annual health checks** were identified as best practice to enable a GP/nurse to have face time with young people and help prevent future illness. Some people suggested this idea would need to be focused on specific groups such as young carers or vulnerable groups.

Additional points

- Engagement with young people must be ongoing; their needs change
- Benefits of establishing a relationship with a GP
- Young people access information in different ways and 'transact' online much more than other age groups which may impact the amount of face time requested
- It was suggested that a link is sent to participants from the meeting highlighting the CAMHS process and status

3.3. What currently prevents this happening now? (Barriers)

- **Organisational barriers.** The contract between the service provider and public health was identified as a barrier as the service was not jointly commissioned – in fact there are significant differences in the way different organisations commission services.

- It was suggested that young people are difficult to engage and that **this age group does not routinely visit the GP.**

- **Lack of male role models and school nurses** were identified as potential barriers to people seeking the help they need.

- **Autonomy of some schools** (such as free schools and academies) means that it is not possible to guarantee that health services will be prioritised.

3.4. What needs to happen to make this work in the future? (Enablers)

- **Joint commissioning** (see above). A copy of the deliverables in the contract between the service providers and public health could helpfully be circulated to people.

- **Incentives** such as cinema tickets or coaches to festivals so that you have an opportunity to cascade messaging to young people.

- **Specific time slots** for young people – eg at the end of the school day.

- **Technology** for signposting help, advice and support should be used effectively. Apps and websites are frequently used by young people.

- **Existing youth clubs and other infrastructure** should be used better to help signpost young people to appropriate services

- **The CAMHS process** that has been adopted recently was highlighted as an effective way of engaging young people and jointly designing service ideas.

4. Older People and Long Term Conditions

4.1. What services need to be provided in Dacorum for this workstream?

Older people

- **Care workers** were discussed as a key service which needs to be provided to older people.
    - It was identified that there needs to be a **better career structure in place**, to make it a more attractive job which in turn should increase staff numbers. It was said that there is a lack of care workers and we need to find the staff from somewhere.
    - However, it was also said that there needs to be a **focus on getting the right staff**. It was suggested this could involve training the younger generation straight from school to ensure they have the right skillset.

- **Other Services** were identified as needing to be made more accessible.
    - It was identified that there is **a lack in services** available to older people; this is due to many of the practices going private. The services highlighted as vital and which need to be easily accessible are Dentistry and Chiropody (it was said that some carers won't cut clients toenails, and in some cases they are not able to do this themselves).
    - It was discussed that a knock on effect from not getting **access to these services** is that more serious conditions may develop, which could increase the support needed from hospitals and GPs (such as health determination if patients can't eat due to bad teeth).

- **Transport** systems were discussed as needing significant improvement
    - It was said that this would most likely fall within the **voluntary sector**, so recruitment for volunteers needs to be addressed
    - A recurring theme is that the transport to hospitals/clinics is really difficult for older people (often involving many different buses). It was said that this has been addressed since 2009 but no solution has arisen yet.

- **Nearer Clinics and Services** were identified as being vital
    - Bringing these nearer would lessen the strain on the lack of transport and would be a lot easier to access. Easier access to services could reduce the chance of health problems deteriorating and thus, in turn, potentially reduce financial investment.

- **Social / exercise / clubs / classes for older people**

- It was discussed that there is a need for somewhere for older people to take part in regular exercise, and to offer classes. It was highlighted to be important to offer places where older people can socialise.

Long Term Conditions

- The group agreed that there was an overlap in the services needed for the elderly and people with long term conditions

- It was identified that a **specialist 'service'** for each long term condition should be introduced

- **Pharmacist essential**

- **24 hour / integrated records access** was discussed as being vital. It was said that at the moment there is a lack of shared information and 24 hour support for patients.

Additional points

- There was a large concern for **older people living at home alone**. Until you are in that position you don't understand what help and support you need. Far more staff are needed for people who live in their own homes - more locations for visitations. The group questioned where the staff will come from?
- Age UK **500,000 people have no help washing or bathing and 150,000 people have no help going to the toilet** (not Dacorum specific statistics).
- Some participants raised concern that **dieticians are not monitoring the elderly** any more. Another participant commented that dieticians do monitor but only when there is an obvious health issue.
- One member of the table discussed how Helping Hand had an advert in a newspaper in Portugal advertising for care workers; they were surprised that they are spending money on recruiting overseas and not in the UK. Another participant commented that they believed the reason they would have done this is due to the lower wage expectation from abroad.

4.2. How might these services be delivered?

Older people

- It was discussed that a **prevention agenda** needs to be put in place. However one participant questioned if 50 years and above is too late?

- **Exercise programmes** should be part of older people's routines. It was mentioned that in an ideal world, everyone over 60 would participate in an exercise such as Pilates as this would build strength and balance and could help to stop falls etc.

  It was also noted that there are such exercise classes already going on, but people don't seem to know about them. The group noted the need to promote the existing opportunities.

- **Clinics need to be more accessible**. It was suggested that some clinics could be brought to different localities to help with the transport issue.

- **Simplify the prescription process**. It was mentioned that currently patients have to see a number of people in order to get their prescription, from GP, specialists, doctors and then chemist to pick up their medicine. It was questioned if there would not be a simpler way to do this which involves less traveling?

- **Upscale and join up local clinics** for health visits. It was questioned whether it would be possible to change the structure so that physiotherapists (for example) can work from a GP Surgery/Health Centre for local appointments, to save older people from traveling.

- **The transport infrastructure** was raised again as being very important, all of the elderly must be able to travel to their appointments easily

- **Patient review** was identified as key, where everyone over the age of 70 should get a health review, and their medication checked.

- **The term 'geriatrician' was requested to be brought back** and it was also noted that more geriatricians are needed. Due to problems needing to be addressed at the outset to prevent as many issues as possible from becoming medical.

- Much of the discussion centred around the idea of a **Hub**. The benefits discussed included:

    - **The HUB would house all of the support the elderly need**, with all services in one place to reduce the need to travel as much (including an exercise area for the classes)
    - No location has been confirmed for a Hub yet but it was suggested to look into the **opportunity of extending the children's site** to accommodate for the elderly, even if this was for just one day a week (as they already have the resources and space). Another option raised was holding this in the local community centres.
    - It was questioned if the **GP surgery could potentially move to new Hub site**. If this is not possible then the GP would need to travel to the Hub (with the consultants) so that communication is better and issues can be sorted quicker.
    - It was noted that a problem could arise if there is only one Hub in Dacorum as some people may have problems getting there. One suggestion was to have lots of smaller Hubs.

<u>Long Term Conditions</u>

- Delivery should be via specialist services for every condition, it was suggested that this could be through a pharmacist.
- It was identified that it is vital for 24 hour access for these services and that records need to be integrated. Access to information is key.

4.3. What currently prevents this happening now? (Barriers)

- **Care workers:** Current restrictions are money, lack of staff, skillset of existing staff and communication.
- **Other services:** There aren't currently the resources available to facilitate the additional services – there are not enough being offered. A premises/location is needed for this.
- **Transport:** Bus routes and number of volunteers are hindering transport to clinics.
- **Nearer clinics/services:** In order to improve this there would be a need for a larger workforce, finance, and premises to run these from.
- **Social (such as exercise/clubs/classes):** Barriers include apathy, time, and lack of confidence in the intelligent public.
- **Long term conditions:** There is a lack of accessible information, mismatch of staff resources to condition (e.g. 5% annual rise in diabetes but no rise in medical staffing), sub optimal training of staff. E.g. practice nurses and poor continuity/condition of care.

4.4. What needs to happen to make this work in the future? (Enablers)

- **Care workers:** A career structure needs to be implemented and sufficient training for new and existing staff. The need to build a stronger network of care workers, and value each member more as they have a really important role was noted.
- **Other services:** A larger workforce would be vital, community dentistry could be offered. All services could be housed in the Hub.
- **Transport:** Encourage volunteers to help with additional transport links.
- **Nearer clinics/services:** The Hub could facilitate the clinics and services so that everything is in one location and easier to access.
- **Social (such as exercise/clubs/classes):** Better communication of what already exists and promotion/advertising of any new activities. Coordination of voluntary bodies to best utilise resources.
- **Long term conditions:** It is important to educate the public on the services which are available (in both schools and the general public). There should be an accessible directory of information.