

## ***Your Care, Your Future***

### **Feedback – St Albans and Harpenden locality workshop**

**12 August 2015**

#### **1. Background**

*Your Care, Your Future* is the strategic review of health and social care services in West Hertfordshire. On 12 August 2015, *Your Care, Your Future* hosted a locality workshop session at The Aubrey Park Hotel to ask local patients, community representatives, NHS staff and other stakeholders to update them on the current thinking around future models of care in St Albans and Harpenden and to gather views on the types of services that could be provided at local health and social care hubs.

The workshop followed a previous engagement event on the future models of care in the locality on 3 June 2015 and the publication of the Case for Change in July 2015.

#### **2. Key information**

The session was attended by representatives from the St Albans and Harpenden patient group, Healthwatch Hertfordshire, voluntary organisations, local GPs and representatives from local NHS providers. There was also engagement through Twitter for one hour after the workshop to help encourage discussion and enable people who were unable to attend the session to participate remotely.

The session was composed of two key elements. The first section saw the facilitator – Dr Robert Ghosh, Clinical Lead, *Your Care, Your Future* – update attendees on the Case for Change and the future models of care. This was designed to help ensure those who had not previously engaged with *Your Care, Your Future* were aware of the review's objectives and the need for change. The second part of the session was designed to enable participants to discuss which services might potentially be provided at a health and social care hub in St Albans and Harpenden. These took place in the form of small table discussions that referred to diagrams in participant handouts, followed by plenary feedback.

The following section summarises the key themes that arose during the both sections of the session. This includes views that were captured during the plenary feedback session as well as notes taken directly from some of the tables.

It should be noted that some participants felt that they were not given enough time or were not able to discuss properly the potential services that could be provided in the locality. This feedback has been recognised and steps are currently underway to enable those participants to provide feedback on potential services in writing. Once received, this feedback will be forwarded to the St Albans and Harpenden locality office and the *Your Care, Your Future* programme management office.

#### **3. Summary of findings**

##### **3.1 Opening plenary session – Case for Change and future models of care**

###### **3.1.1 Case for Change**

- There was unanimous agreement around the need for major change. A number of participants commented, with a key theme emerging that the Case for Change has been made. A number of participants said a lot of time has been spent on the Case

for Change and now they would like to get a sense of direction around the future of St Albans and Harpenden.

- Some participants felt that the Case for Change does not feel different enough, particularly given the £30 billion national funding gap and the “paradigm shift” required to help meet this. Other participants said that the Case for Change has felt different in terms of the range of organisations and services involved, such as social care. One participant disagreed, stating that more emphasis could be made within the Case for Change about integration, particularly with public health and social care.
- Conversations around the need for change led to discussions about workforce. This saw conversations around opportunities to use capacity in pharmacy, optometry and dentistry, reducing the strain on general practice. Pharmacy representatives present mentioned that pharmacy in Hertfordshire is “behind the curve” and that they feel they are not sufficiently involved in service change discussions – they said they had been engaged more over the past six months.
- Estates were also mentioned, with comments highlighting that patients regularly go to the wrong place for the services they need. One participant who represented dentistry noted that they rarely see much dental decay in children, yet the number of hospital admissions for children with tooth decay is high.

### **3.1.2 Future models of care**

- The prevention element of the future model of care was seen by most participants as crucial. Some commented on the need for a whole-systems approach to change, including schools, parents and town planners. Some examples were provided, such as planning authorities allowing a major doughnut retailer to sell their products in the centre of St Albans. It was also noted that public health messages could be conveyed to parents at antenatal clinics. One participant disagreed, claiming that the discussions were focusing on attempts to “boil the ocean”.
- Behaviour change was also mentioned with regard to where people access care. One participant stated that the value of any changes must be made clear to service users – people must be able to see the greater value of accessing services in a different way.
- One participant commented that they recognised the need to be radical but raised concerns that the model will see acute care services moved into ‘hubs’, adding that they worry that reorganisation into hubs is happening before the future model of care has been finalised.

## **3.2 Feedback from the table discussions – health and care hubs in St Albans and Harpenden**

### **3.2.1 Clarity around future services**

- There was consensus in the room that the method of presenting potential services that could exist in a hub was unhelpful. Many participants said that they wanted all the services listed and required more information about the choices being faced to

make such decisions, such as financial costs. Others said that the material was difficult to access. A number of delegates noted that it would be helpful to provide more information about the services provided today, which could be used to compare with ideas for future services. Providing more information on the population needs and demands in certain areas of the locality was also highlighted as a way to help people make intelligent decisions about the proposals, with a population heat map showing the times that services are demanded, service locations, access and opening times was suggested as a useful way of providing this information. Presenting good practice from elsewhere was also seen as important, with Buurtzorg in the Netherlands put forward as a good example.

- The 'Beds' section of the hub diagram was questioned by some, with participants asking for more clarity around whether the beds mentioned are for community care, care home residents or hospital patients.
- It was mentioned that more clarity should be provided on the role of the voluntary sector, bearing in mind the funding challenges that charities face.
- A need for more information on the home care element of the diagram was also mentioned.
- There were comments about the hours of certain services listed in the hub diagram. For example, if a service is not 24 hours, how many hours is it?
- Clarity around the 'St Albans city centre Health Centre' referenced in the handouts was discussed, with participants questions what it provides and where it is based. Others discussed the need to rename it a 'Recovery and Wellbeing Centre'. This led to conversations about the need distinguish between services that would be provided in a hub, services in the Recovery and Wellbeing centre, services in GP clusters, GP surgeries, community settings and those delivered in people's homes.
- More information around the *Your Care, Your Future* Care Working Groups was mentioned, with a number of participants asking for more information on their composition and membership.
- One participant said that the materials lacked detail around delivery, such as who would invest in a new bus system.
- More detail about how Luton and Dunstable Hospital would be linked with a hub in Harpenden was asked for.
- One table discussed the need to reflect how services are joined up, such as medical, social, physical and mental. It was also mentioned that the diagram should convey which services are 'core' and which are peripheral.

### **3.2.2 Key themes about potential hub services St Albans and Harpenden**

- It was noted at one table that some of the services presented already exist within St Albans City Hospital and that the council provides a hub of community services – this led to discussions about the need to integrate the two.

- There were a number of comments about the key services that were not included in the hub diagram, including public health pharmacy services, social care, intermediate and tertiary care, district nursing and a mental health single point of contact. The role of public health pharmacy was emphasised further, highlighting the need for more prevention earlier in people's lives. It was noted that this should also be the case in optometry, dentistry and podiatry.
- Including children's centres in the hub diagram was discussed, with one participant noting that these are an important aspect of the prevention element of the future model of care.
- The role of social services in the hub should be highlighted, with services such as Citizens Advice to be available.
- Discussions on one of the tables highlighted the need for more diagnostic services in St Albans. It was mentioned that it would be helpful to have diagnostic services such as blood tests or radiology available at early or extended hours to help make the system more productive and valuable.
- Ensuring a certain level of trust in the services provided at the hub was discussed on one of the tables as being crucial to ensuring people change their behaviours, namely consistent levels of quality at any time of day and at weekends.
- Transport and parking were highlighted as key elements to get right to help ensure the hub works effectively. One table mentioned that reliable shuttle service should be operated from the hub, providing links to 'spokes' and other hubs.
- One table discussed the need to link a potential hub with faith services.
- It was noted that the diagram of potential services in a Harpenden hub includes outpatient services, which would need to be matched with high demand. The differences between outpatient services at St Albans and Harpenden need to be made clear.
- On Twitter, one participant made a number of comments about the need for improved services for people with Parkinson's. They mentioned access to a specialist Parkinson's nurse to help meet NICE guidelines, a movement disorder clinic for people with Parkinson's and integration of acute, voluntary and community services.
- The use of IT and technology to improve joined up working was mentioned, and this form the proposals for hubs, as it could connect hubs with 'spokes'.
- One discussion referred the current St Albans City Hospital site as perhaps being too inaccessible for the purposes of a wellbeing hub. This led to conversations about the wellbeing café, which was welcomed as a positive idea. It could be used to support people to learn about their illness before seeing a medical professional.
- Good signposting was seen as important for the hub to be a success, with people to meet and greet required to help the facility run effectively.