

Your Care, Your Future

Feedback – Watford and Three Rivers locality workshop

5 August 2015

1. Background

Your Care, Your Future is the strategic review of health and social care services in West Hertfordshire. On 5 August 2015, *Your Care, Your Future* hosted a locality workshop session at Stanborough Centre to ask local patients, community representatives, NHS staff and other stakeholders to update them on the current thinking around future models of care in Watford and Three Rivers 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 20 May 2015 and the publication of the Case for Change in July 2015.

2. Key information

The session was attended by 21 delegates, including representatives from Carers in Hertfordshire, Healthwatch Hertfordshire, local clinicians, patient representatives 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, as well as trailing the concept of a Watford ‘health and social care campus’. 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. This section also included a presentation from Dr Marie Anne Essam on her vision for a multifunctional hub in South Oxhey.

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 Watford and Three Rivers. 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.

3. Summary of findings

3.1 Case for Change

- There was consensus around the need for major change. A number of participants commented about drawbacks of existing services, including current limitations around care in the community.
- One example of problems with existing services included age bands that restrict access to certain types of support.
- This led to discussions around enablers that could lead to improved care, such as a single point of contact for patients and the need for social workers, doctors and patients to be connected to prevent people falling through gaps in the system.

- Current contracts that exist within the current health and care system were also mentioned – an example provided was podiatry, where it was highlighted that people won't use the service because they have to pay.
- The need to improve public health was raised by participants, with one saying that messages around alcohol consumption need to be conveyed in a similar way to those around smoking.
- The diverse local population was highlighted by one participant, who highlighted that better help and signposting should exist for a diverse group of people, including local vulnerable communities.

3.2 Future models of care

- When discussing the prevention element of the future model of care there were a number of comments about education. One participant stated that the only way to improve prevention is to change people's dependency on NHS services – the participant added that in the past many people only called the doctor or went to hospital when they were seriously ill, with services such as pharmacy being used instead.
- One participant – a teacher – highlighted the need to 'educate the educators' by training teachers more effectively to convey preventative messaging. The participant noted that the current system sees messages change and go out of date. Later in the meeting, a different participant stated that learning centres could be provided in schools. Another attendee mentioned that mixed messages also exist in pharmacy.
- Echoing wider comments about pharmacy services, one member of the public said that pharmacists do more training than other types of clinician, so should play a bigger role in the future.
- The need to include patients and their carers in decision-making was emphasised as an important element of a future model of care.

3.3 A health and social care 'campus' in Watford

- During discussions around a potential health and social care 'campus' in Watford, it became apparent that the term 'campus' was unclear. Previous efforts to build a campus in Watford were cited by participants, which means that using the term 'campus' in this context may cause confusion about the concept for local residents.
- On discussing the concept, one participant highlighted that 'campus' is closely linked to education, and said that its scope could be widened to provide a centre for learning and training, making it much more than a hospital.
- One participant said the campus is a good idea in principle but that it needs more detail. This led the participant to highlight the expertise that is available locally – such as councillors, housing officers, teachers, trainers and children's centres – which are isolated from each other without a network to connect them. This led to comments about the role of the campus in bringing this expertise together, including integrating budgets and a single point of contact.
- The concept of a central campus was welcomed but there were calls for more detail around what types of services would be integrated there.
- They also highlighted the need to ensure that it doesn't get lost as a housing development.

3.4 Health and social care 'hubs'

- Clarity around terminology was again raised, with participants calling for a clearer name to describe a 'hub'.
- Following the presentation from Dr Marie-Anne Essam, participants welcomed the concept of a multifunctional health and care base that was described.
- One participant welcomed the concept of the hub in terms of joining services together but rejected the need for new buildings and sites to provide such services given the inevitable challenges that this would pose to implementing change. The participant provided examples of these challenges, such as the implications for places where hubs would not be provided and for those services (such as pharmacy) that would not be connected to a hub. Instead, the participant said that existing assets should be used to integrate services.
- The idea of a virtual hub was discussed, which a member of the public welcomed. They mentioned that more affluent areas in the locality, such as Moor Park, would not need them. They also highlighted that the two local district councils (Watford and Three Rivers) offer a huge resource that is not being utilised to its full potential.
- One participant highlighted that the local council (such as housing services) and the voluntary sector can't all be at the hub all the time. The need for a hub coordinator was identified as one way to address this, who could direct service users to speak to the relevant type of support. This led to a comment from a voluntary sector representative, who highlighted that the voluntary sector is being asked to be 'meaner and leaner', which runs counter to the extensive role of voluntary organisations in the hub concept.
- Discharge was highlighted as a particular service area that could be improved with more joined-up care. One participant mentioned that when leaving hospital you can often be in 'no-man's land' and that this gap in the system needs to be improved.
- When asked to consider the interaction between 'hubs' and 'spokes' there were comments about what the spoke could be, such as a school or GP practice. The need for a coordinator located at the hub was mentioned, who could then direct service users to relevant local spokes.
- It was highlighted by one attendee that, despite the concepts of a hub or campus, the only place you can go 24 hours a day for a scan and X-Ray is Watford General Hospital. Building on this, the participant posed the idea about scrapping the idea about local services and for patients to go straight to Watford.
- The service sheets provided for a potential hub at Watford and South Oxhey were seen as predominantly health-focused. The need for expanding community services, such as pharmacy, in the service sheet was highlighted, as well as services related to information about diet and food.
- One participant asked where the funding would come from to provide such a joined up service, given that local hospital trusts were being asked to rewrite plans.
- Improving the flow of information was highlighted as an important enabler for a hub and spoke system – one participant said that the flow of accurate, timely data would be crucial but noted that there is resistance that exists about providing private data. Expanding on this point, they emphasised the need for such data to be effective across all sectors, including schools, councils, housing and clinicians.