
2. Our case for change

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2.1 THE NATIONAL CONTEXT

The NHS in England has recently published its Five Year Forward View setting out the importance of transformation across the NHS and social care. Given the ongoing concerns about our ageing and growing population, costs of drugs and new technologies, the increasing number of people living with complex healthcare needs and funding, the NHS will need to do some things radically differently in the future.

The situation in west Hertfordshire reflects the national concerns. Delivering high quality health and care services is already challenging and will become more so in the coming years. Our local population is changing and so are our health and care needs. We must find new ways to provide sustainable high quality health and social care.

2.2 OUR APPROACH

Since November 2014, more than 60 clinicians and other professionals from NHS organisations and social services in west Hertfordshire have worked together, with key partners and patients, service users and public representatives to develop a comprehensive case for change document. An interim case for change was launched in March 2015, and further engagement has occurred since then to inform the final case for change, which was launched in July 2015. This can be found on the Your Care, Your Future website (<http://www.yourcareyourfuture.org.uk/>).

2.3 WHY WE MUST CHANGE

West Hertfordshire needs to radically transform models of care to ensure it is sustainable for future generations.

The current pattern of service will not enable west Hertfordshire to deliver the vision of a modern, forward looking service. The vision for a modern, patient-centred and joined-up health and social care system is one where local people are supported to stay well, where healthy living is promoted; where patients and carers of all ages are empowered to take an active part in their own care; where patients will receive their care and treatment in the right place – at home or as close to home as possible; and where patients will experience services that are joined-up.

West Hertfordshire's case for change falls into the following three themes, which are developed fully in the sections that follow.

Changing populations needs

- The population of west Hertfordshire is changing dramatically with a rapidly ageing population and an even faster growing younger population with growing cultural diversity;
- Health outcomes across west Hertfordshire are better than the peer average but they should be even better. Life expectancy differs by up to ten years between districts;
- West Hertfordshire has a marginally higher prevalence of mental health problems and learning disabilities compared to its peers;
- Diabetes is a significant area of underperformance despite having a much higher spend per head than the peer group; and over 10% of people with long-term conditions say they do not get enough support from local services;
- We have identified eight population groups as our area of focus. Each have specific needs to address*.

Quality

- There is growing pressure on west Hertfordshire's urgent and emergency care services with increasing A&E attendance rates and emergency admissions rates;
- Children and older people remain in hospital on average a higher number of days compared to the peer group average; when they could have been better cared for elsewhere in the system;
- Quality standards for primary care are higher than national benchmarks, however, there is significant variation at a GP practice level in the management of long-term conditions, dementia, mental illness and access to primary care;
- Quality standards across some parts of the health economy have not been met across a range of dimensions relating to people's safety, care, staffing and management.

Sustainability

- Workforce sustainability in west Hertfordshire is currently under pressure as care professional roles, voluntary sectors and carers face significant pressure. The lack of labour supply both nationally and across west Hertfordshire will require additional or adjusted roles to be developed for the future model of care.
- A poor quality and poorly utilised estate means unnecessary operating costs are being incurred and capital receipts are not being realised from surplus assets;
- West Hertfordshire has yet to harness technology to deliver truly patient centred care;
- The combined estimated challenge for the health and social care economy in West Hertfordshire by the end of five years, i.e. by 2019/20 is £177m. There could be opportunities in the region of c. £86m from productivity and efficiency gains, but this leaves a remaining challenge of £92m which will need to be addressed through a transformed model of care.

Note: Quality standards include national and local standards. *Population groups are described in detail on slide 20 & 21.

2.4 CHANGING POPULATION NEEDS

The areas we are going to cover in this section relate to the outlook for a rapidly ageing population and an even faster growing younger population with growing cultural diversity. Secondly, we will be looking at current health outcomes and local variation. We will then focus on diabetes as an example of where our spend is much higher compared to the peer group. Lastly, we will introduce 8 population groups we identified as our key areas of focus.

2.4.1 POPULATION PROFILE

The population profile of west Hertfordshire is changing dramatically with a rapidly ageing population, an even faster growing younger population and growing cultural diversity;

- The population is forecast to grow by 31,800 over the next five years – a 5.5% increase compared to 3.6% nationally.
- The 75+ population is forecast to increase by 4,800 over the next five years – a 10.4% increase, compared to 12.6% nationally, and 14.2% within the peer group.
- 3.5% of households are deprived in 3 or 4 deprivation dimensions – compared with 3.6% in the peer group and 5.7% nationally.
- More people are living with complex health conditions, including an additional 400 people living with dementia over the next five years.
- There is cultural diversity with 65,000 of the population having black and Asian ethnicity.

The four localities have notable differences between them;

- Watford has the highest level of deprivation.
- Dacorum and Hertsmerem has the highest percentage of over 65s living alone.
- St Albans has the highest percentage of under 20s.

* The peer group has been defined as health and social care systems that have similar demographic characteristics to west Hertfordshire.

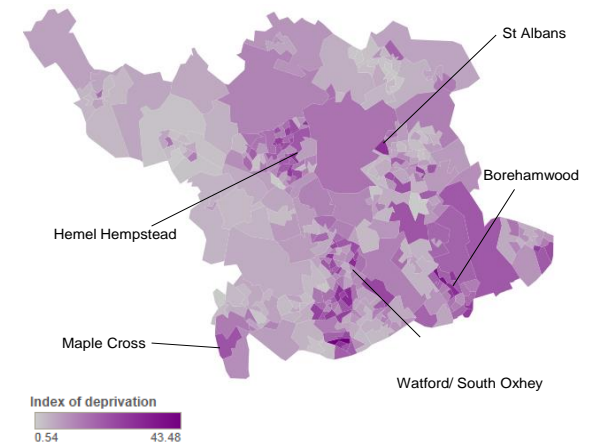


Figure 1: West Hertfordshire index of deprivation

Health issues in west Hertfordshire (only areas that are significantly worse than the Hertfordshire average are displayed), 2015

Health issue	Dacorum	Hertsmerem	St Albans	Three Rivers	Watford	Hertfordshire
Proportion of children in poverty	14.0%	14.0%	8.8%	11.8%	14.9%	13.7%
Statutory homelessness per 1000	2.8	2.0	1.8	2.4	4.4	2.4
GCSE achieved (5A*-C inc. Eng & Maths)	57.2%	63.9%	73.9%	76.9%	73.7%	66.3%
Violent crime per 1,000	6.0	5.9	5.1	4.2	11.7	7.1
Long term unemployment per 1,000	4.5	5.2	3.3	3.9	6.0	5.4
Obese children (Year 6)	12.5%	15.4%	10.9%	16.7%	18.5%	14.7%
Alcohol specific hospital stays (under 18) per 100,000	17.3	36.3	13.8	26.0	26.6	20.6
Hospital stays for self-harm per 100,000	134	113	90	133	120	113
Hospital stays for alcohol related harm per 100,000	463	512	409	543	540	472
Drug misuse per 1,000	4.1	4.6	4.1	2.5	8.7	5.2
People diagnosed with diabetes	4.8%	5.2%	4.1%	5.1%	5.3%	5.1%
New cases of tuberculosis per 100,000	6.9	13.0	7.1	6.9	17.7	8.3
Acute sexually transmitted infections per 100,000	1005	584	629	655	657	713
Road injuries and deaths per 100,000	32.1	49.8	42.5	33.4	26.1	35.0

Legend: Better than Hertfordshire average (Green), Equal to Hertfordshire average (Yellow), Worse than Hertfordshire average (Red)

Figure 2: West Hertfordshire health issues

2.4.2 HEALTH OUTCOMES

Health outcomes across west Hertfordshire are better than the peer average but they should be even better:

- Watford has the highest age standardised mortality ratio (ASMR) of the localities, and is one of the highest amongst the peer group.
- St Albans has the lowest ASMR out of all localities.
- Life expectancy differs by up to ten years between districts in west Hertfordshire. For example, 76.4 years in Borehamwood compared to 87.9 years in Chorleywood West.

Despite these inequalities, west Hertfordshire has made significant improvements in mortality ratios over the course of the year:

- Crude mortality rate has dropped 28% since April 2013.
- Summary Hospital-level Mortality Indicator (SHMI) has decreased from 110 to 90.
- Hospital standardised mortality ratio (HSMR) has decreased from 112 to 88.

West Hertfordshire has a marginally higher prevalence of mental health problems and learning disabilities compared to its peers.



Figure 4: Mental health problems prevalence, 2012/13



Figure 5: Learning disability prevalence, 2012/13

Age Standardised Mortality Rate per 100,000 people, 2013

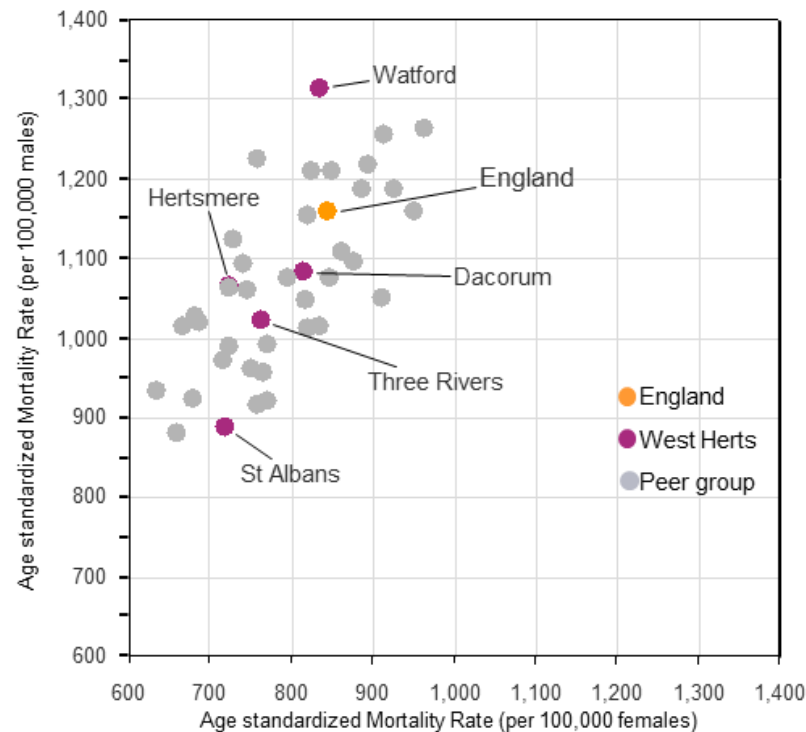


Figure 3: Age Standardised Mortality Rate per 100,000 people (2013)

2.4.3 LONG TERM CONDITIONS

The burden of long-term conditions is one that needs to be addressed. West Hertfordshire has a lower prevalence of physical health LTCs (COPD, CVD, diabetes, cancer, CHD, stroke and CKD) compared to both peer performance and the national average; and it is spending on average less than the peer group for the majority of analysed diseases. However, there are areas of underperformance and this needs to change:

- West Hertfordshire has a marginally higher prevalence of mental health problems and learning disabilities compared to its peers.
- Diabetes is a significant area of underperformance, despite having a much higher spend per head than the peer group.
- In 2009/10, west Hertfordshire had close to 60 people with diabetes go through a lower limb amputations procedure (higher rate compared to peer group).
- The diseases receiving higher spend do not generally have higher associated outcomes than those diseases with lower spend compared to the peer group.

There are areas where the health and social care system does not address the needs of the population and patient groups. For example 10.5% of people with LTCs said they did not have enough support from local services or organisations.

Patients in west Hertfordshire choose to be treated closer to home. Some patients in Hertsmere and Harpenden chose to go to hospitals outside west Hertfordshire, with West Hertfordshire Hospitals NHS Trust (WHHT) having a 62% market share of all outpatients in west Hertfordshire.

West Hertfordshire outcomes vs spend matrix compared with peer group, 2013

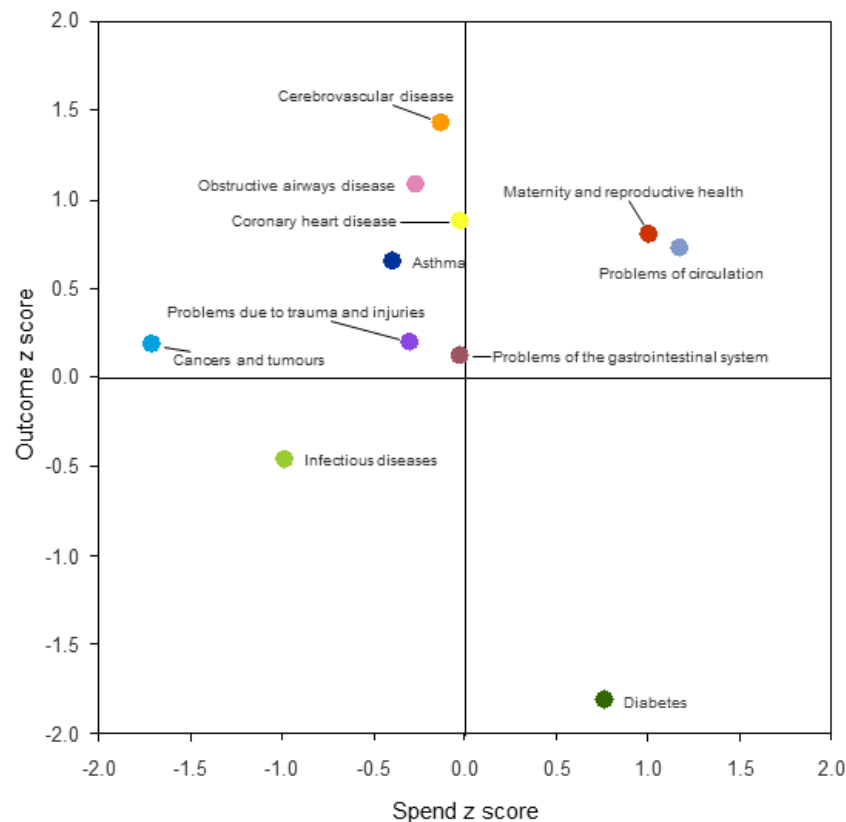


Figure 6: West Hertfordshire outcomes vs spend matrix compared with peer group (2012/13)*

* Latest NHS data as at September 2015. Spend data – 2013; Outcome data – 2011 and 2013.

2.4.4 POPULATION GROUPS

We have identified eight population groups which will become the focus as we develop the future model of care (FMOC), ensuring that the design meets the specific needs of each group. The profile of each population group is presented in the boxes below. Over the page we highlight key issues that the FMOC will need to address.



Children and young people

- New-borns, children and young people aged 0-19 years.
- 146,600 people aged 0-19 in west Hertfordshire.
- 9,700 increase in the 0-19 year olds population in west Hertfordshire over the next five years.
- West Hertfordshire has a higher proportion of under 18s in the population (25.2%) than England (23.9%) and the peer group (21.8%). The proportion of under 18s is expected to rise to 26.0% by 2021.



Expecting mothers

- Pregnant women and women who have recently given birth.
- 7,600 mothers recently gave birth in west Hertfordshire¹.
- 8.9% of mothers giving birth in Hertfordshire were born outside the UK.
- The under 18 conception rate is 21.3 per 1000 15-17 year olds – lower than regional average (30.8). However, Watford has a rate closer to the regional average (26.2).



Older people

- People aged over 75 years old living in west Hertfordshire.
- 46,300 people aged over 75 in west Hertfordshire.
- 4,400 increase in people aged over 75 in west Hertfordshire over the next five years.
- By 2021, Three Rivers will have the largest proportion of over 85 year olds (4.1%)
- West Hertfordshire's % of over 65s living alone (30.5%) is similar to the national (31.2%) and peer group average (29.9%).



People with a LTC

- 115,650 people in west Hertfordshire had one LTC in 2012.
- Diabetes is the most common LTC, followed by CHD, COPD and then stroke and TIA.
- Watford has the highest proportion of people living with one LTC (37,786 in 2012).
- Hertsmeare has the highest proportion of people living with diabetes (4.29%) and CHD (3.37%). While the Lower Lea Valley has the highest prevalence of COPD (1.55%).



People with multiple complex LTCs

- Adult population in west Hertfordshire living with more than one long term condition.
- 139,750 people in 2012 (all ages).
- The number of people with multiple long term conditions is expected to rise 53% from 2008-18 across England.
- Watford & Three Rivers has the highest number of people with multiple LTCs, followed by Dacorum then St Albans.



Good health adults

- Those aged 20-74, living in west Hertfordshire with no significant health issues.
- 215,900 people in 2014.
- The number of people aged 20-74 is predicted to grow 3.3% in the next five years, however there is also an expected increase in the number of people that are expected to develop future health issues (e.g. long term conditions).



People with a mental health issue

- People in west Hertfordshire that suffer from at least one mental health issue.
- There are 4,620 people registered on QOF databases in west Hertfordshire in 2013/14 as having at least one mental health issue.
- The prevalence of mental health issues increased 2% from 12/13 to 13/14.
- Watford has the highest prevalence of mental health issues compared to the other localities.



People with a learning disability

- People aged 18 and over in west Hertfordshire who have a learning disability.
- There are 2,165 people registered in west Hertfordshire in 2014, however the actual number could be up to 11,000.
- The prevalence of learning disabilities increased 3.74% from 2013-14.
- Watford has the highest prevalence of learning disabilities, whilst Three Rivers has the lowest.

Source: ¹ONS, JSNA, HSCIC QOF. 1: figure for total births in 2013



Children and young people

- The proportion of obese children varies from 10.3% in St. Albans to 19.1% in Watford.
- In 2011/12, there were over 39,000 UCC and A&E attendances for children aged between 0-16 years, of these only 12% were admitted (5.0% increase vs 0.5% peer group).
- Greater focus is required on healthy lifestyle promotion and improving awareness alternative services to avoid unnecessary hospital attendances.



Expecting mothers

- 11% of expectant mothers smoke during pregnancy.
- The average percentage of caesareans for WHHT was 26.4% vs. 23.6% for England.
- Stillbirth and neonatal mortality (7.5 per 1000 births) are similar to the regional average (7.4).
- Antenatal advice and guidance for expectant mothers is required to ensure the best possible postpartum outcomes, particularly for vulnerable mothers.



Older people

- Over 5,000 admissions are due to falls in people aged 65+.
- 52% of acute older patients were at the wrong level of care in 2013, a higher percentage than any other group.
- 13,000 people have dementia in Hertfordshire (only 42% have been diagnosed). This is set to rise to 16,500 by 2020.
- Greater focus is required on prevention and services that enable older people to maintain their independence.



People with a LTC

- People with LTCs are the most intensive users of the most expensive services
- People with LTCs accounted for 8.6% of ambulance call outs and over 58,000 hospital spells.
- Diabetes is the most common LTC, followed by CHD, COPD and then stroke and TIA.
- Premature mortality from diabetes is 2.58 and 1.84 per 100,000 for males and females respectively.



People with multiple complex LTCs

- Early identification of those at risk of LTCs will positively impact health outcomes. A joined-up pathway for those with multiple LTCs will coordinate the management of their conditions.
- 10.5% of people with LTCs said they did not have enough support from local services or organisations.
- Trying to address individual conditions does not meet the support needs of this cohort.



Good health adults

- Adults in good health will require preventative strategies to keep them healthy, for example patient activation, involving them in their care and supporting them to lead a healthy lifestyle.
- There are estimated to be 55,000 carers in west Hertfordshire, many of whom will be adults currently in good health. Carers feel more stressed and anxious, and need to be supported to stay well to avoid related health issues.



People with a mental health issue

- Hertfordshire has fewer adults in contact with mental health services in employment (6.1%) than in similar local authorities (8.7%).
- People with mental health issues will require joined-up physical, mental health and health and social care services to manage their complex conditions.
- The wider costs of mental illness, inc. unemployment, crime, housing are estimated to be £2.2bn for Hertfordshire.



People with a learning disability

- Hertfordshire has fewer adults with learning disabilities in employment (5.2%) than in similar local authorities (6.9%).
- People with learning disabilities often receive poorer quality services due to information barriers, scarcity of services, a lack of reasonable adjustments and disablist attitudes amongst staff.
- People with learning disabilities will require community support services, and additional help to manage their health issues.

2.5 QUALITY

In this section, we highlight the growing pressure on west Hertfordshire’s urgent and emergency care services. In addition, we present key differences in length of stay data for children and older people compared to peer group averages. Thirdly, we look at quality outcomes for primary care and lastly, we review quality standards for the acute, community, mental health, and social care providers.

2.5.1 URGENT CARE AND EMERGENCY SERVICES

West Hertfordshire’s urgent and emergency care system is experiencing multiple pressures that are growing in complexity and severity, and this is not sustainable:

- Between 2009 and 2014, A&E attendances have increased by 20%.
- Emergency admissions have increased by 58%.
- West Hertfordshire patients have a higher A&E attendance rate per 1,000 inhabitants compared to the peer group but a lower admissions rate.

Children and young people are attending A&E when other services in the community may be more appropriate. For example, there is a spike in A&E attendances of young people between 09:00 and 10:00, suggesting that patients whose children are ill overnight but do not require urgent care at that time are attending A&E when other services would be more appropriate.

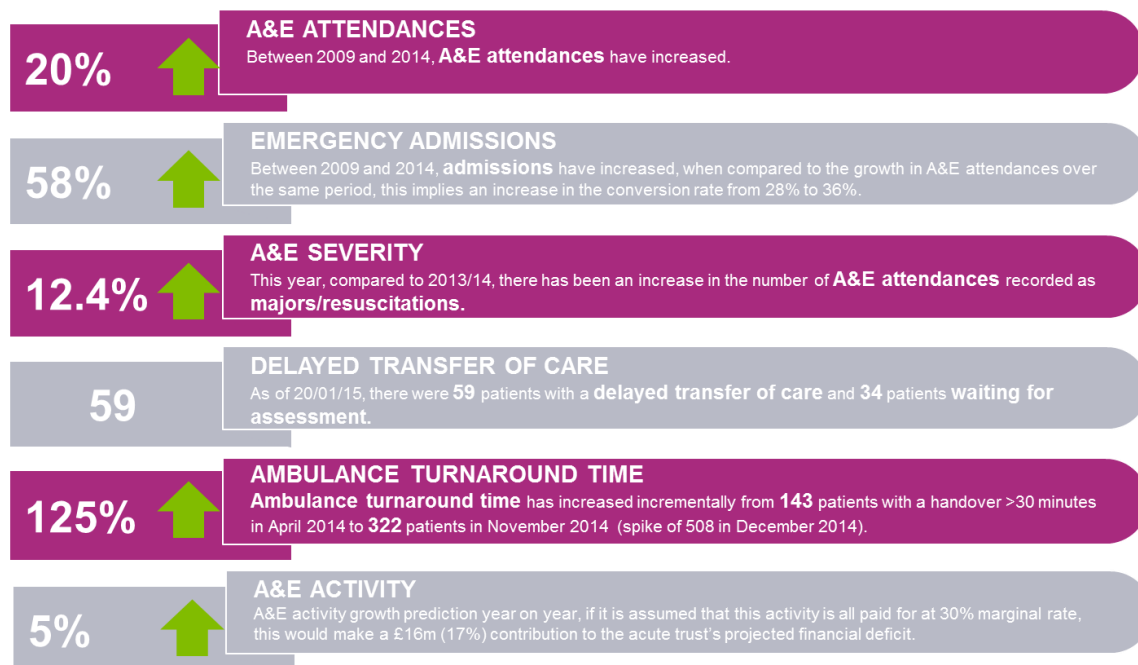


Figure 7. Urgent care and emergency services statistics

2.5.2 CHILDREN AND OLDER PEOPLE

Children and older people remain in hospital on average a higher number of days compared to the peer group average and care could be delivered more effectively and efficiently if performance converged to the peer group average of the best performing trusts. Notably, once admitted, average length of time spent in hospital is significantly higher for the 75+ population compared to the 0-19 age group.

At a given point in time, 412 patients (48% of acute bed days – largely clinically stable older people) were in hospital beds when they could have been better cared for elsewhere in the system:

- The largest grouping of these patients was those awaiting support to leave hospital: a discharge planner, social worker, case manager or palliative care. Another reason included no availability in alternative settings of care.
- 68 of the 310 non-qualified bed days were due to consultants’ practices and the clinical model of care.

Non Qualified Acute Bed Usage

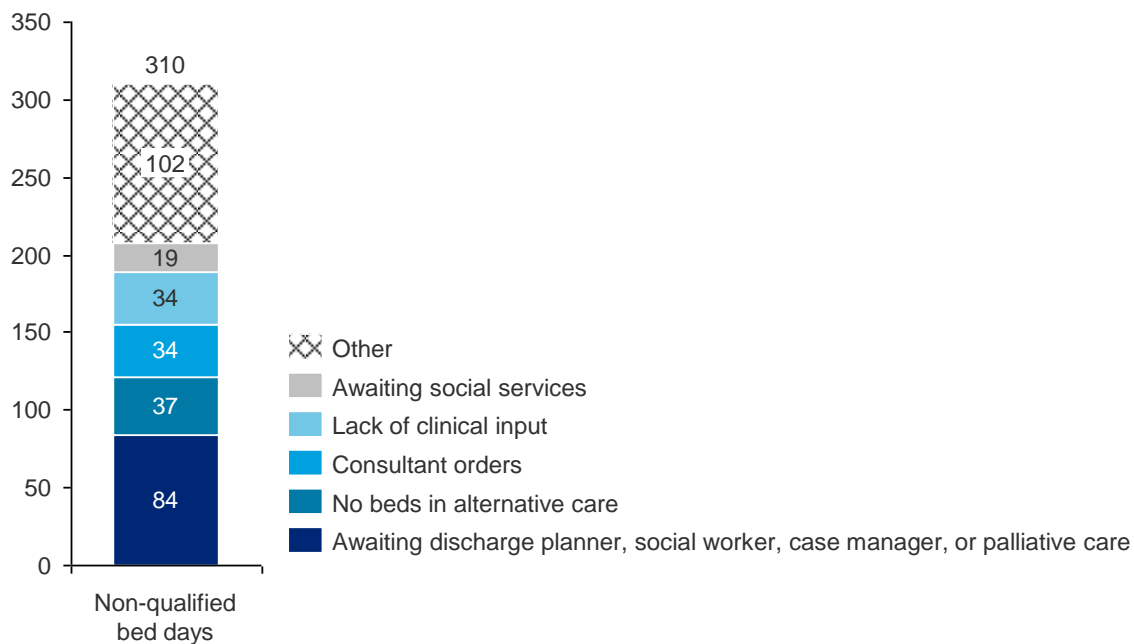


Figure 8: Non qualified acute bed days

2.5.3 QUALITY OUTCOMES

Quality standards across secondary healthcare provision are variable. Whilst there are elements of high quality care across acute, community and mental health provision, there is also significant room for improvement across a number of areas as highlighted by the recent CQC inspections for the three West Hertfordshire based provider trusts. Overall, mental health provision was rated 'good', community services were rated "requires improvement", and acute care at West Herts Hospital trust was rated "inadequate."

However, there is significant variation at a GP practice level:

- The management of long term and cardiovascular conditions, for example the confirmation of heart failure diagnosis, has high variation as some GP practices confirm 100% of diagnosis within the allotted time period while others are performing well below this level.
- While some GP practices were able to achieve 100% face-to-face review of dementia care in the preceding 12 months, others achieved 70-80%.
- The agreement of care plans for sufferers of mental illness show a variation between a small number of practices that are underperforming compared to the majority of the practices in the region.
- Patient survey responses across west Hertfordshire GPs indicated slightly lower than average satisfaction with opening hours and the out-of-hours service. A higher rate of patients commented they attended A&E if they could not get a convenient GP appointment.

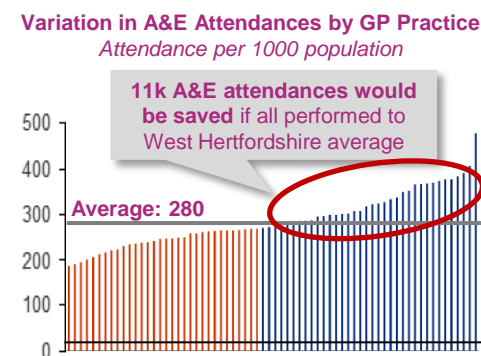
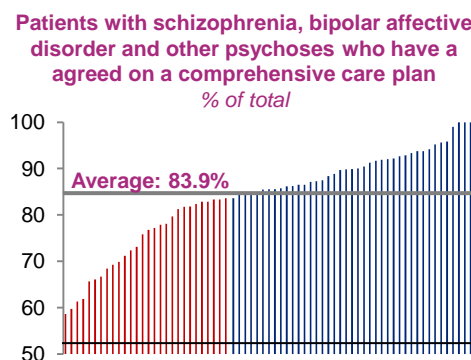
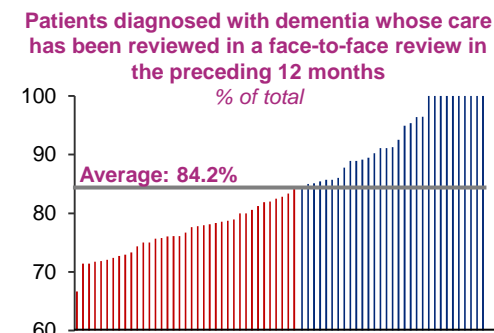
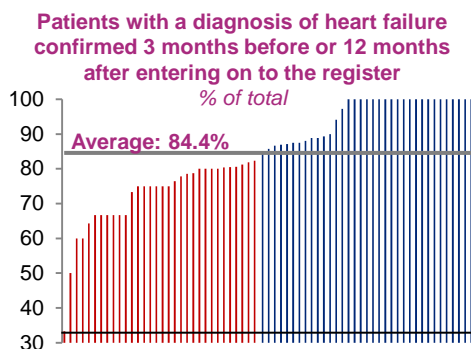


Figure 9: Quality outcome variation at GP practice level

2.5.4 QUALITY STANDARDS

Quality standards for the acute, community and mental health providers have not been met across a number of dimensions relating to care, staffing and management, and this will continue if no further action is taken.

34 nursing and residential care homes have at least one CQC fail*. These relate to caring for people’s safety and protecting them from harm, and providing care that meets people’s needs. For both nursing and residential homes, private and non-private homes have the same proportion of homes failing at least one CQC metric.

Nursing and Residential care homes, CQC fails

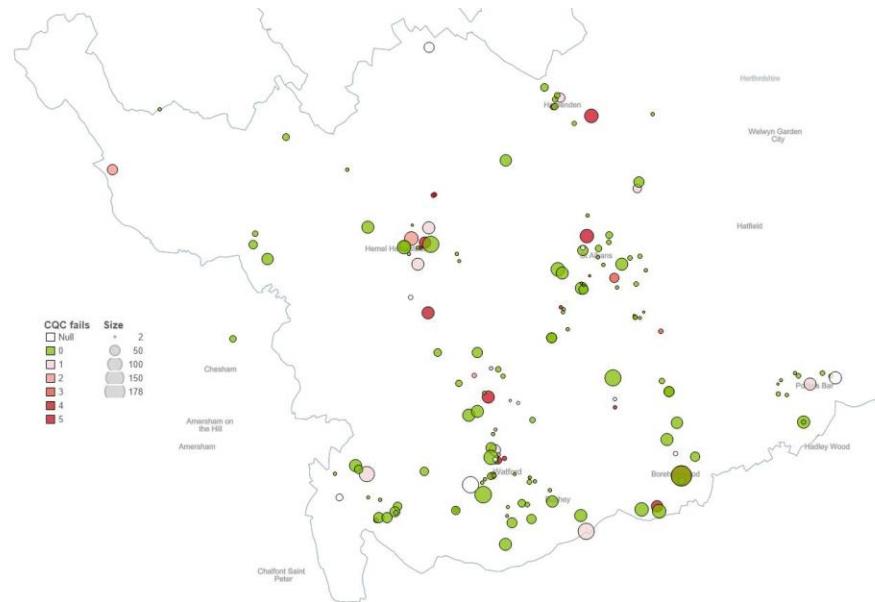


Figure 10: West Hertfordshire nursing and residential care homes, CQC fails

Service users stated they are not receiving as much social care as they would like compared to peers, and fewer older people are receiving reablement services after leaving hospital compared to peer benchmarks. Providing users with additional social contact can help to keep them in their own homes, avoiding the costs associated with supporting them in residential or nursing care.

* Includes all inspections up to 8 September 2015

2.6 SUSTAINABILITY

As part of the sustainability section of the case for change, we will focus specifically on three areas of enablement for sustainable care and financial sustainability. The three areas are workforce sustainability in West Hertfordshire, estate challenges in relation to poorly utilised estate and technology requirements to deliver joined-up, patient centred care. Lastly we review the growing financial challenge and the financial opportunities that could be realised from productivity and efficiency gains.

2.6.1 WORKFORCE CHALLENGES

West Hertfordshire is currently facing a shortage of professional roles and limited development has been put into new or adjusted roles. Integration of health and social care with the voluntary sector in west Hertfordshire has not been sufficiently developed to support joined-up care delivery.

Some startling facts paint the picture of the workforce challenges in west Hertfordshire:

- Around 20% of the unpaid care workforce is over 65 years old;
- There are 1,834 patients per GP in west Hertfordshire, compared to an England average of 1,590; and,
- Nearly a quarter of GPs are over 55 and due to retire in the next 10 years.

	Care professional roles	Primary care	Voluntary sector	Carers
Case for change	<ul style="list-style-type: none"> • West Hertfordshire is located close to London, which makes recruitment and retention of the workforce a significant challenge. • There are shortage issues in some professional roles, like nurses, GPs, social workers, medical radiographers, etc. • New professional roles such as physician associates, advanced practitioners and up skilled paramedics are not in place through west Hertfordshire. • Training and education opportunities for professional roles have decreased over the last few years. 	<ul style="list-style-type: none"> • There is a shortage of workforce professionals in west Hertfordshire when compared to England. • There are 568 patients per FTE staff member, compared to an England average of 449. Also, there are 1834 patients per GP, compared to an England average of 1590. • 22.7% of the primary care workforce is over 55 and due to retire in the next 10 years. 16 new GPs will be required every year for 5 years to fill this gap. A GP Recruitment and Retention project is currently ongoing to address this issue • Number of nurse practitioners is low in west Hertfordshire and there is a need to improve their role in Primary Care. 	<ul style="list-style-type: none"> • The voluntary sector has limited integration with health and social care despite showing some capacity in the system. • There are some good examples around the patch of help from the voluntary sector that could be extended. • The introduction of seven day services will further put availability pressure on clinical and non-clinical staff. • Several pilots ran across the UK with proven benefits, such as “social prescribing” or “people empowered health programme” have been tested with limited scope in west Hertfordshire. 	<ul style="list-style-type: none"> • Carers are a significant part of the informal workforce, reaching close to 55,000 in west Hertfordshire. • Carers in west Hertfordshire feel stressed, anxious and cannot get a good nights sleep. • Carers do not feel supported by the system and often break-down which has an impact on their own health and the person they are taking care of.

2.6.2 ESTATES CHALLENGES

West Hertfordshire Hospitals NHS Trust has significantly more under utilised and functionally unsuitable space than its peers (over a quarter of the acute estate is empty or under utilised, 35% of the community estate is under utilised and the county council estate is also reported as being under utilised). Many properties have sat empty or under utilised for long periods of time and action should be taken to dispose of these properties or use them for alternative purposes. Focus should be on fully utilising the newer, fit-for-purpose estate.

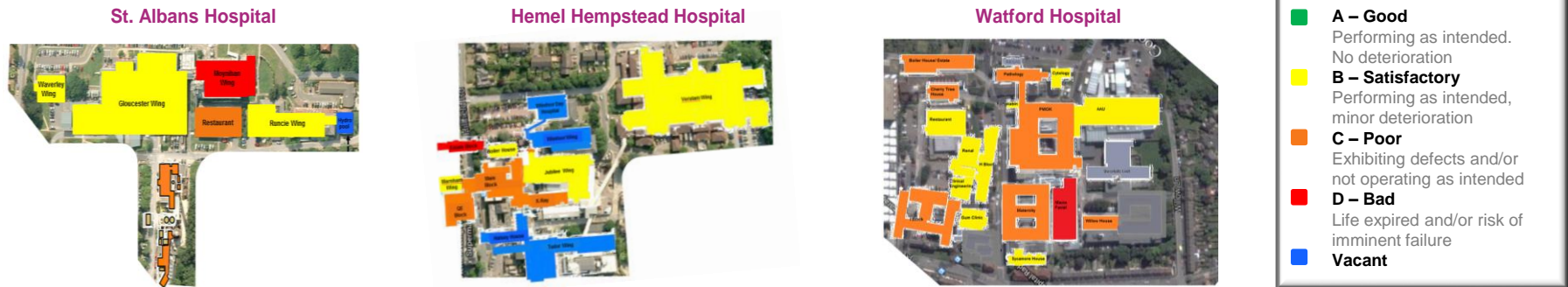


Figure 12: West Hertfordshire estate assessment

Backlog maintenance is a systemic issue:

- Within acute hospital estates, backlog maintenance totals just over £66m (equating to £553/m²).
- The mental health estate has a total backlog maintenance figure of £3.2m.
- Community estate has significantly less backlog maintenance.

The backlog maintenance needs to be addressed in the strategic plans ensuring best use of available resources is required to ensure that investment is made in modernising the right part of the estate.

A large proportion of the key hospital estate in West Hertfordshire is in poor condition and not functionally suitable for providing the clinical services currently being delivered from the space. The Trust's CQC report released in September 2015 highlighted that facilities were in a poor states of repair and in some cases, caused a potential risk to staff and visitors

All organisations within West Hertfordshire need to share and apply local knowledge collectively regarding the estate within the 'patch' to ensure more informed decisions about the use, development and divestment of property are made.

2.6.3 IM&T CHALLENGES

West Hertfordshire needs to improve awareness by improving basic communications about the services provided. Both clinicians and patients would like more information on services including awareness raising, developing a directory of services, publicising alternatives to A&E, more information on specialist services and promotion of the 111 service.

In order to deliver more joined-up and patient centred care, west Hertfordshire need to make information sharing across multiple organisations possible, connecting systems so that clinicians can see information across different care settings. At the present time, there is still too much reliance on paper records.

There are opportunities to harness technology to improve efficiency and ways of working. Patients and care professionals believe that joining up health and social care services will require greater use of technology solutions or environments. Technology should also be used to empower patients, service users and carers solutions through the use of social media, telephone, text, and real-time data.

2.6.4 GROWING FINANCIAL CHALLENGE

The combined estimated challenge for the health and social care economy is £177m by 2019/20. There could be opportunities in the region of £86m from productivity and efficiency gains, but this leaves a remaining challenge of £92m which will need to be addressed through a transformed model of care.

The health and social care system is experiencing significant pressure. Moreover, it is becoming increasingly stretched by a growing population with more complex needs. We also have significant aspirations to improve the quality of services delivered, which will need investment. Moreover, we want care to be more responsive and consistent, whether it is required on a weekday or a weekend.

If we try to meet these demands and aspirations, but do not change the way we work, we could end up with a significant financial gap of £177m in five years.

There could be opportunities in the region of £86m (c. 20%) from productivity and efficiency gains, that would reduce the overall gap. However, this will not be sufficient to close the gap, and could leave a remaining challenge of £92m for west Hertfordshire.

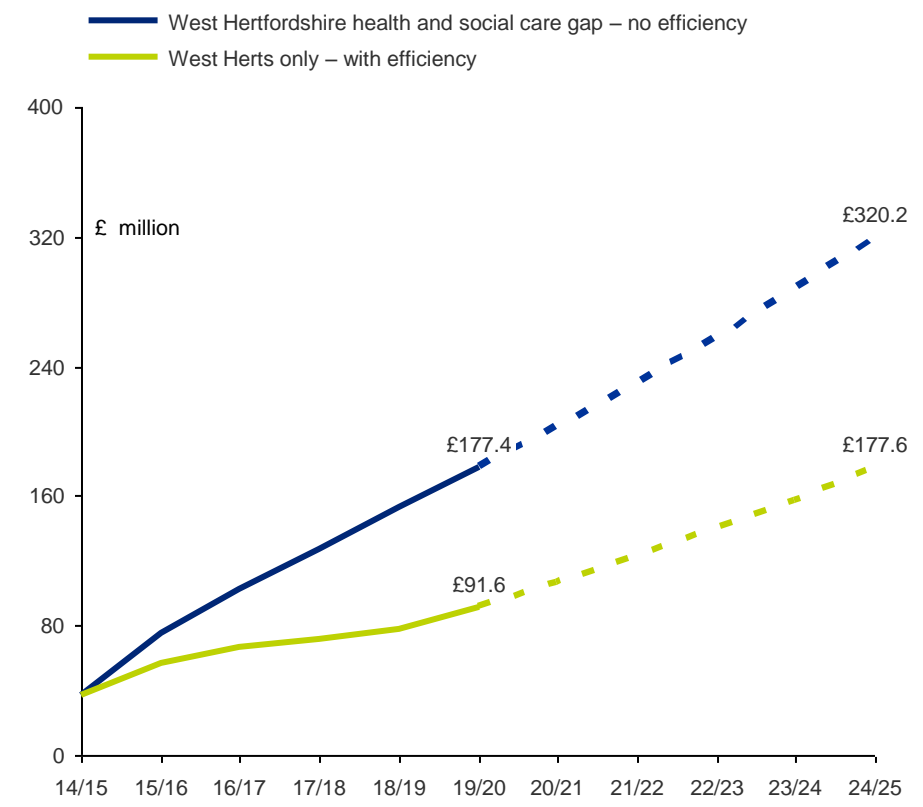


Figure 13: West Hertfordshire financial challenge 2014/15 to 2024/25

2.7 PEOPLE TELL US THAT HEALTH AND SOCIAL CARE SERVICES NEED TO IMPROVE

Communications and engagement is at the heart of *Your care, Your future*, with activity to date designed to create awareness and gather broad views on existing health and social care provision in west Hertfordshire. Themes emerging from responses to the public and clinicians' surveys include:

- Health and social care services need to improve;
- Variation in experience depending on the type of service;
- Opportunities to improve patient experience through better joined-up service provision;
- Need for more focus on prevention and self-care to help people lead healthier lives;
- Accessing services people need at a convenient time and location;
- Poor experience with some of the buildings in West Hertfordshire; and,
- Meeting the needs of vulnerable audiences.

accept access aims Albans asset CAMHS capacity care
 carers CCG collaboration commissioning committee
 community consultation continuity council Dacorum
 decision demand diagnostics effective engage equality
 estate facilities governance GP Harpenden health Hemel
 Hempstead Herts home hospital housing hubs
 independence integration interest involved joined-
 up keen localities meeting mental NHS nurse
 older patient people plan plus practice prevent primary
 programme provision public reconfiguration recruitment
 redevelopment responsibility review sector services
 social strategic support training urgent valued voluntary
 ward Watford welcome well-being west WHHT work

Figure 14: Illustration of key engagement themes

This is illustrated opposite and a full review of communication and engagement activities undertaken during the case for change can be found on the Your Care, Your Future website (<http://www.yourcareyourfuture.org.uk/>). The forward plan for communication and engagement is described in chapter 8 of the strategic outline case.

The case for change lays out what needs to change in west Hertfordshire and the level of ambition over current performance. The subsequent sections of this report detail the future model of care which focuses on evidence based care that is preventative, person-centred, joined-up, and is delivered in best-in-class estate.