

HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
21 JANUARY 2015

REPORT OF WEST LEICESTERSHIRE CCG

CO-DESIGN OF HINCKLEY COMMUNITY HEALTH SERVICES

PURPOSE OF THE REPORT

The purpose of this report is to inform and update the committee of the approach and the progress of the co-design of Hinckley community health services project

EXECUTIVE SUMMARY

- This paper has been written to update the Health Overview and Scrutiny Committee of the progress of the project to co-design Hinckley community health services.
- It should be noted that in completing this work, no assumptions will be made which are based upon proposals or options from previous assessments of community health services.
- This work has been carried out using an approach called Experience Led Commissioning (ELC), an approach which puts people (patients, staff and carers and all stakeholders) at the centre of the commissioning process.
- Insights have been gathered from multiple stakeholders in Hinckley & Bosworth at a number of locations.
- Two co-design events were held in early December to co-design a shared vision of the future community health services in Hinckley and identify bold steps which would help realise that vision.
- The vision developed at the events was:-
 - A focus on prevention
 - GPs to be at the heart of care
 - Care from cradle to grave
 - Care to be delivered at home where possible
 - Spacious, clean, fresh, well lit hospital building
 - Large public car park and good public transport to hospital
- Work was undertaken to describe the “bold steps” that are needed to deliver the shared vision. The bold steps identified by the group were:-
 - Take services to people
 - Buildings which are fit for purpose

- Be prepared to make the correct long term decision for Hinckley community services, based upon evidence and be prepared to explain them to stakeholders, even if they are initially unpopular.
 - “Power to the people” – The CCG are held to account by the community
 - Take money away from people that are not delivering what they are being paid to deliver
- Following the co-design events, the vision was shared with GPs at the Hinckley & Bosworth locality meeting, where GPs gave their views on what community services they would need to meet the requirements of the future. The feedback included the following:-
 - Frail Elderly unit in Hinckley
 - Diagnostic services in Hinckley, enabling rapid access by GPs
 - One hospital site in Hinckley with all community health services
 - Staff to move from UHL into the community, including geriatricians
 - The next steps are to:-
 - Communicate the process, the feedback and the shared vision to all stakeholders that were unable to attend any of the events via websites, social media, etc.
 - Develop the case for change including options,
 - Test options with stakeholders and
 - Prepare for OGC and clinical reviews.

RECOMMENDATIONS:

The Leicestershire County Council Health and Overview Scrutiny Committee is requested to:

Note the contents of the paper and endorse the approach to the co-design of Hinckley community health services.

LEICESTERSHIRE COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

INTRODUCTION

1. Better Care Together – The Five Year Strategic Plan 2014 - 2019 sets the strategic direction for health and social care and the vision shared by Leicester, Leicestershire & Rutland Clinical Commissioning groups, NHS Providers, Local Authorities, NHS Area Team and local Healthwatch bodies. That vision drives six strategic objectives:-
 - (i) To deliver high quality citizen centred, integrated care pathways.
 - (ii) To reduce inequalities in care (both physical and mental)
 - (iii) To increase the number of those citizens with mental and physical health and social care needs reporting a positive experience of care across all health and social care settings.
 - (iv) To optimise both the opportunities for integration and the use of physical assets across the health and social care economy.
 - (v) All health and social care organisations in LLR to achieve financial sustainability, by adapting the resource profile where appropriate.
 - (vi) To improve the utilisation of the workforce and the development of new capacity and capabilities where appropriate, in people and in the technology used.

2. In line with these strategic objectives and as stated in the Better Care Together strategic plan, published in June 2014, West Leicestershire Clinical Commissioning Group has commenced work to co-design the future shape of community health services in Hinckley.

HINCKLEY COMMUNITY HEALTH SERVICES APPROACH

3. *"People must always come before numbers. Individual patients and their treatment are what really matters. Statistics, benchmarks and action plans are tools not ends in themselves. They should not come before patients and their experiences. This is what must be remembered by all those who design and implement policy for the NHS."*

Robert Francis QC

Independent Inquiry into Care Provided By

Mid Staffordshire NHS Foundation Trust

4. This project has therefore adopted an approach which puts people, (patients, staff and carers) at the centre of commissioning. This approach is called Experience Led Commissioning (ELC) and it is an innovative, evidence based approach to clinical commissioning. Using this approach we have had a series of 'conversations' and co-design events with a wide range of stakeholders.

5. The scope for the outreach work was agreed with clinicians on the project board and the groups that were within scope are people, carers and staff who use and deliver the following community health services:

- Complex care needs and long term conditions – including mental health issues
 - People who have ‘brief encounters’ with community services e.g. one off outpatient; day case; short course of physiotherapy; endoscopy
 - People in a community bed following a non-elective stay in an acute setting.
6. Insights were gathered of current experiences, desired experiences and also what matters most to people.
 7. The outreach work has involved conversations between patients, staff and practitioners during visits to outpatient, day case, radiology and physiotherapy clinics at Hinckley and District hospital. Further insights were gathered from patients at Hinckley and Bosworth community hospital regarding health care in an inpatient setting.
 8. An evening event specifically for clinicians that deliver services in Hinckley was held in October and current and desired future experiences and what matters most to them were gathered. Few GPs who practice in Hinckley & Bosworth were able to attend this event; however a further clinical session at the locality meeting in December included 10 GPs and 4 practice managers.
 9. During the gathering of insights at both hospital sites, few carers were either in attendance or had the time to complete the insights. The team therefore gathered insights from carers at a number of different carer group meetings.
 10. Insights have also been gathered from groups which represent the nine protected characteristics at a number of locations.
 11. The initial feedback, which does not include all the insights gathered from carers or those from the protected characteristics includes the following:-
 - Health issues are getting in the way of living and working. People want to feel more in control and independent.
 - Maintaining emotional wellbeing and exercising keeps people well; some struggle with it (especially those who work).
 - The GP practice, family and friends are most people’s main source of support with health issues and help preserve independence. People living with long term health issues rely on hospital teams too.
 - People want closer relationships and more continuity of care with hospitals teams and in general practice.
 - Hospitals, community and General Practice teams want to know each other and have closer relationships.
 - “Nothing” Many patients said they would actually change very little about the hospitals
 - Staff who work in the Hinckley and District hospital said they needed up to date equipment and a more inspiring environment (building) to work in.
 - Primary care teams feel stressed and exhausted.
 12. Two co-design events were held in early December, the purpose of which was to:-

- Share the key challenges posed by the changing public health profile of Hinckley during the coming 20 years, namely:-
 - i. The total population in Hinckley and Bosworth is predicted to increase over the next 25 year and ages 70 and older are likely to have the greatest increase;
 - ii. The number of people aged 65+ with long term conditions will increase;
 - iii. The number of people limited by their conditions will also increase;
 - iv. There will be an increase in the number of older people living alone;
 - v. These people will require increased health and social care services.

- Explain some of the potential impacts of the 5 year strategic plan, Better Care Together:-
 - i. 40% of planned activity currently being delivered in University Hospitals of Leicester will be transferred into the community hospitals;
 - ii. Increase in diagnostic services to support symptom based approach and allow rapid access to Crisis/Unscheduled Care/diagnostic and testing;
 - iii. Development and implementation of alternative community based provision for Long Term Conditions;
 - iv. Development and implementation of an education programme for long term conditions;
 - v. 170 beds transferring from UHL into the community;
 - vi. 80 sub-acute beds being transferred into community hospitals with a corresponding number of beds being transferred into the community.

- To feedback to stakeholders the insights which had been gathered up until that date and, based upon these three key factors, to co-design a shared vision of the future community health services in Hinckley, identifying bold steps which would realise that vision.

13. The vision developed at the events was:-

- A focus on prevention;
- GPs to be at the heart of care;
- Care from cradle to grave;
- Care to be delivered at home where possible;
- Spacious, clean, fresh, well lit hospital building;
- Good public transport to hospital and a large car park.

14. Work was undertaken to describe the “bold steps” that were needed to deliver the shared vision. The bold steps identified by the group were:-

- Take services to people;
- Buildings which are fit for purpose;
- Be prepared to make the correct long term decision for Hinckley community services, based upon evidence and be prepared to explain them to stakeholders, even if they are initially unpopular;
- “Power to the people” – The CCG are held to account by the community;

- Take money away from people that are not delivering what they are being paid to deliver.

15. Few Hinckley and Bosworth GPs were able to attend the co-design events so in order that local GPs had the opportunity to be part of the process the vision was shared with GPs at the Hinckley & Bosworth locality meeting and they were asked the question: *What are the community services GPs are going to need access to in Hinckley to help them meet the challenges of Better Care Together?* The feedback included:-

- Frail Elderly unit in Hinckley;
- Diagnostic services in Hinckley, enabling rapid access by GPs;
- Improved integration with psychiatric services;
- Increased near patient testing;
- One hospital site in Hinckley with all community health services;
- Staff to move from UHL into the community, including geriatricians.

Next Steps

16. The Plan is as follows:-

- Develop a story board of process so far and the co-designed shared vision. Publish story board on WLCCG and partner websites - January 2015;
- Market the story boards to stakeholders in Hinckley and Bosworth – January/February 2015;
- Develop case for change, including outline full list of options to deliver shared vision - January 2015;
- Hold “Pledge and design” event to test options with stakeholders – February 2015;
- OGC gateway assurance review - February 2015;
- Develop business case for options – March 2015;
- Clinical senate review – March 2015;
- Approval from board to move to public consultation May 2015;
- Commence public consultation June 2015 in conjunction with the Better Care Together Consultation process.

RECOMMENDATIONS

The Leicestershire County Council Health and Overview Scrutiny Committee are requested to:

Note the contents of the paper and endorse the approach to the co-design of Hinckley community health services.