

# Update on developing local health services in west Hertfordshire November 2018

- ▶ General overview of wider health service transformation and the challenges we're responding to
- ▶ Update on where we are with work to progress hospital developments and in particular to refresh our strategic outline case
- ▶ Talk through process and next steps, including how we will engage local people
- ▶ Question and answer session

# Overview of service transformation

## What residents have told us...

“Professionals and care **should be joined up**”

“Local services **need to change**”

“More **focus on preventing ill-health** and addressing unhealthy lifestyles”

“**Unnecessary journeys to hospital can be reduced** by providing care closer to home”

“Build on existing community services so more people benefit from the **care and support of voluntary organisations**”

“People should **take more responsibility** for their own health”

# Key factors

1.

**Increase in population.  
People living longer**

- Over 65s increase by 12% by 2025
- People with multiple long term conditions, severe mental illness and dementia represent 11% of our population but 33% of our spending

2.

**Finances**

- NHS in Herts and west Essex faces a £719m deficit by 2028/29 for health care alone if we don't change

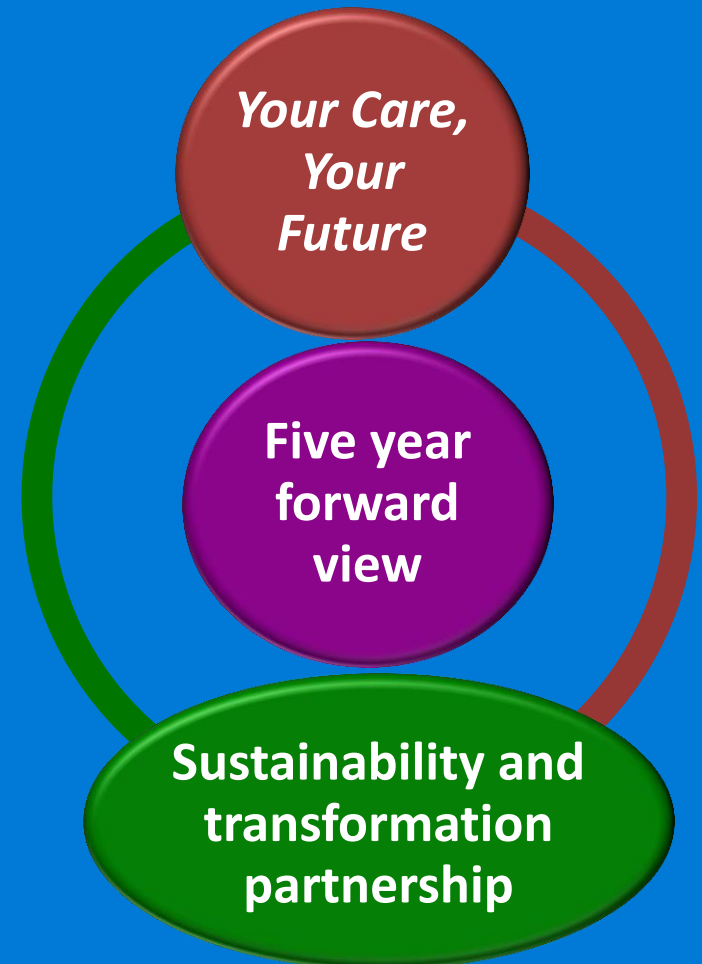
3.

**Quality**

- Hospital estate requires improvement so that we deliver care to required standards

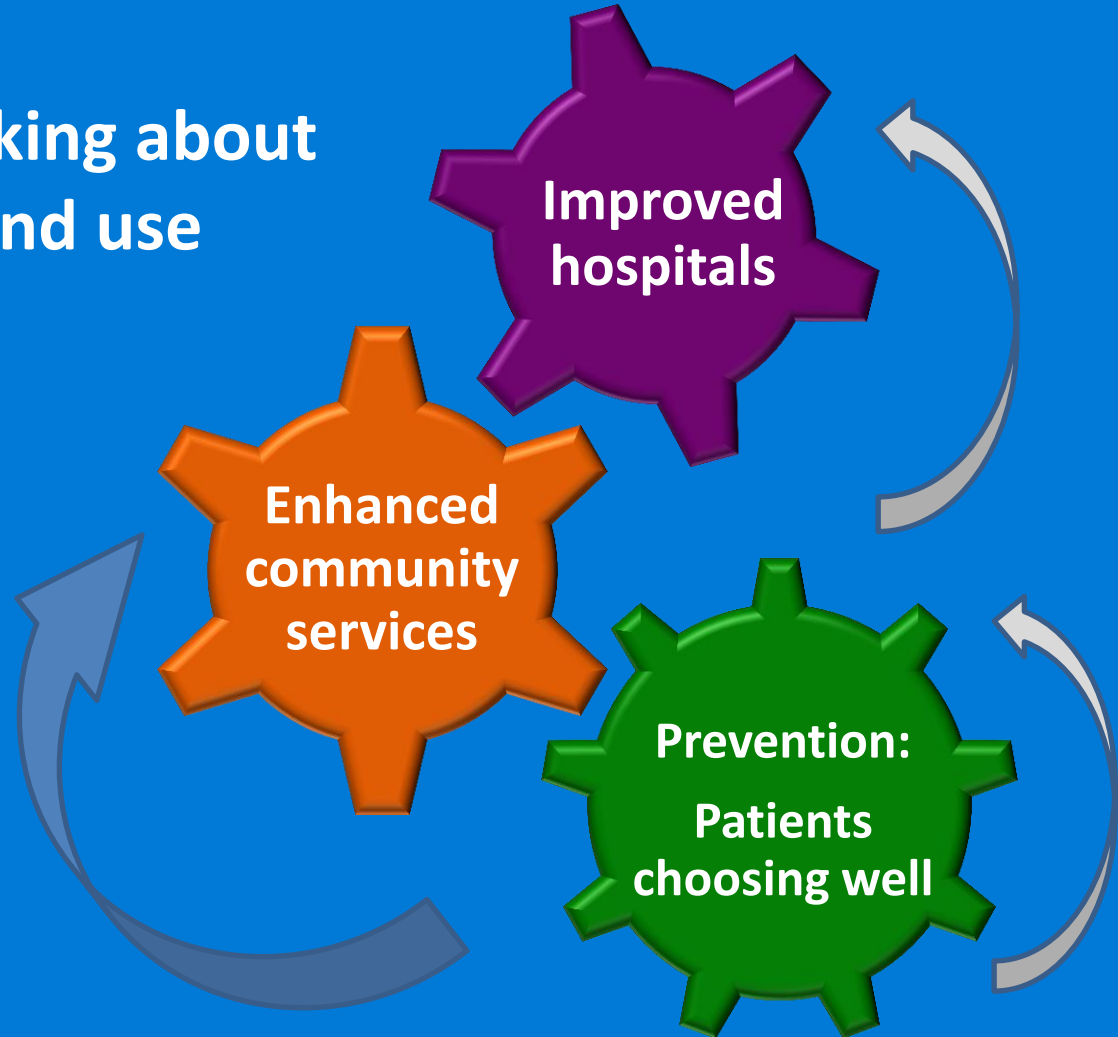
## Our approach

- ▶ Look after people in the community whenever we can; aiming for 40% of current hospital trips to move to a community setting by 2024.
- ▶ Watford General Hospital to focus on emergency, critical and most specialist care
- ▶ Encourage healthier lifestyles and support people with long-term conditions to take care of themselves
- ▶ Integrate health, social, voluntary and community support



# Whole system approach

New way of thinking about  
how we design and use  
health services



# Enhanced community services

More coordinated and integrated care so that patients receive

- ▶ **Right care** – from the most appropriate person (consultant, nurse, therapist, social support)
- ▶ **Right place** – care close to home wherever possible
- ▶ **Right time** – increased community offer will help provide more timely diagnosis and treatment





## Delivering integrated care closer to home

Delivered

Gynaecology

Diabetes

Musculoskeletal,  
pain and  
rheumatology

Launching soon

Respiratory

Community  
nutrition and  
dietetics

Early 2019

Ophthalmology

Ear nose  
and throat

# Acute care developments

## Background and context

- ▶ We continue to pursue investment for the **much-needed redevelopment** of our hospitals
- ▶ As well as better buildings, we are working with our clinicians to transform our services, taking **advantage of technology**
- ▶ Our aim is to deliver a **high quality and sustainable emergency service** and a **range of planned care services** accessible to all

## The original strategic outline case

A strategic outline case (SOC) – submitted in September 2017 – set out our vision for:

- **Watford General Hospital** being redeveloped/rebuilt and remaining as the location for **emergency and specialised care** for the population of west Herts; and
- **St Albans City Hospital** being redeveloped to support an **increase in surgical procedures**, together with **expanded outpatient** services and **diagnostic** facilities.

These proposals – and complementary plans for Hemel Hempstead Hospital – followed extensive engagement with local people

## Service delivery under original strategic outline case

The original SOC outlined a preference for services to be delivered as below.

While this remains a viable option and **there is commitment to Watford remaining the site for emergency and specialist care**, there is another option for planned care that needs to be evaluated as part of the refresh of the SOC.

### Watford

#### Specialist Focus:

Caring for patients needing **emergency** care:

- Full range of emergency care services, A&E, critical care, emergency theatres.
- Most complex planned inpatient care.
- Maternity, SCBU, NNU.

### St Albans

#### Specialist Focus:

Caring for patients needing **planned** surgery & cancer care:

- Planned surgical inpatient care for those who do not need the level of support at Watford.
- Cancer one-stop services & surgical outpatients.
- Diagnostics.

### Hemel Hempstead

#### Specialist Focus:

Caring for patients needing **planned** care for long-term / chronic conditions:

- Long-term medical conditions, frailty & dermatology centre.
- Children / family focus, multi-agency working.

## Update on our strategic outline case

NHS Improvement and NHS England have reviewed our case and confirmed their recognition of the need to change but reiterated:

- ▶ **severe limitations on capital funds;** and
- ▶ **strong competition** for funds from many hospitals

On the basis of this feedback, we will refresh our SOC to consider:

- latest projections for health service demand
- how we can lower development costs
- a **phased** approach to redevelopment
- work done to develop the **Hemel Hempstead** Hospital SOC
- feasibility of a **planned care centre option in the north** of our area

## Key considerations: Affordability

- ▶ Limited public capital leading to constraints on borrowing
- ▶ Indication from regulators that funding for main hospital site would be limited to figure of around £300m and would need to be phased
- ▶ Government funds still need to be repaid and those repayments must be affordable. In general Trusts can't borrow a figure more than their annual turnover (£340m for WHHT)
- ▶ We will explore other funding routes for planned care

## Key considerations: Sustainability

We need to consider the impact of our plans on neighbouring A&E hospitals





## Key considerations: Deliverability

All sites must:

- ▶ Be the right size and have capacity to expand to meet future demand if needed
- ▶ Have the support of local planning authorities
- ▶ Have or be able to accommodate the required infrastructure (utilities, access routes and public transport)

## Key considerations: Quality and safety of care

- ▶ Developing safe and sustainable services by configuring services between different hospital sites so that they are complementary and not duplicated.
- ▶ Keeping specialist teams together – reflecting complexities of modern medicine.
- ▶ Benefits of separating emergency and planned care

# Split between emergency and planned care

## A&E / Emergency Hospital

### Specialist Focus:

Caring for patients needing emergency care:

### Services:

- Accident and Emergency
- Stroke
- Maternity
- Most complex planned inpatient care

### Facilities:

- Emergency operating theatres
- Intensive care unit
- High dependency care unit
- Special baby care unit, neo natal unit
- Hyper acute stroke unit

## Planned care (One or two sites)

### Specialist Focus:

Care for patients needing planned surgery & cancer care and/or planned care for long term conditions:

### Services:

- Diagnostics
- Planned surgical inpatient care
- Surgical outpatients
- Cancer one-stop services
- Specialist support eg. long-term conditions; dermatology; frailty; paediatrics
- Urgent care

### Facilities:

Operating theatres

Diagnostics eg. endoscopy; MRI

# Strategic Outline Case refresh process and timescales

**Sept – Oct 2018**

- Public engagement
- Clinical engagement
- Decide on evaluation criteria
- Complete site search
- Refresh long list of options

**Nov – Dec 2018**

- Travel analysis and research
- Catchment and feasibility analysis and research
- Update modelling
- Clinical engagement

**Jan – Feb 2019**

- Options evaluation panels to determine shortlist
- Public engagement meeting
- First draft of refreshed SOC
- Governance and approvals

**Stakeholder engagement**

## Engaging people in the refresh

- ▶ Throughout the refresh of the strategic outline case we will keep patients and other stakeholders updated on progress.
- ▶ Options evaluation panels will have patient representatives alongside health professionals, other specialists and senior managers
- ▶ Papers from options evaluation panels will be publicly available.
- ▶ We aim to communicate the initial outputs from the strategic outline case refresh in Jan 2019
- ▶ There will be further engagement with the public and other stakeholders to give people another opportunity to give us their views

## Essentials

- ▶ This is the closest we have come to securing funding.
- ▶ We now need to put forward proposals quickly before available funding is allocated to other schemes.
- ▶ We are working hard to secure funding to develop services across all of West Hertfordshire – not just Watford
- ▶ It is vitally important to be aligned around a way forward. NHS regulators and the Treasury won't fund projects where there is significant public and political opposition.

**Thank you  
&  
Questions**