Happy, healthy, at home:
North East Hampshire and Farnham Vanguard

The Vision

Our vision is that local people are supported to improve their own health and wellbeing, and that when people are ill or need help, they receive the best possible joined up care.

This means:

Happy	Improved wellbeing and better experience of care for local people **BY** Preventing ill health, and supporting people to take increased responsibility for their own health
Healthy	Better health and social care improving quality of life **BY** Improving access to joined up primary and community care, supporting people to stay well at home **AND** Ensuring people receive timely and appropriate complex planned and emergency acute care, supporting people in crisis
At Home	More care delivered in the community, with local people spending less time in hospital
Better value for money	Helping to close the gap between the funding available and the costs of caring for our community

What is vanguard?

We are part of NHS England's vanguard programme. Put simply, being a vanguard has given us a 'turbo boost' to accelerate our plans for keeping patients happy, healthy and wherever possible, supported at home. We are getting additional funding and export support, enabling us do much of the work we had in the pipeline more quickly.

This means looking at how care is funded and provided now, and working with partners to see how it can be provided in a better and more sustainable way in the future. We are being encouraged to think differently – to test out new ways of working and share our experiences nationally so that others can benefit.

Happy, healthy, at home was one of the 29 original 'vanguard' programmes announced by NHS England in March 2015. Vanguard sites are tasked with improving the health of local people by testing new models of care.

North East Hampshire and Farnham is an integrated primary and acute care system vanguard, joining up GPs, hospital, community and mental health providers.

Why are we doing it?

The current model of delivering services for North East Hampshire and Farnham's population of 220,000 people is not sustainable in the medium term. Demand for health and care services is growing as people live longer, and the cost of meeting this demand is rising more quickly than we can afford.

We estimate that there will be a financial shortfall of £90 million per year by 2020/21 unless changes are made.

Patients – particularly those with long term conditions – often report that they experience disjointed, uncoordinated care. This is frustrating for both patients and health professionals and can lead to duplication and delay.

Where you live should not make a difference to the standard of care you receive or the quality of life that you enjoy – we want to make sure that there is no 'postcode lottery' in our local area.

Commissioners and providers share an ambition to improve health services for local people. *Happy, healthy, at home* is the embodiment of this ambition. We are working with patients to introduce a new, sustainable model of care that will result in better health outcomes and experiences.

Nobody wants to be admitted to hospital unless it's absolutely necessary, and with our help, we want people to feel happier, healthier and supported at home wherever possible.

This in turn provides better value for money – helping to close the gap between available resources and the costs of providing services to meet need.

So why are we talking to you?

We are committed to working with the community in a different way: so that people are involved in discussions and decisions which affect their health and social care.

This means getting the community involved at the start of projects, not just asking them what they think of something that's already been decided. We believe that better decisions are made when citizens and professionals work together.

We want this to become the normal way of working in the future and so we are recruiting Ambassadors to represent and mobilise the local community. By engaging with ordinary people, patient representatives and voluntary organisations we can ensure that the voice of the population is heard.

To make sure that every part of the community is represented we are looking for Ambassadors from all walks of life and even if you've never done anything like this before we'd love to hear from you.

Whilst this is an unpaid role, we can help with things like transport, caring arrangements, translators and accessibility issues.

We would encourage anyone who would like to become involved to get in touch with us for more details:

Website – www.happyhealthyathome.org (live from February 2016)
Email – nehfvanguard@nhs.net

Who else is involved?

The fundamental changes that need to be made to the funding and provision of safe, effective and timely health and care services cannot be made in isolation.

Today's NHS values partnership working more than ever before, and it is absolutely key to the sustained success of *Happy, healthy, at home*.

The programme involves all of the organisations delivering health and social care

- NHS North East Hampshire and Farnham Clinical Commissioning Group
- Frimley Health NHS Foundation Trust who run Frimley Park Hospital.
- Southern Health NHS Foundation Trust
- Surrey and Borders Partnership NHS Foundation Trust
- North Hampshire Urgent Care
- SALUS Medical Services (a federation of the 24 GP surgeries in the area)
- Virgin Care
- Hampshire County Council
- Surrey County Council.

As you can see, our partners include community providers, mental health providers and local authorities, which provide social care.

Happy, healthy, at home spans two counties – Hampshire and Surrey. This presents us with some challenges but also opportunities to take the best from each and apply it to our programme.
Our patch covers the towns of Aldershot, Farnborough, Farnham, Fleet and Yateley.

So what does this mean?

There are four areas which we are focusing on initially. Some of these may change how care is delivered whilst we're also working on preventing ill health.

A new model of care for people with acute needs	We want to make sure that wherever possible people with acute needs are supported in the community so that they don't have to go into hospital. Where people do need to go into hospital we are trying to reduce avoidable delays so that they can get home as quickly as possible. We are trialling:

	- A GP working in A&E at Frimley Park Hospital - A GP working with the discharge team at Frimley Park Hospital - Elderly Care consultants working with the integrated care teams in the community
Integrated Care Team Workstream	**Enhanced recovery at Home service** – To help people continue their recovery at home once they've left hospital, or to stop our most vulnerable patients from needing to go into hospital, we are trialling a wider service which is delivered in people's homes. This will give them the support and treatment which they need to make sure their health continues to improve. **Community Bed Review** – We are looking at how beds in community hospitals are being used, to make sure that patients are recovering in the right setting. **Integrated care** – New teams have been set up who are made up of GPs, mental health workers, social workers, nurses and eventually hospital consultants. These teams meet weekly to review the status of their most vulnerable patients and to take proactive action to make sure that they are happy, healthy and at home.
Prevention and self-care	**Social Prescribing/Making Connections** is about linking people up to activities in the community which they may benefit from and connecting people to sources of support which would be helpful. **Healthy Living Pharmacies** is about using pharmacies to help local people by providing proactive health advice, promoting health and delivering more wellbeing services. **Recovery College Model** – is a programme of courses which focus on living with and living beyond a mental health condition, or chronic physical condition. **Carers:** we know the importance of carers and are looking at how best to support them, so that they and the people they care for are happy, healthy and at home.
Supporting the development of primary care to operate at scale	Developing the way that GP surgeries work together to make best use of resources and to offer additional services in an effective way. There is a pilot in Farnham to put in additional GPs to deal with same day urgent appointments (which tend to be short but numerous) to free up other GPs to spend more time with more complex patients