

Somerset Sustainability and Transformation Plan

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Cabinet Member:

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1. Summary

- 1.1. The Somerset STP has been developed jointly by Somerset Clinical Commissioning Group, Somerset County Council, Somerset Partnership NHS FT, Yeovil District Hospital NHS FT and Taunton and Somerset NHS FT and was launched in November 2016. It sets out a shared vision for reforming health and social care to address the challenges of the rising needs of our population, changing demographics and increasingly stretched resources.
- 1.2. Since the launch, the STP Programme Executive Group has undertaken a prioritisation process to identify those projects set out in the original submission which, if tackled first, would have the greatest immediate impact, recognising the need to ensure that everything we do now will help us deliver the wider vision for transformed and sustainable health and care services across Somerset.
- 1.3. The next phase of the STP is to take forward these priority schemes, working with health and social care professionals, patients, service users and the public to develop new models of care that are effective and sustainable.

2. Issues for consideration / Recommendations

- 2.1. Scrutiny is asked to consider and comment on the development of the STP.

3. Background

- 3.1. NHS England challenged the health and care system to develop a Sustainability and Transformation Plan (STP). This five-year forward view is intended to describe the key priorities for an area, describe the challenges that fit within the system, define the priorities for transformation going forward and address any financial gap within the NHS system within that time period.
- 3.2. The demands on the NHS and social care are increasing, partly because there are more people who are living longer with more complex health problems such as dementia, diabetes and high blood pressure, but also because of the increasing cost of new medicines and treatments. Public demand for health and social care services is constantly growing and the only way to manage this is by thinking as one single health and social care system – rather than as individual organisations – working with people, carers and communities.
- 3.3. The STP has identified as its focus the following key aims to close the current health and wellbeing, quality and financial gaps:

- **Focusing on prevention to develop a sustainable system** - encouraging and supporting everyone in Somerset to lead healthier lives and avoid getting preventable illnesses
- **Redesigning out of hospital services** – to enable us to move care, where appropriate, out of hospital beds and into people’s homes wherever possible, providing care designed specifically for each patient’s needs, supporting faster recovery and, in many instances, avoiding the need to go into hospital in the first place
- **Addressing the problems of sustaining acute hospital care** – reviewing acute care services and increasing the joint working between the hospitals to ensure that urgent and planned care services that rely on specialist skills can be sustained
- **Driving financial improvement across the system over the next two years** – sharing financial risk across the health system to drive collaboration and improvement and making sure all the back office functions are as efficient as possible
- **Creating an accountable care system** – with a strategic commissioning function where the NHS and social care commissioners work together under a single commissioning arrangement to secure outcomes and pool budgets; and an Accountable Provider Organisation where services are delivered by a provider, or group of providers (through a single governance structure), who have agreed to take accountability for all care and care outcomes for the population of Somerset

3.4 The prioritisation process undertaken by the STP Programme Executive Group identified a number of areas that provide immediate opportunities for change within the existing ways of working within health services. These include:

- Tackling delayed transfers of care for patients out of acute or community hospitals, either to their own homes or other residential care
- Improving the efficiency and effectiveness of the current flow of patients through Musgrove Park Hospital and Yeovil District Hospital
- Developing a Psychiatric Liaison Service, supporting patients with mental health needs when they are being treated within acute hospitals
- Reviewing Procedures deemed to be of Limited Clinical Value (e.g. cosmetic procedures)

3.5 In terms of delivery of those priorities:

- Delayed transfers have seen a significant reduction on a county wide basis, the continued sustainability of the solution is being established.
- A&E performance across the county has improved with all providers achieving the 95% target within the last month.
- Proposals for psychiatric liaison services into both Musgrove Park Hospital and Yeovil District Hospital have been agreed and funding identified to support their implementation. An update will be provided to a future Scrutiny meeting on the roll out of the service which will be county wide once the complete workforce is in place.

- The South Somerset Vanguard (enhanced primary care) is now rolled out to all the GP practices that are undertaking it, and preliminary evidence is showing increased GP availability, reduction in non-elective admissions, and there is positive feedback from those involved. This will be formally evaluated by Autumn this year.
- Prevention future models of care and business cases for falls, smoking, and Making Every Contact Count have progressed including how these will be implemented and when.

3.6 The STP has established 'design' groups, working on new models of patient care. The design groups are looking at:

- Improving the management of urgent / same day demand for primary care services
- Developing Enhanced Primary Care, improved community services and building stronger communities to support care outside of hospital
- Implementing the 'Right Care' programme, benchmarking our services against national standards for care such as Musculo-skeletal physiotherapy; hypertension; COPD and neurology – particularly chronic pain
- Improving the management of elective care – how and when patients are referred into hospital to ensure patients are referred in to the right place first time

4. Consultations undertaken

- 4.1.** A range of engagement and information events were held prior to and following the launch of the STP.
- 4.2.** Following the end of the election 'purdah' period, the next phase of engagement will be to involve patients, service users and carers in the design groups so they can actively contribute to the development of the models of care and how people experience the services.
- 4.3.** A programme of engagement work is now being planned and undertaken with representative groups, including experts by experience and voluntary sector groups, relevant to the priority areas identified to ensure that a wide range of views are taken into account in developing the new models.
- 4.4.** If the outcome of these reviews leads to significant service change then we will undertake a formal consultation with people, families and communities across Somerset.

5. Implications

- 5.1.** The STP identifies a potential cumulative deficit within the region of £600million in 2020/21 if we do nothing differently.
- 5.2.** Any future financial implications will be brought back for consideration. It is however anticipated that the implementation of the STP will result in considerable financial efficiencies to the Somerset health and care budgets