Fit for my future

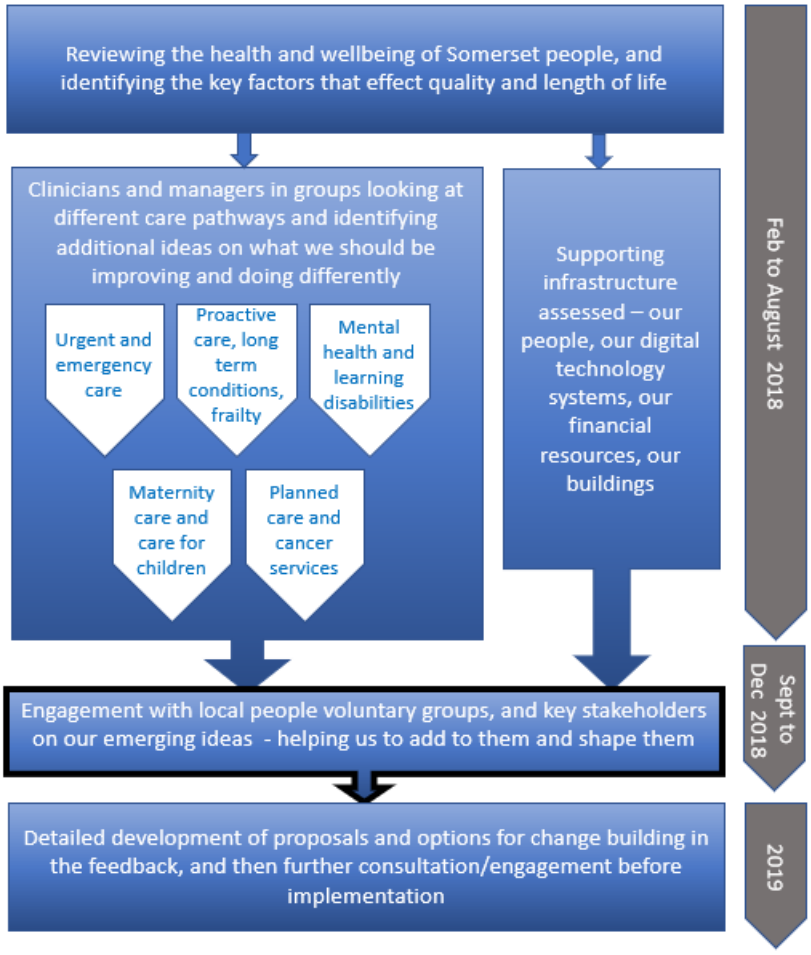
Why do we need to change health and care services in Somerset?

What are our change ideas so far?

Version 3: 12th September 2018

1 What is "Fit for my future" and what is this document for?

"Fit for my Future" is a strategy for how we will support the health and wellbeing of all the people of Somerset by changing the way we commission and deliver health and care services. It is being delivered through a partnership between the Somerset County Council and the Somerset CCG, supported by our major NHS providers. The programme is summarised in the diagram below.



Groups of clinicians and managers have been working together so that we have a better understanding of why we need to change, and the sorts of potential changes we should be working up in detail. They have identified that there are many things we need to do differently if we are going to have the biggest possible positive impact on the health and the quality of life of Somerset people.

We hope local people, voluntary organisations, charities, patients, service users and carers will tell us what they think of these ideas.

The main challenges we have identified so far have been shared at an event with the SEAG (a group of our community stakeholders consisting mainly of voluntary and community sector organisations, patient and carer representatives, Healthwatch, the county council and some health providers). The event was well attended by approximately 45-50 people and their ideas have helped us shape our thinking. This document sets out at a high level:

- Why we think we need to change, and what the most important areas of change are.
- Our initial ideas on what those changes should be – in some cases we have specific proposals, and in others we know that we need to explore a range of possible options, fully engaging with local patients, carers and the public to make sure we identify the best way to deliver care in the future. Our expectation is that some of our proposals may lead to significant changes which will need to be the subject of a full public consultation, which we expect will take place towards the end of 2019. We will not make any permanent decisions on significant changes before that

consultation. However, services are currently facing significant pressures, and in the intervening period before the consultation is concluded it may be necessary to implement temporary service changes to ensure we can provide safe services.

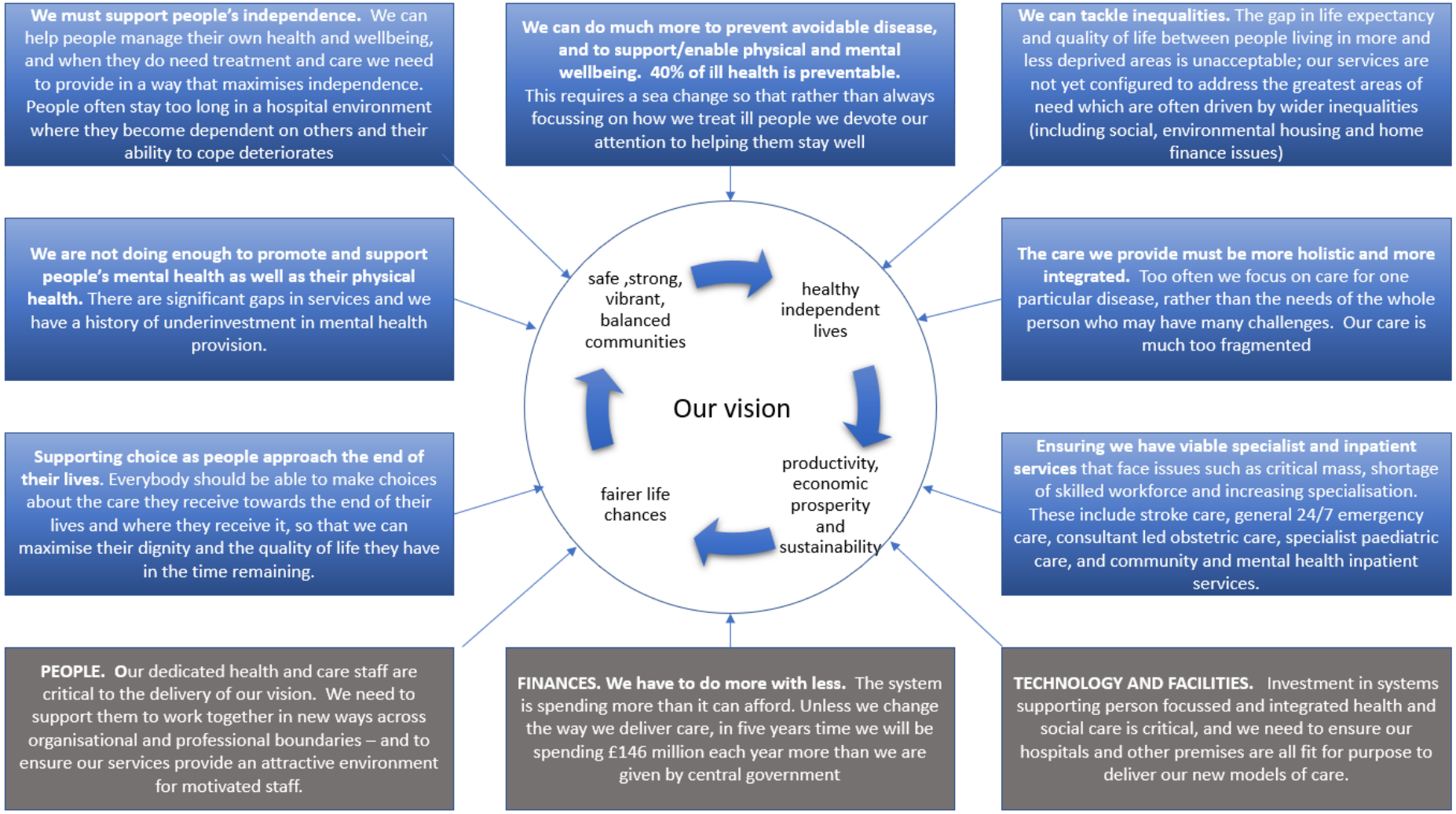
2 Summary - what we have learnt so far about why we need to change

Over 25,000 people currently work within the health and care system in Somerset, supporting our population of around 550,000. Our staff are dedicated and committed, and we have many excellent services that make a huge difference to the quality of life of people in Somerset. However, the health and care system faces major challenges which we need to start addressing now. Services are increasingly stretched, with demand outstripping capacity in many areas. We have a growing and increasingly elderly population, which will have a rising requirement for care. Some of our services will not be viable in the future unless something changes, as we cannot recruit the expert staff we need to support them. There are significant gaps in our services, for example in health and wellbeing, and in mental health. Alongside this we already spend more than we can afford.

These challenges can and will be met – but doing so requires us to change the way we commission and provide services, so that the people of Somerset can receive the health and care services they need. This document sets out the many areas we need to tackle including:

- ***Shifting our focus towards prevention of ill health and the promotion of positive health and wellbeing and tackling inequalities.*** In the past services have been totally focussed on the care of those who need support; we need to be equally focussed on helping people to stay well and preventing illness in the first place. Without this shift the future demand for support will be much higher and we will never be able to ensure that everyone has an equal chance of longevity and a good quality of life.
- ***Moving to more integrated, holistic services based on the needs of the individual and supporting their independence.*** The care any individual needs is unique to them and their circumstances; our services are too often provided in silos, focussed solely on a specific illness or condition. It is too often the case that after an episode of ill health a person loses some of their independence and may be no longer able to live in their own home.
- ***Recognising that mental health is as important as physical health.*** While 1 in 4 of us will experience mental illness at some point in our lives our mental health services are highly stretched and have many gaps. In recent years our investment in mental health provision has not matched that spent on physical health.
- ***Ensuring that when people need emergency and specialist care they have the right access to the skills and expertise they need.*** Some specialist services face challenges in ensuring this, and we may need to concentrate them in fewer locations.
- ***Shifting resources from hospital inpatient services towards community based services supporting people in their own homes and sustaining their independence***. Too many people are currently admitted to hospitals who could be supported better within the community, and too many people stay in hospitals for too long – and when this happens they are less likely to recover their independence.

Figure 1 : The changes we need to make



3 Health and Wellbeing in Somerset

3.1 Why we need to change

Somerset is a largely rural county with a population of 550,000 people, lacking large cities or universities. Its population is relatively older than the national average, and over the next 25 years while the overall population will rise by 15% we expect those over the age of 75 to double, resulting in a significant rise in demand for health and care services.

While Somerset is relatively less deprived than other part of England there are areas with high levels of deprivation. People living in deprived areas in Somerset do not live as long as people from other areas; they are more likely to experience both physical and mental health issues. Deprivation not only impacts on the length of life but its quality. In many cases the differences with people from less deprived areas are linked to lifestyle and environmental factors, including smoking, obesity, housing, income, education and disability. Vulnerability is also often linked to deprivation.

Key facts:

People in our most deprived areas live 4 years less those in the most well off.

They have a 60% higher prevalence of long term conditions, and a 30% greater severity of disease.

People in deprived areas are more likely to have both mental and physical health problems.

People in Somerset are living longer than they used to, but there is an increasing gap between life expectancy and healthy life expectancy; typically, fifteen years of life can be spent with a long-term condition or conditions.

The ageing population brings new challenges:

- The older we get the more likely we are to have more than one long term condition affecting our health. Support for people with multiple conditions is more complex and needs to be much better integrated.
- Dementia is becoming an increasing problem and we could see a doubling of the number of people with dementia by 2035; however, lifestyle choices have a significant impact on the risk of dementia and so this could be partially mitigated.

Mental health is a major issue for Somerset and affects around 70,000 people at any one time. This often influences and is influenced by multiple factors including low educational attainment, social isolation, unemployment and financial and relationship problems. People with a mental health issue often also have poor physical heath.

Key facts:

People with mental health problems are at risk of dying 20 years earlier than other people

Half of all mental health problems are established in childhood (under the age of 14)

Lifestyle end environmental factors have a huge part to play in maintaining health and wellbeing. These include areas such as smoking, diet, exercise, social isolation, and alcohol abuse. It is estimated that lifestyle factors, environmental and societal factors together account for 60% of health issues (compared to genetic inheritance at 30% and healthcare provision at 10%).

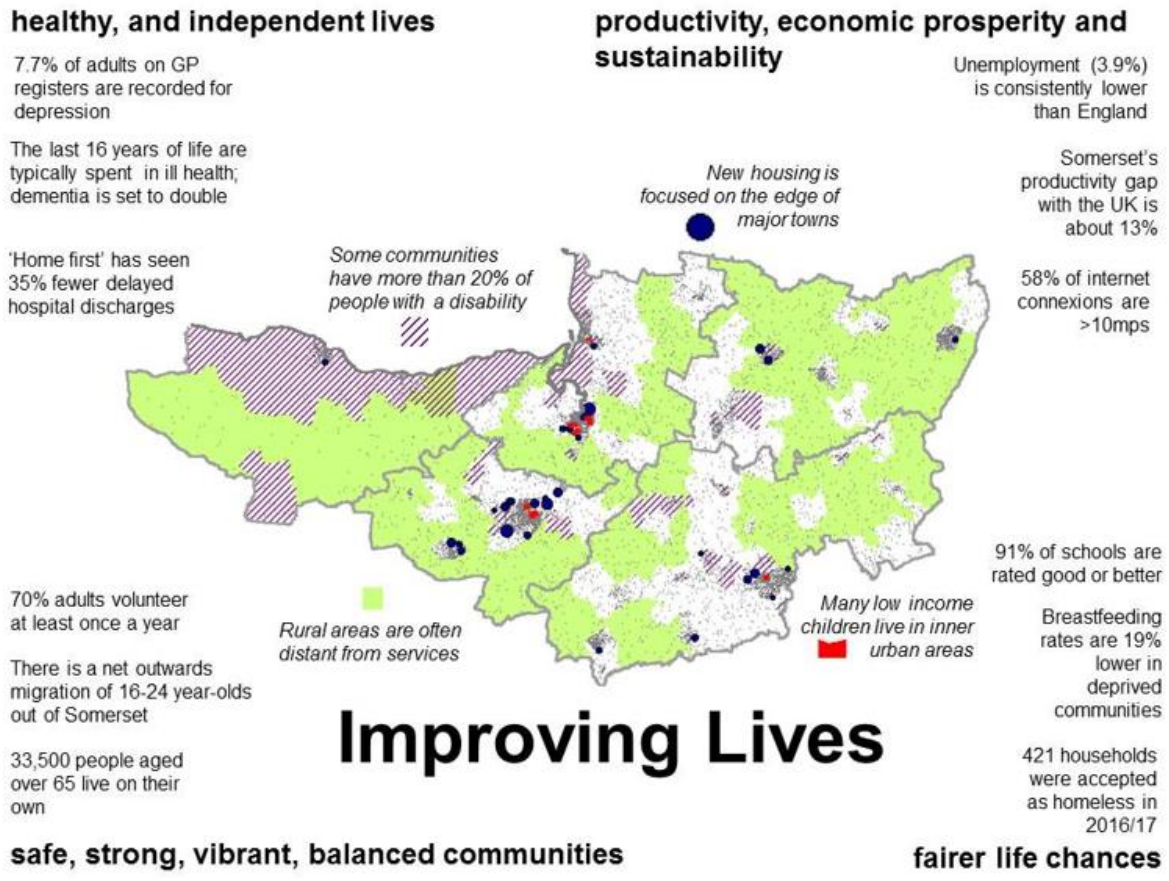
Key facts:

14% of people in Somerset smoke.

Over ¾ of people in Somerset do not exercise to benefit their health and 41% of them are obese.

The most important reason we need to do more to support health and wellbeing and address inequalities is the impact this will have on the quality of longevity of life for individuals. However, doing so will also help address our financial position. It costs far less to help someone stay healthy than it is does to treat and support them when they have become ill.

Figure 2 : Somerset – health and wellbeing at a glance



3.2 Vision for health and wellbeing

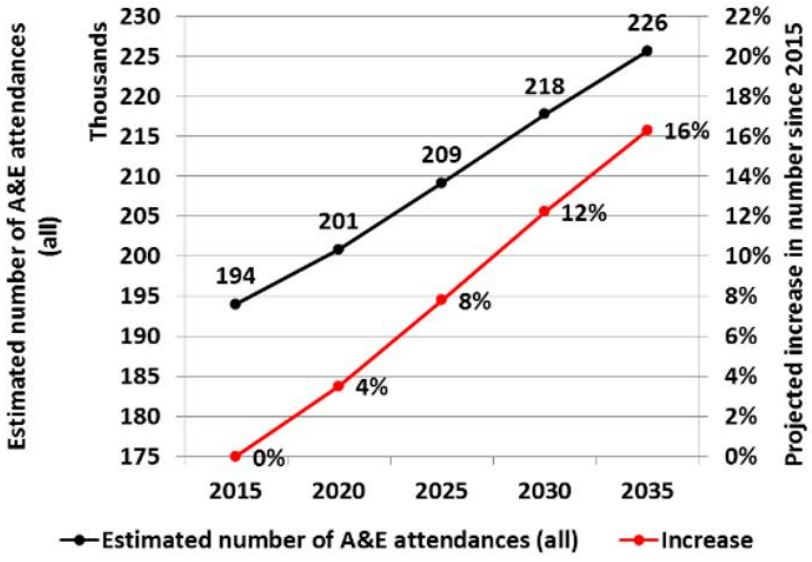
This document has a number of more specific proposals to help deliver this ambition, set out within the following sections.

4 Urgent and emergency care

4.1 Why we need to change

Between 2000 and 4000 people a day access urgent and emergency care in Somerset every day. The majority of this care is provided by GPs who see around 60-70% of urgent care cases on weekdays. Care is also provided through NHS 111, GP Out-of-hours a number of minor injuries/illness units, and through the emergency departments of our acute hospitals.

Demand for acute emergency care has grown significantly with a 5% increase in the number of people attending emergency departments in the last three years. Unless we achieve change through better prevention and providing better care closer to home we can expect that the rise will continue as shown on the right.



Patients who are admitted as an emergency are by far the biggest users of hospital inpatient beds (both in acute and community hospitals). While it is essential to admit acutely ill people as inpatients when they need the facilities and expertise of a hospital it is important for their long term recovery and rehabilitation that we do not keep them there for any longer than necessary. Staying too long in hospital can increase the probability that they will not regain independence. Every unnecessary day a patient stays in hospital increases the likelihood of losing independence. We need to look at the model for both acute and community hospital inpatient provision alongside the development of community services that can increasingly support people in their own homes.

Key facts:

59% of our inpatient beds in acute hospitals in 2017/18 were used by patients staying for more than 10 days, and yet we know that few patients need the facilities of an acute hospital for that length of time.

At any one time we have 300 patients in our acute hospitals who have been there for 10 days or more; there is a major opportunity to improve care and reduce pressure on acute hospital beds.

The key reasons we need to do things differently in the future are:

1. The system is struggling to meet current demand. For example: since April 2016 despite staff working very hard in the Emergency Department and throughout the hospital Musgrove Park Hospital has only been able to meet the standard of 4 hours in A&E for 95% of patients in one month. We expect demand will increase significantly in the future unless we can enable better health and wellbeing support and offer alternative services and more proactive care of people at risk.

2. With better services in the community many people would not need to be admitted to hospital in an emergency or would not need to stay in hospital so long. Whenever it is safe to do so for the clinical treatment needed we need to move from supporting people in hospital beds, where they risk losing independence, to supporting them within the community or closer to home.

3. In some areas our services may not be sustainable in their current form. We need to look at areas such as stroke and 24/7 emergency surgery.

4. We have a large number of relatively small community hospitals; it has proved increasingly difficult to staff them safely, and we need to consider their role and function in the light of our ambition to support more people in their own homes.

5. We do not have comprehensive seven day working in place across our urgent and emergency care services. We need to ensure people are receiving the same quality of urgent and emergency care support throughout 24 hours a day, 7 days a week.

6. Increased need for urgent and emergency care in winter often puts the whole system under pressure and can lead to services being stretched, a worse patient experience, and disruption to planned treatments. For example, we need to exploit all opportunities to reduce demand, for example, through the use of vaccinations to reduce illnesses that peak in winter periods.

7. There are inequities in our provision of urgent care – for example people living closer to acute hospitals use the emergency system more than those who live further away.

8. We need to develop a network of urgent treatment centres in line with the Five Year Forward View national guidance. This will ensure our population has consistent and equitable access to urgent services as part of the urgent care pathway.

9. Clinical staff in the system have told us that they do not have reliable, up to date information about the different services available for people outside of hospital. This means we are not always providing people with the most effective care and support.

10. We need to improve patients' experience of accessing urgent and emergency care. People in Somerset have told us that our urgent and emergency care system is complicated and confusing.

4.2 Our vision for urgent and emergency care

Our fundamental aim is to ensure that when people have urgent or emergency care needs they:

- Know how to access the care they needed.
- Are rapidly seen by the right professional at the right time who can give them the right support.
- Are enabled to return to normal life as quickly as possible, retaining the maximum possible independence.

Develop a single integrated system for accessing urgent and emergency services
What will the proposal deliver? Ease of access to urgent and emergency care service across all of Somerset, which builds on the concept of integrated urgent care ensuring the effective joint working of all the clinical professionals providing these services. The proposal will address every element of urgent and emergency care including primary care, Integrated Urgent Care Service (111, Clinical Assessment Service and face-to-face consultations) ambulance services, urgent treatment centres and Emergency Departments. A key priority is to implement a consult and complete model of care to ensure that more patients have their needs met within a single contact and are only referred to other services where necessary
Why is the proposal important? It is essential that we improve patients' experience by simplifying access to urgent care and ensuring confidence in the services offered. Implementing a consult and complete model of service delivery aiming to complete the episode of care means will mean fewer patients will be referred to other services and be seen by multiple professionals. If a patient is referred to another urgent or emergency care service, this will be carried out in an integrated way and where possible, directly booked. Providing urgent care services to a high and consistent standard, that meet patients' needs will also help to reduce the pressure on emergency departments and reduce the number of people who need to go to hospital for their care.
What are the implications and areas for further work? Some key elements of this proposal will be delivered through the implementation of an Integrated Urgent Care Service. We now need to work closely with primary care, community services, emergency departments and ambulance services to ensure all these elements of the system integrated and work effectively together.

Develop a network of Urgent Treatment Centres
What will the proposal deliver? We will develop a network of Urgent Treatment Centres across Somerset with a consistent and clear service offer which meets national standards and maximises our ability to address urgent treatment needs without attendance at Emergency Departments. These will replace our existing Minor Injuries Units and provide a wider range of services than they currently offer, including being led by GPs.
Why is the proposal important? We will move from a system of Minor Injuries Units with varying levels of service and capabilities to a consistent offer, which will be GP led covering both minor injuries and illnesses and offering both pre-booked and walk in appointments. Patients are less likely to need to travel to Emergency Departments and have more confidence that will be seen in a short timescale. Quick access to diagnostics may help avoid some hospital admissions

What are the implications and areas for further work?

We need to work on the detail of the specification for these services and identify how many Urgent Treatment Centres we will have, and where they will be located. We will involve patients and the public in the option appraisal and then formally consult with the public on the preferred way forward

Invest in community based packages of care to minimise unnecessary hospital stays and reduce demand for hospital beds

What will the proposal deliver? We will commission packages of care within the community with an aim that no patient is admitted to hospital if their needs could be met appropriately in a community setting, and that no patient stays longer in hospital than is necessary for their safe and effective care. This will require a range of health and social care services to be available within people's homes and in the community.

Why is the proposal important? Every day someone stays in hospital longer than required for their clinical care results in increased risk of loss of independence. People recover better in their own homes supported by their own networks. Hospitals are currently overcrowded. This makes it harder to provide a good service for the most acutely ill patients.

What are the implications and areas for further work?

We are currently working to identify how many of the patients currently in both our acute and community hospitals could have their needs met in a "lower" setting of care (for example, in their own home, or a nursing home). This will help us identify what sort of packages of care we need to offer in the community to enable this. For example, we expect we will need to fund more social care in people's homes, and health professionals who will help patient's rehabilitation at home. We will identify the costs of this and work out a plan for delivering it.

We will also look at how this will change demand for our hospital beds. We anticipate that in the future many patients who would have been in hospital will be at home – and this would substantially reduce our requirement for acute and community hospital beds. Another next step is therefore to identify how many fewer beds we will need and what this means for both our acute and community hospitals in the future. The nature and scope of services offered at our hospitals may need to change as a result. If this is the case we will develop a range of options for the future, involving patients and the public in the option appraisal and then formally consulting with the public on the preferred way forward.

Review options to improve quality and sustainability of stroke services
What will the proposal deliver? We need to identify the optimal configuration for stroke services (including diagnosis, treatment and rehabilitation) in Somerset.
Why is the proposal important? Expert stroke clinicians[1] have identified that the quality of care for stroke patients in the South West would improve if we ensured all patients attended larger centres, which are able to offer all the skills and expertise stroke patients need. It is important we identify if this would be the case in Somerset.
What are the implications and areas for further work? We need to identify the possible options for improving stroke care (for example, whether we should retain both our current stroke centres, of just have one) and weigh up their benefits for patients – particularly considering if patient outcomes would be improved by making changes, and also the implications on patients' travel times. We will involve patients and the public in the option appraisal and then formally consult with the public on the preferred way forward.

Review options to enhance the quality and sustainability of vulnerable acute services and improve efficiency in the delivery of both emergency and elective care within our hospitals*
What will the proposal deliver? Some of our emergency services have vulnerabilities relating to staffing and critical mass issues (for example, emergency surgery). We will carry out a review of all services which are potentially unsustainable in the future and identify potential options to make them more viable. While looking at the acute specialties we will also review whether there are better options to enable greater efficiency in both elective and emergency care.
Why is the proposal important? We need to ensure that all our services can continue to provide safe and high quality care long into the future. Clinicians have also identified that sometimes our elective services are disrupted because of peaks in emergency work; this can lead to delayed operations and a poor patient experience.
What are the implications and areas for further work? Work will commence to identify which particular services and specialties are vulnerable, and where there is potential to improve the delivery of emergency/elective care, potentially through achieving greater separation of the two elements. We will then work with expert clinicians in each area to identify what the potential options are for putting those services on a sustainable and efficient footing. We will involve patients and the public in the option appraisal and then formally consult with the public on the preferred way forward

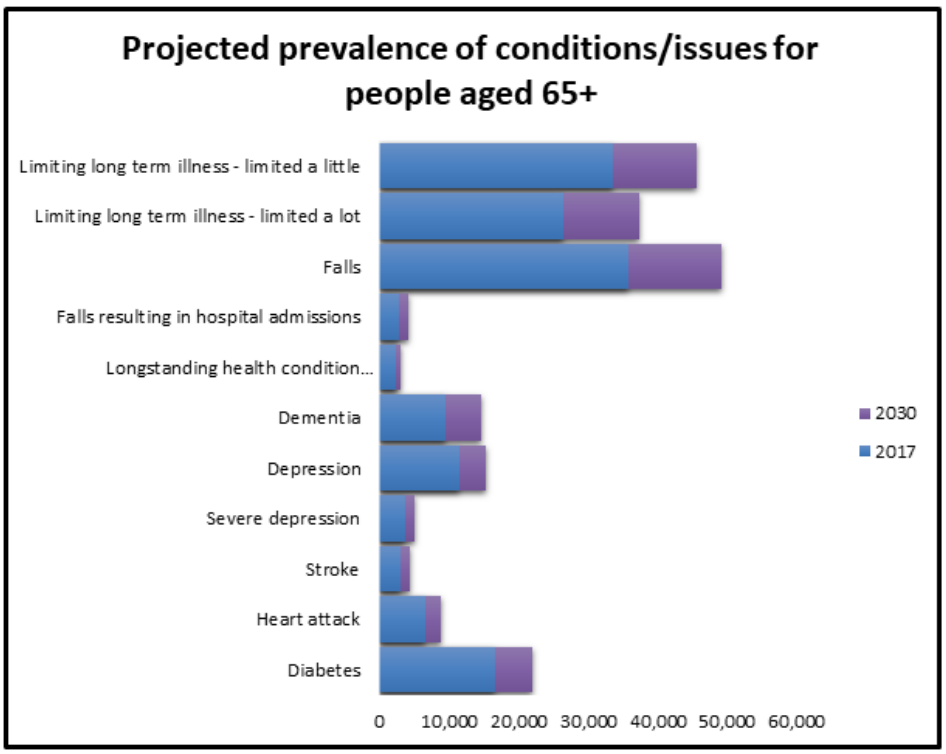
* Note: this is a joint proposal with the planned care workstream (see section 10.3).

[1] "Bigger, better, faster? - An options appraisal for the reconfiguration of emergency heart attack and stroke services for the South West of England". South West Cardiovascular Strategic Clinical Network April 2016

5 Proactive care, long term conditions, and frailty

5.1 Why we need to change

About one third of the population has at least one long term condition/ illness. That equates to 175,000 people in Somerset. Long terms conditions are the major issue affecting the health of the population aged over 65 as can be seen from the figure to the right.



The figure also shows the significant growth we are expecting in long term illnesses.

Many people have more than one long term condition, for example, 50% of people with diabetes have at least two other long term conditions.

People's sense of wellbeing is a major factor in how likely they are to develop physical and mental illnesses. Also, many of the most important risk factors for the development of long term conditions, such as diet and exercise, are modifiable through changes in lifestyle and environmental factors. If we could empower people to improve their health and wellbeing we could substantially reduce the impact of long term conditions on individuals, as well as on health and social care services.

There are inequalities in how healthy people are which linked to deprivation. People in the most deprived areas have a 60% higher prevalence of long term conditions than those in the least deprived areas and 30% greater severity of disease.

NHS services for people with long term conditions have traditionally been focussed on individual conditions and on the treatment of illness rather than helping people to keep well. This approach can lead to disjointed care, particularly as most clinical services have their own specifications and pathways, and people can end up being referred from one service to another.

The feedback we have from people with long term conditions is that we need a more holistic and joined up service, which works better with our communities, providing a single point of contact, and is better at listening.

Although joined up, person-centred care is a top priority, specialist expertise in each individual condition is still vital. Because of their prevalence and impact on people's lives we need to focus particularly in the areas of hypertension, atrial fibrillation, heart failure, diabetes, pulmonary diseases and fractures resulting from falls.

Early diagnosis is essential and there are areas where we could improve this, such as hypertension and atrial fibrillation. If more people were diagnosed early we could reduce the number of people who go on to have a serious stroke.

People living with frailty are likely to have several different issues or problems which, taken individually, might not be very serious but when added together have a large impact on health, confidence and wellbeing. Frailty is not solely age related although it is more prevalent among older people.

Currently we do not have a common Somerset-wide approach to frailty which can result in a variance in the quality of care received.

We also need to focus more on end of life care; 5,500 people die each year in Somerset. Our aim is that all patients close to the end of their life should be able to make choices about their care at that stage. At the moment too, many people are not able to do so; there is inconsistency in the choices people are able to make depending on what their condition is and where they live.

The key reasons we need to do things differently in the future are:

1. We need to work more effectively with local communities and voluntary organisations to promote health and wellbeing in their areas and create informal networks of support outside the traditional NHS and social care boundaries.
2. We must do more to support healthy aging and reduce the impact of long term conditions on people of all ages, but particularly older people. In the past we have focussed more on developing systems to treat illness rather than helping people to stay healthy.
3. Support for people with long term conditions is not sufficiently focussed on addressing inequalities. Risk factors for long term conditions are much higher in those who face other social and environmental challenges – and so we need a particular focus on helping to address these risk factors.
4. Care and support need to be better integrated around the needs of the individual person and their carers and much more linked into the resources available within communities and the voluntary sector. We need to empower patients and carers to make choices about improving their health and wellbeing, and how they live with their conditions.
5. We do not consistently diagnose people early enough and this can influence patient outcomes and quality of life.
6. We do not manage care proactively enough; this can mean patients experience unnecessary crises in their health.

7. Services for people affected by frailty are not sufficiently joined up or consistent across the county
8. Not enough people are currently able to make choices about their care towards the end of their lives; sometimes those choices are limited because of where people live or the particular condition they have.

5.2 Our vision for proactive care, long term conditions and frailty

5.3 Emerging proposals and issues to explore

Working with local communities to improve health and wellbeing
What will the proposal deliver? We will develop a structured programme to work with local communities to improve health and wellbeing and tackle most significant risk factors for long term conditions and support people in managing long term conditions. This will include linking in with and supporting communities and the voluntary sector in developing existing and new networks of support in the community. "Social prescribing" (i.e. offering people access to networks of support rather than traditional care) will be a key component of the programme.
Why is the proposal important? It is always better to help someone to improve their health and wellbeing, rather than to offer them care after they have fallen ill. Traditional health and social care can play an important part in helping people to improve their health and wellbeing, as well as helping in the management long term conditions, but so can local networks and resources, and voluntary groups.
What are the implications and areas for further work? We will work with a wide range of local stakeholders to develop a package of options and ideas which can be used everywhere in Somerset, and then work with each separate locality to identify what will best meet the needs of the specific local population.

Develop integrated neighbourhood teams based around local primary care
What will the proposal deliver? Services integrated around 14 neighbourhood areas, each serving a population of 30-50,000 people based on the registered list of a group of GP practices. The neighbourhood team supporting practices will include co-located staff such as district nurses, integrated rehabilitation teams, complex care, therapy, older people's mental health and social care staff. The neighbourhoods would also be able to access more specialist services where it wouldn't make sense to have this available in every neighbourhood directly, for example, the rapid response team, specialist mental health services and acute hospital services. These services would be redesigned in order to support the neighbourhoods in as flexible a way as possible, and to avoid the need for people to travel to centres outside the neighbourhood as much as possible.
Why is the proposal important? This is a key step in delivering integrated and holistic services that can provide better alternatives than hospital admission. Relations between the team and local primary care will be much stronger, and staff will be better able to focus on the individual needs of patients.
What are the implications and areas for further work? We have established the number of teams we believe we should have. We now need to work on the detailed composition of each team, and a plan for transitioning to the new service.

Support for primary care to deliver proactive care for people with long term conditions
What will the proposal deliver? Our aim is to ensure all GP practices have the support and resources they need to help the people registered with them to improve their health and wellbeing through goal setting, care planning, care co-ordination, health coaching, and working with the local community and its networks of support.
Why is the proposal important? All our primary care staff work hard to support their patients. We want to make sure that everybody has access to the support most likely to meet their needs and help them to improve their health and wellbeing and manage their conditions in the best possible way.
What are the implications and areas for further work? Based on good practice locally and elsewhere we will identify the key elements that should be available wherever patients live, and then work flexibly with local practices to identify how that can best be delivered in a way appropriate to local circumstances.

Develop a unified and consistent approach to supporting people with frailty
What will the proposal deliver? Nearly all our services regularly support people with frailty. Frail people have specific needs for support that may not always be recognised, and we want to develop a consistent set of standards and approaches for working with people with frailty.
Why is the proposal important? It will ensure that we are not just supporting people in relation to their specific illness, but also taking account of the needs that result from their frailty.
What are the implications and areas for further work? We will develop a set of standards and approaches and then work with all service areas so that they are tailored appropriately.

Ensuring people are able to make choices about their care towards the end of their lives
What will the proposal deliver? Many of our services support people who are close to the end of their lives. It is increasingly recognised that we need to do far more to enable people to make choices about where and how their care will be provided in this period. We need to ensure we are consistently offering people appropriate choices about their care in this period.
Why is the proposal important? People currently often end their lives in places they would not choose. End of life care should help people to live as well as possible until they die and to die with dignity, and we must help people to make informed choices about this.
What are the implications and areas for further work? We need to specify what options people should be able to have for care at the end of their lives, and ensure those options are available in all areas, that staff in all services are aware of them, and understand the importance of giving people the information they need to make choices.

Enhancing care for people with diabetes
What will the proposal deliver? We will implement an integrated model of care for diabetes that embraces prevention, self-care, primary care delivery, specialist clinics, inpatient nursing and the Diabetes Super Team, specialist service support and podiatry.
Why is the proposal important? The number of people with diabetes is rising. This has major implications for quality and longevity of life, and this proposal will help reduce incidence and minimise the impact on quality of life of the disease. Patients will be better able to make informed choices about their own health and care, and will have better outcomes, with fewer health complications. Fewer people with diabetes will need to be admitted to hospital.
What are the implications and areas for further work? We will work with patients and staff to develop the detail of the care model, and then develop a detailed plan for its implementation, working closely with the new neighbourhood teams described in an earlier proposal.

6 Mental health services

6.1 Why do we need to change?

Emotional wellbeing and resilience have a major impact on the quality of life for individuals and knock-on implications for local communities and society as a whole. They are therefore of fundamental importance for every area of health and social care provision. However, it is also an area where are there are substantial inequalities. People with mental

Key facts: 3 out of 4 people with physical illness receive treatment, however, only 1 in 4 people with mental health problems do.

People with severe mental illness die on average 15-20 years earlier than other people.

Only 43% of people with mental health issues are in employment compared to 74% of the general population

illnesses experience significantly poorer physical health than the general population and mental health care has historically not received the same priority as physical health care.

Mental health services have to deal with a very wide spectrum of need:

- A relatively small number of people at any one time will have a serious mental illness requiring support from specialist services support – we would expect to have around 75 people under care determined by the Mental Health Act, 1640 people who have a defined care programme, and around 2400 people in contact with specialist treatment services. Together these amount to less than 1% of the Somerset population. Care for these groups is both specialist and resource intensive.

- A much larger number of people face less serious mental health issues. It is estimated that there over 4,600 people on GP registers with a serious mental illness, while 46,000 are recorded as having depression.

The key reasons we need to do things differently in the future are:

1. There are major gaps in current service provision, particularly in community based services; in common with other parts of England this may reflect long term under-investment in mental health. Examples include:

   - Early support for people with less severe mental health problems to prevent the need for more specialist services.

   - Community based services working actively with people with more severe mental health problems to prevent the need for hospital admission, and to facilitate rapid discharge from hospital without the need for readmission.

   - Perinatal mental health.

   - Services to prepare young people with mental issues to deal with the transition into adulthood.

   - Comprehensive support for people with dementia to enable them to stay in their own homes for as long as possible.

2. There has been a historic underinvestment in mental health services over time which impacts on both people's quality of life and longevity.

3. People with mental health issues are not diagnosed and treated early enough.

4. We need a greater focus on supporting independence within the community with more joined up working between health and social care to deal with the totality of an individual's needs.

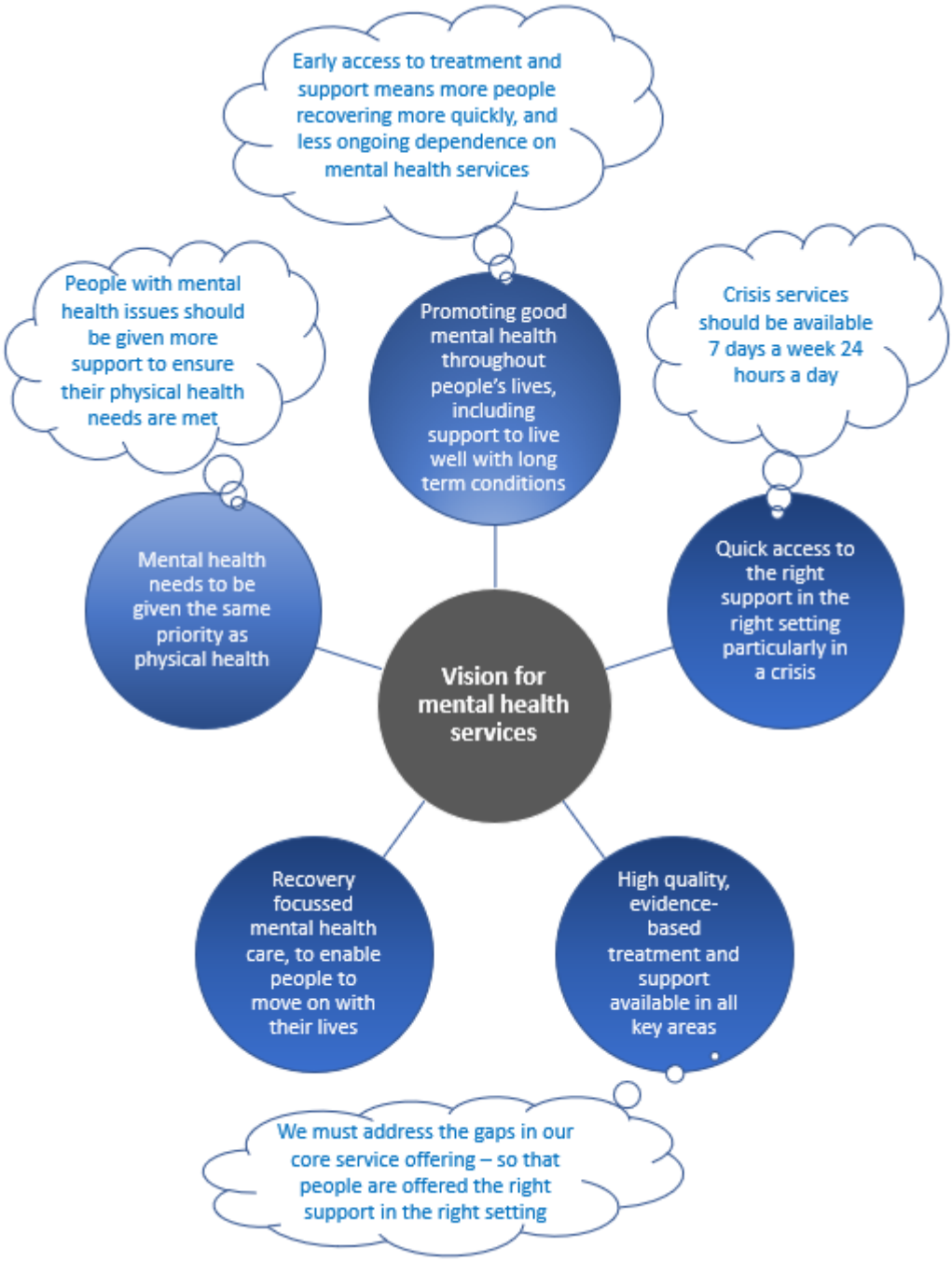
5. Our Improving Access to Psychological Therapies (IAPT) services which support people with predominantly mild to moderate anxiety and depression are unable to meet national standards in terms of access and recovery. We need to do more to support people who do not have serious mental illnesses but who nonetheless need help to recover and regain their quality of life.

6. Services are struggling to meet demand, and there will be a major increase in demand for services for people with dementia (though this increase could be partly mitigated by wider recognition that the risk of dementia can be reduced by approximately 30% through the adoption of healthier lifestyle choices).

7. There are workforce challenges across a number of services which have impacted upon service quality and availability (for example, leading to the temporary closure of a mental health older persons inpatient ward at Yeovil). High readmission rates suggest community services have been unable to deliver the level of care needed to support people after discharge.

8. There is a need to review the capacity and configuration of inpatient services because we have isolated units and challenges in staffing them. We also have an older person's ward which has been temporarily closed. We therefore need to review all of our mental health inpatient services.

6.2 Our vision for mental health care



6.3 Emerging proposals and issues to explore

Enhancing primary care support for people with common/moderate mental health issues
What will the proposal deliver? Primary care link workers will support local practices and provide time limited, low level interventions to people presenting in primary care with mental health needs not appropriate for IAPT but not requiring secondary care, including those previously discharged from secondary care. Link workers would also support improved management of the physical health of people on GP Serious Mental Illness registers.
Why is the proposal important? We are currently struggling to address both the needs of patients who need access to IAPT services, and those with mild to moderate conditions not appropriate for IAPT. The link workers will ensure that people are no longer inappropriately referred to IAPT – thus reducing pressures on IAPT, while at the same time providing a better quality of service to those patients.
What are the implications and areas for further work? The proposal will require additional investment. We are working up the detail of what would be required and how it might be funded.

Increase capacity in community mental health services
What will the proposal deliver? We will enhance the capacity of specialist community based services. These services are currently facing rapidly growing demand.
Why is the proposal important? The proposal aims to improve outcomes for people with complex mental health problems, including those with first episode psychosis, personality disorder, dual diagnosis and ADHD. It will enhance physical healthcare for people with severe mental illness to reduce health inequalities. It will reduce the number of people with mental health problems presenting in crisis and reduce primary and A&E presentations and emergency admissions for people with complex mental health conditions.
What are the implications and areas for further work? The proposal will require additional investment. We are working up the detail of what would be required and how it might be funded. Some of the additional resources may come from increasing efficiency within the teams.

Increase capacity in our home treatment service for people experiencing a mental health crisis and identify alternatives to admission for people in a crisis
What will the proposal deliver? Enhanced home treatment services will mean that 24/7 intensive home support is available as an alternative to admission and to support discharge. The identification and development of other alternatives to admission such as crisis / recovery houses, crisis cafés, a helpline and web or app based support will also help to avoid admissions to mental health beds.
Why is the proposal important? Our inpatient services currently have high occupancy levels and high readmission rates. We need to provide high quality and safe alternatives so that more people can receive the care they need in other settings.
What are the implications and areas for further work? These proposals would require significant additional funding and will therefore be dependent on our ability to identify savings in other areas.

Develop a county wide intensive dementia support service
What will the proposal deliver? We currently have an intensive dementia support service in the east of the county but not the west. The aim of this proposal is to extend the service over the whole county.
Why is the proposal important? The experience from the east of the county is that it has reduced the need to admit people to older people's mental health beds and has been welcomed by carers and patients. Our aim is to improve support in people's homes so that they can remain in familiar surroundings. The service will also support our aim of providing earlier diagnosis and interventions for more people with dementia.
What are the implications and areas for further work? We will need to assess how the introduction of the service will impact on our future requirement for older people's inpatient beds. We will also need to review how the service can be funded as it will also add significantly to costs.

Review the capacity and configuration of our mental health inpatient services for adults of working age and older people
What will the proposal deliver? The review will identify our future needs for inpatient beds for both groups. It will consider the options for how those beds should be configured and delivered and identify the best model for the future.
Why is the proposal important? A number of the proposals above are designed to reduce our use of inpatient services – this may simply reduce current overcrowding, but it may also reduce our overall need for beds. We also need to make a decision on the future of the older people's ward at Yeovil which was temporarily closed, and address concerns that some of our services are in isolated units. This raises issues in terms of quality and staffing.
What are the implications and areas for further work? Our next step is to assess the future need for inpatient services, and to identify potential options. These options may

include moving some inpatient services from current locations if this will provide a better overall model of care. We will explore those options with engagement from service users and the public, and then consult on them formally.

7 Learning disability services

7.1 Why we need to change

There are over 10,000 people in Somerset with some form of learning disability. Of these, 438 have a severe learning disability and 1613 have a moderate learning disability.

Many people with a learning disability have higher levels of health and social care needs than the general population. They have poorer health and they die younger than the general population. These differences could be mitigated with the right services and approaches in place.

Key facts: 50% of people with a learning disability have mental health problems.

Up to one third of people with learning disability also have some form of physical disability.

People with a learning disability are three times more likely to die from causes that can be avoided with good quality healthcare.

Only around 5% of people with learning disabilities are in employment.

People with a learning disability are often isolated, and dependent on others for support. In many cases this support is offered by parents who inevitably experience difficulties with increasing age.

The number of people with some form of learning disability is expected to rise by around 8% by 2030.

Everybody with a learning disability should be offered an annual health check. In Somerset just under 70% received one, but there are concerns over the quality and effectiveness of some of these checks.

People with learning disabilities often have difficulty accessing health services when they need them. Services are not always equipped to communicate effectively with them, and they face challenges in effectively managing their own health care.

There is a smaller number of people with a learning disability with complex support needs, who often have other conditions including mental health problems, autism or physical disabilities. We need to ensure that they are receiving the best standards of care, at times of crisis and longer term, to ensure that they achieve the best possible outcomes.

7.2 Our vision for services

7.3 Emerging proposals and issues to explore

Make it as easy for people with a learning disability to access health and care services as it is for the general population, and enhance access to screening programmes
What will the proposal deliver? The proposal will ensure that all health and care services have identified and acted upon the 'reasonable adjustments' they need to make to enable equity of access for people with a learning disability. It will also increase the number of people with a learning disability who get an annual health check, and who participate in our screening programmes for all disease areas.
Why is the proposal important? The proposal is central to our vision of ensuring that all people with learning disabilities have equitable access to services to significantly improve their experience of healthcare and their health and wellbeing. They will have better health outcomes as a result of earlier diagnosis of health issues, be better informed on their choices, and be better supported to manage their own healthcare.
What are the implications and areas for further work? Our next step is to develop a detailed programme to deliver the proposal.
Provide better support to people with a learning disability when they are experiencing a crisis
What will the proposal deliver? Some people with a learning disability have complex needs which mean their current living situations can break down, putting them at risk of hospital admission or emergency placement. This proposal means that we would be able to provide intensive crisis support to enable them to remain in their own homes and access support within their local communities.
Why is the proposal important? Currently people with a learning disability are at risk of being placed outside Somerset when they experience a crisis, and crisis admissions can lead to long stays in hospital which disrupt people's support networks and make it harder for them to return home. We are committed to people with a learning disability being supported to be part of their own communities.
What are the implications and areas for further work? Our next step is to develop a detailed programme to deliver the proposal.
Improve residential placements for people with learning disabilities
What will the proposal deliver? When people with a learning disability and the most complex needs do need specialist placements, these will be provided in a way that maximises individual outcomes and allows people to continue to be part of their communities and be supported to access community services.
Why is the proposal important? We need to ensure that all people with a learning disability experience the highest standards of care and have the best possible outcomes when they need to be supported in a residential setting.
What are the implications and areas for further work? Our next step is to develop a detailed programme to deliver the proposal

8 Maternity Services

8.1 Why do we need to change?

Every year around 5,500 babies are born in Somerset. Most of these births take place in an acute hospital, but around 700 births take place in the home or in midwife led units. While we offer a range of choices for birth, those choices depend on where women live, for example, only one of our acute hospitals (Musgrove Park at Taunton) offers women the choice of an "alongside" midwife led unit.

Progress has been made in a number of areas, such as a reduction in rates of teenage pregnancy. However, there is more to do to reduce the number of women who smoke during pregnancy, and to support women facing mental health issues during pregnancy and in the first year after birth.

1. We need to ensure safer births and better continuity of care for women throughout their maternity journey. This will help to reduce rates of harm, which in turn will lessen the frequency of maternal and infant mental health, learning disability and special educational needs and disability (SEND) in the future. Outcomes for both teenage mothers and those over 40 need a particular focus as they are higher risk.

2. There are significant challenges across the maternity workforce – including midwifery, neonatal nursing and medical staff and we anticipate that these will become increasingly problematic. We have two relatively small obstetric units (at Musgrove Park and Yeovil Hospitals) and their size may make ensuring quality and safety and viability challenging in the future.

3. We do offer choice of birth location for all women. However, increasing complexity of maternal and infant health means that supporting these choices can be challenging. Also, even in low risk pregnancy, many women are choosing to give birth within obstetric led services, rather than at home or in standalone midwife-led units. "Better births" tells us that nearly 50% of women would prefer to have their baby in an "alongside" midwifery led unit (i.e. a unit next to a consultant obstetric service); this option is only available at Taunton and not at Yeovil or the RUH. We want midwife led care to be "the standard" helping us to reduce the number of caesarean sections.

4. There is currently a lack of consistent and equitable community antenatal and postnatal provision in Somerset. This means some of the early intervention, advice and support may be missing or not consistently available, which will have an adverse effect on decisions made by women and their families.

5. There is significant service gap in terms of perinatal and infant mental health.

8.2 Our vision for services

Our vision echoes that set out in "Better Births", the national strategy for enhancing maternity care.

8.3 Emerging proposals and issues to explore

Carry out a review to identify the best long term configuration of obstetric care together with "alongside" midwife led care, freestanding units and home birth services
What will the proposal deliver? The identification of the potential future options to best deliver sustainable services in the safest way while also offering the maximum choice for women.
Why is the proposal important? The review is important because of two linked issues. Firstly, we currently have "uneven" care in the county. For example "Better Births" suggests that around 50% of women's preferred choice for births would be an alongside midwife led unit. However, in Somerset this choice is only available at Taunton and not Yeovil. Secondly, we don't know if our existing two obstetric units can continue to comply with and maintain the national standards and requirements for the delivery of high quality services. We need to review these issues and identify the solution that best meets the needs of women and their babies.
What are the implications and areas for further work? We need to work up the detail of possible options, also considering the links with neighbouring services such as at Dorchester, the Royal United Hospital at Bath, and Weston Hospital. We need to understand the potential impact of creating a second alongside midwife led service and what this would mean for the core obstetric service. We will look at options for enhancing the full range of choices. The work needs to fully engage with the public, our staff and particularly with the women who may need these services in the future. Following a full appraisal, we anticipate a formal consultation with the public on the way forward.

Develop single county wide maternity and neonatal service
What will the proposal deliver? A single neonatal and maternity service across the county with integrated clinical leadership
Why is the proposal important? "Better Births" (the national strategy for maternity care) highlights the importance of care being delivered by small teams that can provide personalised care as well as continuity of carer. The focus is on the women and her family. Professional and organisational barriers need to be overcome to achieve this. Our services are relatively small; having two separate workforces and management structures makes this more challenging and does not help us make the best use of the scarce resources we have. A single workforce will make us more likely to be able to sustain a wider range of choices for women in different locations.
What are the implications and areas for further work? This proposal needs to be developed in parallel with the work in the proposal above, so that the service for the future matches the best option for the configuration of care. It will require considerable work with the current provider organisations and consultation and engagement with all staff working in the services.

9 Children's services

9.1 Why do we need to change?

There are 121,000 children and young people in Somerset and 15% of these live in poverty. We have around 2400 families in the troubled families programme, and there are 500 children looked after. 15% of children are identified as having Special Educational Needs or Disability. Many of our children have a long term illness of some kind (14.5%) and 17.5% have a diagnosable mental health condition. There has been significant growth in referrals of children to mental health services.

The rate of children and young people being admitted to hospital for injuries (accidental and deliberate), self-harm (aged 10-24), and substance misuse (aged 15-24) are all higher than England's average, with the rate of alcohol-related admissions in under 18's being significantly higher at over 60%.

The key reasons we need to do things differently in the future for children's services are:

1. To address the key factors in children's lives which affect their health and wellbeing – and which also drive long term life chances as adults.
2. To deliver better joined up care which is less fragmented, and avoids children being "passed round the system"
3. To meet the needs of vulnerable families more consistently.
4. To reduce unplanned admissions of children to hospital. The number of such admissions has increased and many of them are potentially avoidable.
5. To address inconsistencies in the availability of community paediatric services across the county.
6. To improve support for children with behavioural issues.
7. To improve the quality of emotional health and wellbeing services.
8. To improve the transition between children's and adults' services.
9. To ensure our specialist acute children's services including those for young babies are sustainable.

9.2 Vision for services

9.3 Emerging proposals and issues to explore

Develop a structured programme to advance the health and wellbeing of children
What will the proposal deliver? We will develop a structured programme to work with children, their families and local communities to tackle the factors which are most important in affecting children's emotional, mental and physical health and wellbeing and life chances.
Why is the proposal important? Poor outcomes for children are inextricably linked with social and environmental factors and inequalities. Tackling these issues is essential, particularly if we are to help the most vulnerable children and enhances their life chances
What are the implications and areas for further work? We will work with all the key stakeholders to develop a package of options and ideas which can be used everywhere in Somerset and agree an implementation programme.

Develop integrated council wide children's services
What will the proposal deliver? The proposal will identify how we can deliver far more integrated services for children across the county through a range of alliances and more formal arrangements. The integrated services will cover health and social care, public health and will have effective links with education services. The proposal will focus on supporting and empowering parents, teachers and health care staff alike to promote the emotional and physical health and wellbeing of our future generation and to avoid/prevent ill health and the need for hospital admission.
Why is the proposal important? The proposal will ensure our services focus on the holistic needs of children and their families, rather than being fragmented. There will be a renewed emphasis on the prevention of ill health, a reduction in the use of acute services, and stronger support for children with behavioural issues.
What are the implications and areas for further work? We will work with all key stakeholders to identify the desirable scope of the integrated service, and the arrangements for enabling it. It will require considerable work with the current provider organisations and consultation and engagement with all staff working in the services.

10 Planned care including planned care for cancer

10.1 Why do we need to change?

Planned care refers to treatment which follows diagnosis, and which does not have to be carried out as an emergency. Typically, it will involve an initial diagnosis from a GP, a referral to a consultant for a specialist opinion and probably some diagnostic tests, an agreed treatment approach which could be a minor procedure or significant surgery, or, in the case of cancer, it could also include radiotherapy and chemotherapy. There is likely then to be some form of rehabilitation and aftercare.

The cancer pathway is of particular importance because it affects so many people.

Early diagnosis of cancer is critical to survival rates. We know that when cancer is diagnosed as a result of an emergency a good outcome is less likely i.e. patients are twice as likely to die after a late diagnosis. Only 35% of lung tumours and 40% of colorectal cancers are diagnosed in one of the first two stages of cancer.

A wide range of providers offer elective care to the people of Somerset, but the vast majority of the care is provided by the Taunton and Somerset NHS Foundation Trust and the Yeovil District Hospital NHS Foundation Trust. In Somerset certain elective care services are also provided by an Independent Treatment Centre.

We face some key challenges in planned care and cancer care which include:

- Many of the illnesses which result in a need for planned treatment are preventable – especially many cancers.
- We are not meeting national referral to treatment targets.
- We have a model of outpatient services which is not always efficient in its use of specialist consultant time, and also sometimes provides a poor patient experience (for example, too many visits to hospital required prior to formal diagnosis and treatment).
- We have a number of relatively small services which are challenged in terms of their ability to provide a local service.
- We have performance issues in being able to provide diagnostic tests. Our diagnostic services are currently stretched, and we need to improve access times for key diagnostic tests such as CT and MRI. Waiting time after diagnosis can be too long and we are not always meeting the 62 day standard (from urgent GP referral to commencing treatment.)

Our key change priorities are:

1. We need to do far more to address the lifestyle choices that lead to increased risk of cancer recognising the strong correlation of lifestyle risk factors with higher rates of cancer and poorest outcomes.

2. Early and faster diagnosis and treatment of cancer is essential. We have gaps in our screening programmes and we do not always meet national standards in terms of treatment timescales. We need to improve accessibility to diagnostic and screening services and raise awareness of the potential symptoms of cancer

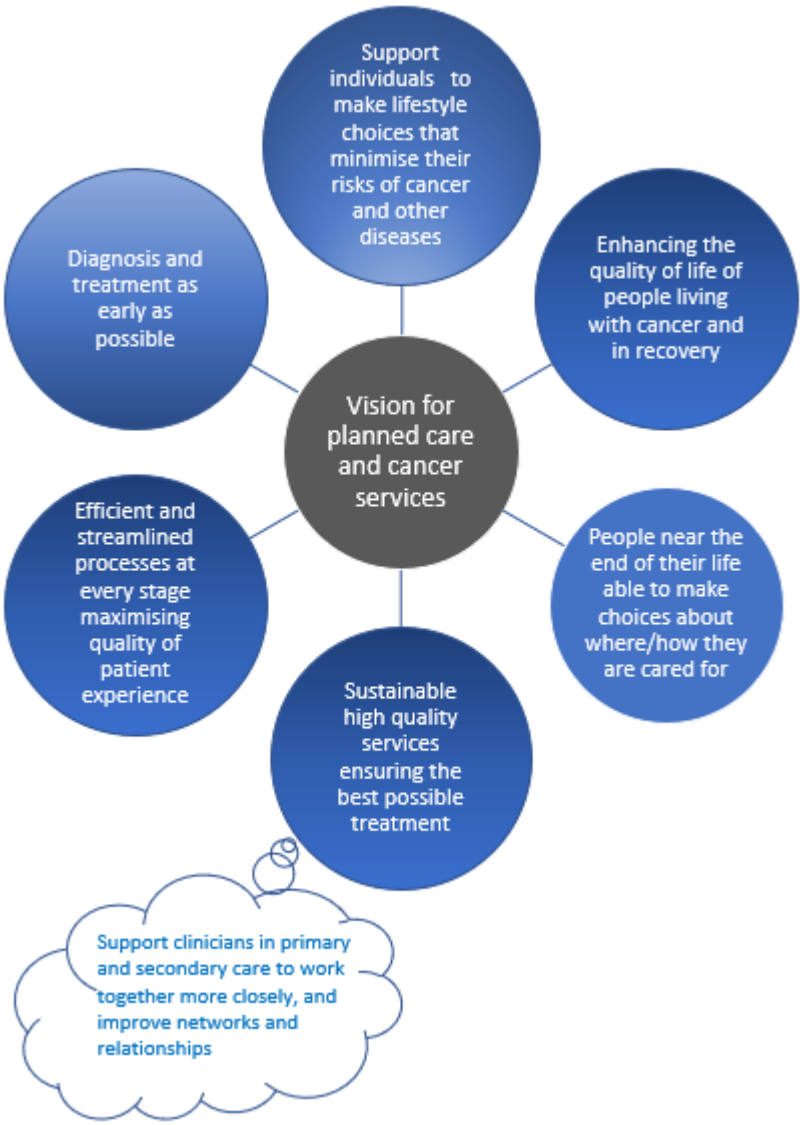
3. To transform the process from referral to diagnosis and decision to treat, moving away from the traditional outpatient model.

4. For general planned care we need to address our under-performance on the 18 week standard and systematically review our pathways to ensure that;

   - Delays are minimised at every stage of the patient journey, and;
   - The right and most cost effective treatment is provided.

5. We need to identify specialties where there is a risk that we may not be able to provide a high quality local service in the future and identify solutions for them.

10.2 Vison for planned care and cancer services



10.3 Emerging proposals and issues to explore

Commission and deliver a single Somerset wide model of care for cancer services
What will the proposal deliver? The aim would be to bring together services, staff and pathways which can connect or operate at a Somerset rather than organisational level. The new model will address vulnerable services, improve our use of scarce resources and look at new staffing models which will provide more resilient services.
Why is the proposal important? We currently have multiple providers of cancer care in the county, and our performance on key targets of importance to cancer patients is not consistently good. The proposal will address earlier diagnosis and treatment and therefore patient outcomes. Commissioning of services also risks being fragmented with different commissioners responsible for different elements of service. We need to ensure that we have a clear integrated and consistent approach to delivering the highest quality of care within resources available.
What are the implications and areas for further work? We will work closely with all relevant commissioners and providers to develop the overall required model. We will also carry out specific reviews of individual services where there may need to be changes to support quality of care and future viability, working closely with patients and the public, and if required carrying out a public consultation on the proposals.

Transform outpatient services
What will the proposal deliver? We will carry out a root and branch review of the planned pathway from initial identification of the problem to a decision to treat. The goal is to deliver services very differently, substantially reducing the need for both first outpatient appointments and follow-ups, streamlining and speeding up the process and developing a range of new approaches to replace the traditional outpatients' model (for example, telephone appointments, virtual clinics, clinical triage protocols and diagnostics up front).
Why is the proposal important? It will reduce the need for patients to attend hospital and improve the patient experience. Clinical conversations will be supported by diagnostics already being available. It will minimise unnecessary treatment and ensure shorter times to treatment. It will enhance the experience of clinicians in primary and secondary care by enabling better joint working
What are the implications and areas for further work? This will require a speciality by specialty review of the current processes and the potential for better ways of working.

Enhance diagnostic capacity
What will the proposal deliver? A county wide review of demand and capacity for all key diagnostics. This will consider both increased potential for efficiency through better use of existing equipment/staff, and the need for additional capacity.
Why is the proposal important? It is critical to our ambition of diagnosing and treating patients in as short a time as possible, and in minimising unnecessary treatments.
What are the implications and areas for further work? The proposal will require extra funds and a system wide approach towards the issue, rather than focussing on individual providers.

Programme to tackle smoking dependence
What will the proposal deliver? The proposal aims to ensure that the smoking status of all patients admitted to hospital will have smoking status identified and be offered nicotine replacement therapy and support while in hospital and after discharge. It is anticipated that between 2500 and 3700 patients would take up this offer. Evidence from elsewhere suggests this would significantly lower readmission rates to hospital.
Why is the proposal important? Smoking is the single main cause of preventable illness and premature death, and the primary reason for the gap in healthy life expectancy between rich and poor. It is particularly important in the reduction of cancer.
What are the implications and areas for further work? Depending on patient uptake the additional direct costs to the system could vary between £770,000 per annum and £1,160,000. Savings should be significantly greater than this as a result of a reduction in future admissions. The key next step is the identification of appropriate funding.

Review options to enhance the quality and sustainability of vulnerable acute services and improve efficiency in the delivery of both emergency and elective care within our hospitals*
What will the proposal deliver? Some of our emergency services have vulnerabilities relating to staffing and critical mass issues (for example, emergency surgery). We will carry out a review of all services which are potentially unsustainable in the future and identify potential options to make them more viable. While looking at the acute specialties we will also review whether there are better options to enable greater efficiency in both elective and emergency care.
Why is the proposal important? We need to ensure that all our services can continue to provide safe and high quality care long into the future. Clinicians have also identified that sometimes our elective services are disrupted because of peaks in emergency work; this can lead to delayed operations and a poor patient experience.

What are the implications and areas for further work? Work will commence to identify which particular services and specialties are vulnerable, and where there is potential to improve the delivery of emergency/elective care, potentially through achieving greater separation of the two elements. We will then work with expert clinicians in each area to identify what the potential options are for putting those services on a sustainable and efficient footing. We will involve patients and the public in the option appraisal and then formally consult with the public on the preferred way forward

* Note: this is a joint proposal with the urgent and emergency care workstream (see section 4.3).

11 Supporting resources – people, technology and the estate

All of our services depend on the support of a high quality and dedicated workforce, supported by the best digital technology, and the right estate/buildings to support care delivery. This section sets out the key drivers for change in these areas.

11.1 Workforce

Over 25,000 people currently work within the health and care system in Somerset, within our hospitals, GP practices, community-based facilities, nursing and residential homes as well as providing care at home. The workforce accounts for around three quarters of the total cost of the NHS in Somerset.

There are national shortages of staff in many key professional areas and these issues are reflected in Somerset. Some of the key workforce challenges we need to tackle are:

- Relatively high levels of turnover in some areas (40% annual turnover in direct care roles) with high levels of vacancies resulting.
- We have an ageing workforce with many professionals in the 50-55 age bracket and therefore able to retire in the near future. This will have a particular impact on our GP services where many of our current GPs will retire over the next 10 years and we already have significant shortages (46% of them will be over 55 in 5 years' time).
- We lack a local university/training base, which makes recruitment and retention harder to achieve.
- The future sustainability and effectiveness of our workforce is also fundamentally dependent on having staff who are motivated and engaged with high levels of personal wellbeing and effective leadership at all levels. This is currently inconsistent across Somerset.

Alongside these challenges we also need to recognise that the way we work in the future will need to change so that:

- Our workforce is focussed on prevention of illness and health promotion as much as on care delivery.
- We challenge our expectations on how we can work differently – for example, can skilled nurses and paramedics carry out work that would in the past have required a GP or specialist doctor?
- We are working much more across organisational boundaries to deliver seamless and holistic care.
- We fully exploit the potential of digital technology to support care delivery.

- We recognise and reinforce those values and behaviours which lead to effective collaborative relationships, trust and integrated working at all levels and across all organisations.

- We have a renewed focus on recruitment and retention, as well as on developing the skills we need internally.

11.2 Technology

In the past individual health and care organisations have developed their own systems for their own needs. Systems have been independent and have not supported any form of integrated or joint working. As we move to implement the Somerset Digital Roadmap we are gradually improving this position. Our key programme is the Somerset Integrated Digital electronic Record (SIDeR) which is a cutting-edge way of sharing patient records in a controlled and secure way across the whole health and care system. This will move us towards paperless systems and our ambition is to achieve this by 2020.

The aim is that this programme will be able to support the joined up and integrated care which we have identified in this document as being key for supporting the health and wellbeing of the local population. Alongside this we will be:

- Enhancing patient access to information.

- Raising awareness and engagement of the local population and staff members in information sharing.

- Developing our use of population health intelligence.

- Improving information sharing with service providers from neighbouring counties.

Without significant progress in delivering this programme we will not be successful in delivering the care models identified in this document, and this will be a key priority to progress.

11.3 The estate

Our physical estate in Somerset includes 66 general practices across 9 commissioning localities, 2 acute hospitals, mental health inpatient facilities at 4 sites and 13 community hospitals.

The key areas where we are working to improve in relation to the estates include:

- Investment in theatres and intensive care facilities, acute assessment and ambulatory care services at Musgrove Park Hospital in Taunton.

- The development of the emergency department and day theatres at Yeovil Hospital.

- Community hospitals which face a range of issues. Some sites (Bridgwater, Minehead and South Petherton) are in excellent condition. Conversely the hospitals at Shepton Mallet and Chard are at the level condition C which means that major investment will be required to maintain service provision there.

Our mental health facilities are mostly in good condition, as is most of the primary care estate.

12 Financial case for change

Both health and social care in Somerset have major financial challenges which all organisations are struggling to meet. Local government funding is being cut, whilst NHS funding is not increasing in line with the demand for services.

- In recent years the Somerset County Council has had to identify an unprecedented level of savings. Adult social care currently represents 30% of council revenue, and it is projected that by 2035 it could have increased to 50%. The Council anticipates that over the next three years, service pressures will outstrip resources available by around £26.1m. A savings programme of over £10m has been established to partially offset this pressure.

- NHS organisations in Somerset have struggled to deliver balanced budgets, primarily because there has been substantial growth in activity, well above the national average which is used for the annual funding allocation. For example, growth in emergency services last year was 10% compared to an average of 3.5% nationally. As a result, the system has been in deficit for the last 3 years and it is anticipated that without the addition of once off support funding the system would overspend by @£61m in 2018/19 (£41 m after support).

- The long term position across health and care is that we predict that by 2022/3 there will be a gap of £147m if we take no action. We have identified an approach for delivering savings and improving efficiency without substantial service change that should reduce the gap to around £42m. However, this means that in order to meet our obligation to “balance the books” we have no choice but to look at radical ways to delivery services more efficiently and effectively, while still maintaining quality and safety of care.

Alongside the challenge of the predicted future financial gap we also have to recognise that there are areas where we know we need to spend more in the future if we are to meet the needs of the local population. These are identified in the earlier sections of this document, and include:

- Health and wellbeing – where the development of new proactive services and programmes will be critical to enabling patients to manage their needs better and reduce the future burden of illness, and therefore the demand for services.

- Mental health services – which face historic under-funding and where there are many service gaps.

- Services within the community to help prevent hospital admissions, and to make it possible for patients to spend less time in hospital beds.

- Digital technology systems to enable the delivery of the new care models we have described.

We will only be able to address our long term financial gap and make these essential investments if we can significantly reduce our expenditure in other areas. Our approach for doing this has three key elements:

- A continuing focus on efficiency and value for money in every part of the system.

- Different organisations working more closely together to avoid duplication and wasted resource – directly reflecting our goal of delivering more seamless and integrated care to patients.

- A significant reduction in

  ~ Unnecessary hospital admissions through both prevention of ill-health and the proactive care of patients with long term conditions, alongside the development of appropriate community based alternatives.

  ~ Unnecessarily long inpatient stays – delivered through appropriate packages of health and social care in the community. This will deliver better outcomes for patients, support long term independence and save significant costs in the provision and staffing of inpatient services.

  ~ Unwarranted clinical variation (variation in care not driven by patient need but by health system performance).

The proposals described within the document will be key to the delivery of this approach.