Somerset County Council
Scrutiny for Policies, Adults and Health Committee
– 5th December 2018

Somerset Health and Care Strategy

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1. Summary

1.1. In September the Fit for my Future programme produced a case for change which set out a number of emerging proposals to address its findings. This paper outlines each proposal and categorises them into two groups:

- Group A – proposals which will require public consultation and proposals which require further work to determine whether or not they are likely to involve significant change and therefore require public consultation.
- Group B – proposals which can be taken forward more quickly; they would not require a formal consultation process as they would not have a significant impact on the configuration and location of services. These proposals would be taken forward through system level delivery groups.

2. Issues for consideration / Recommendations

2.1. The Scrutiny for Policies, Adults and Health Committee is asked to consider and comment on the proposals as part of the overarching strategy and provide a view on appropriate engagement.

3. Background

3.1. In September the Somerset Health and Care Strategy 'Fit for my Future' programme produced the document "Why do we need to change and what are our change ideas so far?" As well as setting out the case for changing health and care services in Somerset the document sets out a number of emerging proposals to address the case for change.

Further work has been carried out on these proposals and how they could be taken forward. As a result they have been divided into two key groups as follows.

- ***Group A. Proposals potentially involving significant service change.*** This group includes all proposals which will require the consideration of options that would involve significant service change in the configuration and location of services. These proposals would require a formal public engagement and consultation process in line with legislation and NHS guidance on service reconfiguration. Decision making on the implementation of these proposals could only take place after feedback from a public consultation (which it is planned will be carried out between October and December in 2019).

  This group also includes a number of proposals which require more work to determine whether or not they are likely to involve significant change. A work programme has been developed for these which will provide the necessary information by the end of January 2019 to allow the decision making on whether they will form part of Group A or B. Those forming part of Group A will work to the same October to December 2019 public consultation timetable.

Those forming part of Group B will be taken forward as quickly as practicable.

The Group A proposals will continue to be driven by the "Fit for my future" programme.

- ***Group B. Proposals that can be taken forward without formal public consultation.*** These proposals can be taken forward more quickly, through system wide delivery groups. While they would still require significant engagement with relevant patients and local people, they would not require a formal consultation process because they would not have a significant impact on the configuration and location of services.

3.2. Recommended Group A proposals

The proposals have been divided up into three "settings of care" areas; these are acute care, community based care, and mental health care. It is anticipated that a future public consultation will address each of these areas separately.

Acute setting of care

The proposals in this area include the following elements:

Reviewing the configuration of Stroke Services in Somerset
This proposal will identify the optimal configuration for stroke services (including diagnosis, treatment and rehabilitation) in Somerset, to further improve the quality of care for stroke patients in the South West. It is likely that at least one of the options which will need to be considered would involve reducing the number of sites from which acute stroke services are provided, and would therefore involve significant service change.

Reviewing obstetric and acute paediatric services
Both of the two Somerset acute providers have concerns over the long term viability of maintaining two obstetric and acute paediatric services in the county, primarily related to critical mass and staffing. Work undertaken so far by the Maternity and Children's group has identified some pressure for change but has not demonstrated clearly whether it is likely or not that services can continue to be provided to high quality in the future under the current configuration.

It is proposed that the group be asked to progress this work to confirm whether there is a clear case for change for these specific specialties. If there is a case for change, a detailed option appraisal will need to be carried out. The appraisal would need to consider options which could result in services no longer being provided in both the current locations. This would clearly involve a major service change.

Review of other potentially vulnerable acute specialties (including oncology) and potential to separate emergency and elective services to improve patient flow
Since the development of the case for change document the CCG has been working with our two local acute providers to identify where there may be areas where our acute specialities will not be sustainable in the future. A recent meeting with medical directors and a number of lead clinicians from both Trusts has confirmed the need for a more detailed piece of work reporting back by the end of January and covering a range of acute specialties and areas to enable the Governing Body to determine whether there is a need to contemplate significant

service change in these areas.

Community setting of care

Two proposals from the initial work of the strategy could have a significant impact on the future configuration and service profile of our community hospitals and are therefore likely to be subject to public consultation. These are described below.

Develop a network of Urgent Treatment Centres in Somerset
This proposal develops 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 the existing Minor Injuries Units and provide a wider range of services than they currently offer, including being led by GPs. As Urgent Treatment Centres provide a wider range of services than Minor Injuries Units and will require a different staffing and skill mix and critical mass of patients, we will need to consider options which involve having fewer Urgent Treatment Centres than we have minor injuries units.

Ensuring patients are cared for as close to their home as possible, minimising all unnecessary use of inpatient care
This proposal has emerged from the work of the urgent and emergency care pathway group and the long term conditions/proactive care group. The case for change covering these areas identifies that:

- Patients can have worse outcomes if they stay in hospital inpatient beds longer than they need.
- There are significant numbers of patients currently within inpatient beds who could be cared for at a lower setting of care.

Work is ongoing to review all the relevant evidence, including a recent clinical utilisation audit, to agreed identification of:

- How many patients could be treated at a lower setting of care.
- What this would require in terms of enhanced community based provision and changed clinical models.
- What the impact would be on the number of acute and community hospital beds the system will require in the long term.

Initial indications are that this is a major opportunity to improve quality of care and reduce overall costs of care delivery; it could mean that in the future there will be a need for significantly fewer acute and community hospital beds.
If this is the case it is likely that we will need to consider the impact of a reduced requirement for beds on the configuration of our acute and community hospitals. The development of enhanced community services, and a resulting reduced need for hospitals beds would not in itself constitute a significant service change; however, if this impacts on the viability of specific services at specific sites (or the sites themselves) it is likely that this would be considered to be a major service change, and therefore requiring consultation.

Mental health setting of care

Adult mental health inpatient services
This proposal sets out a review to identify our future needs for mental health inpatient beds for adults of working age and older people. This could have an implication for the number of sites from which we provide mental health inpatient beds, and on whether or not the temporary closure of the older people's mental health unit at Yeovil is continued.

Work is underway to explore the requirements for both adults of a working age and older age adults so that there is a clear understanding of what options will need to be considered and whether these may involve significant service change.

3.3. Recommended Group B proposals

The following proposals should not require formal public consultation as they should not involve a significant change in the location where patients can access existing services (except in some cases ensuring this is closer to their homes than now). Implement a neighbourhood health and wellbeing and team model (incorporating the development of neighbourhood teams, proactive care, frailty and end of life care.)

- Roll out of the integrated diabetes model of care: embedding a replicable coordinated pathway for long term conditions.
- Developing a single, integrated system to access urgent and emergency care in Somerset, addressing every element of urgent and emergency care including primary care, Integrated Urgent Care Service, ambulance services, urgent treatment centres and Emergency Departments.
- Review and transform outpatient services / access to a specialist opinion, in all specialities, to deliver services very differently. This would reduce the need for both first outpatient appointments and follow-ups, streamline and speed up the process and develop a range of new approaches to replace the traditional outpatients' model.
- Implement a business case for tackling tobacco dependence (smoking), through ensuring 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.
- Commission a single non-surgical oncology service for Somerset, bringing together services, staff and pathways which can connect or operate at a Somerset rather than organisational level.
- Review of diagnostic provision within Somerset to ensure it can address current and future need (elective and cancer) with a specific focus on MRI, CT and endoscopy.
- Develop all components of mental health provision to address service gaps including in the areas of:
    - ~ Common mental health needs – primary and community mental health care

- ~ Complex mental health needs
- ~ Mental health crisis services
- ~ Psychosis services
- ~ Dementia Care

- Learning disabilities; moving to a population based approach, increasing the take up of annual health checks, improving crisis support and improving provision of specialist placements
- Enhancing access to midwife led services (the nature of this proposal may change dependent on the outcome of the obstetric/paediatric review detailed above).
- Reconfiguration of the management of high-risk and complex maternity cases to ensure safer birthing outcomes, through staff specialisation and locality-based expertise. (This primarily involves some patients who would have travelled to Bristol for specialist care going to Taunton instead).
- Integrated children's service focussed on children and families health and wellbeing. 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.

4. Consultations undertaken

4.1. Not applicable at this stage

5. Implications

5.1. Not applicable

6. Background papers

6.1. Appendix A - Somerset Health and Care Strategy Case for Change