

# Somerset Health and Wellbeing Board

21<sup>st</sup> March 2019

Report for information

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## Somerset Health & Care Integration

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	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
<b>Report Sign off</b>	Relevant Senior Manager / Lead Officer (Director Level)	Ian Triplow	27 <sup>th</sup> Feb 2019
	Cabinet Member / Portfolio Holder (if applicable)	Pat Flaherty	27 <sup>th</sup> Feb 2019
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	4 <sup>th</sup> March 2019

<b>Summary:</b>	<p>This paper updates on the progress of the Somerset Health and Care work that is being undertaken as a system including the focus on proposals that will be undertaking in 2019/20 that do not have a significant impact on the configuration and/or location of services.</p> <p>Proposals (previously categorised as “Group A”) which require further work to determine they are likely to involve significant change and therefore public consultation will be updated to the Board in the next update as this work is still awaiting detailed proposals and formal review.</p>
<b>Recommendations:</b>	<p><b>That the Somerset Health and Wellbeing Board receives an update on the proposals as part of the overarching strategy and vision work in line with the Somerset Fit for My Future engagement plans.</b></p>
<b>Reasons for recommendations:</b>	<p>To provide the Health and Wellbeing Board with an opportunity to help shape emerging outcomes and decisions.</p>
<b>Links to Somerset Health and Wellbeing Strategy</b>	<p>The Health and Care Strategy supports the vision of the Somerset Health and Wellbeing Strategy, by encompassing its underlying principles and priorities in the development of the proposals (where applicable).</p>
<b>Financial, Legal and</b>	

<b>HR Implications:</b>	No financial, legal and HR implications to note at this stage
<b>Equalities Implications:</b>	An equality impact assessment will be undertaken as options are developed prior to any formal consultation process.

## 1. Background

- 1.1.** In January 2019 the Health and Wellbeing Board was updated on the Somerset Health and Care Strategy 'Fit for my Future' programme and the next steps from the document "Why do we need to change and what are our change ideas so far?". This classified the proposals into two key groups;
- Group A. Proposals potentially involving significant service change
  - Group B. Proposals that can be taken forward without formal public consultation.
- 1.2.** Group A proposals will be formally reviewed within the Fit for my Future programme by the end of March, and then updated to the Health and Wellbeing Board. Group B proposals have taken forward more quickly, through system-wide delivery groups (or through the formation of these).
- 1.3.** Updates on Group B Proposals

Implement a neighbourhood health and wellbeing and team model

- A new neighbourhood board has been formed involving interested parties across health and care (including voluntary sector, primary care, community service, acute services and others)
- A clear system mandate has been provided from the leadership team for Somerset STP, and the neighbourhood board defined the vision and work plan at a workshop on the 27<sup>th</sup> Feb 2019. This includes testing different localised solutions within Somerset in 2019/20
- Neighbourhoods will work closely with the defined Primary Care Networks as defined within the NHS Long Term Plan

Developing a single, integrated system to access urgent and emergency care in Somerset

- The first phase of this programme of work, a Single Point of Access (SPOA) to urgent/emergency care via NHS 111 telephone was mobilised in Oct 2018 and the new IUC service was procured in Feb 2019. This includes a multidisciplinary health care professional access to GP out of hours (face to face or via the telephone), clinical validation of 999 calls, and direct booking with a GP Practice.
- The aim of Phase 2 (April 2019 to Dec 2020) is to expand and integrate other services within the pathway of IUC identified through an evaluation of current 'Right to Reserve' and activity/demand for related services

Review and transform outpatient services/access to a specialist opinion and review of diagnostic provision within Somerset to ensure it can address current and future need (elective and cancer)

- Short-term there will be an aim to maximise efficiency within the current

provision, provide additional clinics to support a reduction in non-admitted waits, move as much as possible to non-face to face and implement relevant speciality handbook recommendations. The focus for diagnostics also includes the use of telemedicine to help triage appropriate referrals (work plans being developed for delivering in 2019/20)

- The longer-term focus will be on the redesign of pathways to support as much provision as possible in the community, a focus on enhancing skills within primary care to deal with more activity, and more focus on self- management and returning to self- management.

Implement a business case for tackling tobacco dependence (smoking)

- Business case completed and under review in line with 2019/20 funding priorities, due for finalisation of cases to go to implementation by end of March 2019.

Commission a single non-surgical oncology service for Somerset

- Detailed work through medical teams and the proposed single service for Somerset, timelines and implications of change including internal staffing consultation processes.

Develop all components of mental health provision to address service gaps

- Short implementation of rapid improvement proposals developed and under review in line with business cases for 2019/20. Areas of focus include;
  - Developing the voluntary and community provision – building a Big Tent – to provide more early targeted support in the community and school settings
  - Extending and improving the support to children and young people in crisis - Increasing the hours of operation of the Enhanced Outreach Team (EOT)
  - Universal provision for people with lower level mental health needs – 3rd sector provision with specialist knowledge and expertise
  - Improving Access to Psychological Therapies (IAPT) – expanding the current provision
  - A Stepping Up service closing the gap between IAPT and secondary services for those with more complex needs in Primary care
  - Improve the quality and expand the capacity of Community Mental Health Services
  - Improve the quality and expand the capacity of the Home Treatment Team

Integrated children's service focussed on children and families health and wellbeing.

- A newly formed single Children's board for health and care has been formed (first meeting Feb 2019) and is developing a priority programme covering 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.

**1.4.** The Better Care Fund has long provided a vehicle to help enable joint ambitions and priorities and should be seen as such going forward. It is important that the HWBB takes note and challenges performance reporting whilst agreeing future priorities as well as a need to take stock on progress made towards integrated health and care. As a reminder the current schemes focus on four main metrics:

- Reduction in non-elective admissions
- Rate of permanent admissions to residential care per 100,000 population (65+)
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Delayed Transfers of Care (delayed days)

A dashboard is produced, monitoring these and the other key metrics and the Q3 submission is enclosed for reference and the performance report is also prepared for each HWBB. Whilst the future of the BCF remains unclear, it is a shared resource that can help facilitate joint ambitions if proactively managed and utilised by health, housing and care stakeholders.

## **2. Options Considered and reasons for rejecting them**

2.1. Not applicable at this stage

## **3. Consultations undertaken**

3.1. Not applicable at this stage

## **4. Implications**

4.1. Not applicable at this stage

## **5. Background papers**

5.1. None