

Somerset County Council

Health and Wellbeing Board

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Report for information

Somerset Health & Care Integration

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	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Maria Heard Dr Alex Murray	17/05/2019
	Cabinet Member / Portfolio Holder (if applicable)	Christine Lawrence	03/06/19
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	05/06/19

Summary:	<p>This paper sets out the following:</p> <ul style="list-style-type: none">• Where we are now in the programme, including the closer alignment of Fit for my Future (previously known as 'Group A' workstreams) and transformation initiatives not requiring formal public consultation which can be taken forward more quickly (previously known as 'Group B' workstreams) under a single SRO, Pat Flaherty, for Fit for my Future and the STP.• Direction of travel, including an overview of the programme timeline• Programme outline going forward, including engagement and consultation approach.
Recommendations:	<p>That the Health and Wellbeing Board is made aware of the overall direction of travel and provides a view on the details of the report and the proposals for engagement and the development of a consultation strategy.</p>
Reasons for recommendations:	<p>To provide the Health and Wellbeing Board with opportunity to help shape emerging outcomes and decisions.</p>
Links to Somerset Health and Wellbeing Strategy	<p>Fit for my Future, Somerset's 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>

Financial, Legal and HR Implications:	No financial, legal and HR implications to note at this stage
Equalities Implications:	An equality impact assessment will be undertaken as options are developed.

1. Background – current position

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 set out a number of emerging proposals to address the case for change.

Further work was subsequently carried out on these proposals and how they could be taken forward. They were divided into two groups whose key difference was the requirement or otherwise to undertake public consultation where the options would involve significant change in the configuration and location of services.

Those proposals not deemed to require public consultation were passed on to the STP to assess the prioritisation of resources required to deliver them and delivery itself.

The services remaining with the Fit for my Future programme were transferred into three setting of care:

- **Neighbourhoods and community settings of care;** consideration of community hospitals and their inpatient beds, same day urgent care including the future role of minor injuries units (MIUs) and the creation of urgent treatment centres, mandated by the Department of Health. The wider Neighbourhoods work, encapsulating the development of Primary Care Networks across the county, is now becoming more closely aligned with the community settings of care workstream.
- **Acute settings of care;** county-wide configuration of stroke services, including diagnosis, treatment and rehabilitation; county-wide configuration of obstetrics and acute paediatrics; review of other potentially vulnerable acute specialities including oncology to understand optimum future configuration of services.
- **Mental health services;** configuration of acute inpatient beds for people of working age.

It is anticipated that each of these will be addressed individually in three or more separate engagement and consultation exercises.

2. Alignment of Fit for my Future and STP, and direction of travel

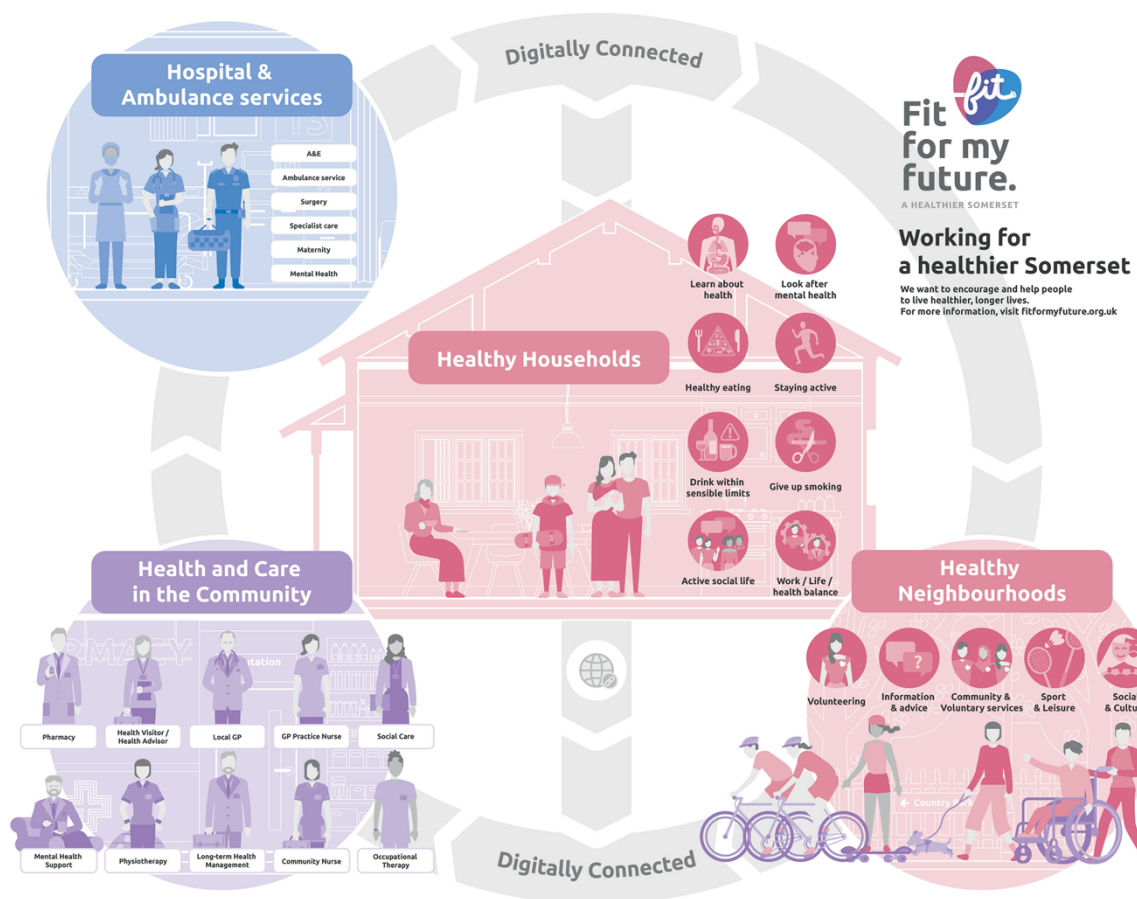
It has been clear for some time that the two programmes needed to be much more closely linked if they are to deliver integrated health and care services closer to people's homes, centred around the individual rather than separate organisations and specialisms.

The two programmes have now been brought together - Fit for my Future and the more immediate service transformation, and the continuing work to tackle the financial deficit in health – under a single team. Pat Flaherty has recently taken on the role of SRO (Senior Responsible Officer) for Fit for my Future as well as the STP, with the full support of the chief officers and chief executives of the CCG and the acute trusts.

Maria Heard is the Programme Director for FFMF and Dr Alex Murray is providing clinical leadership. Judith Dean, a new Transformation Director, will drive through the delivery of more immediate service transformations, and Ian Triplow remains as Director for system development and finance. All four report directly to Pat Flaherty.

Vision for Fit for my Future

The infographic has been revised to reflect feedback from the public and staff about the importance of digital connectivity and innovation.



Neighbourhoods and community setting of care

- **Taking services closer to the community and patients:** At the heart of the community settings of care work is an ambition to ensure that patients are cared for as close to their home as possible, minimising all unnecessary use of inpatient care. This principle applies equally to all three programmes outlined here and is a fundamental principle defining Fit for my Future. It is very well attuned to the ambitions of the Health and Wellbeing Plan, to prevent ill health wherever possible, and encourage communities and

individuals to take personal responsibility for their own health and wellbeing.

- **Impact on acute and community bed numbers:** Detailed work has been undertaken to review all relevant evidence, including an independent clinical utilisation audit to understand how many patients could be treated in a lower setting of care in the community, what this means for enhanced community based provision and refinements to clinical models, and the subsequent impact – likely to be a reduction – on the requirement for acute and community beds in the system, now and in the longer term. 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.
- **Develop a model for Same Day Urgent Care in Somerset:** We have expanded the programme of work to look at Same Day Urgent Care requirements of the population and how we most effectively meet the population needs in Somerset. The mandated requirement for UTCs is currently under review following the findings of an early pilot in Bridgwater. The Urgent Treatment Centres provide a wider range of services than MIUs currently offer, including being led by GPs. However they will require a different staffing and skill mix to support a greater critical mass of patients and we will need to consider options which involve having fewer Urgent Treatment Centres than we have minor injuries units.
- **Neighbourhoods and Primary Care Networks:** Whilst these do not require public consultation, these workstreams are being closely aligned through joint working between the director of transformation and the programme and clinical leads for Fit for my Future. They are integral to achieving the Fit for my Future ambition of delivering more services locally in the community, closer to where people live.

Acute setting of care

- **Configuration of Stroke Services in Somerset:** The scope of this review has been extended to consider the entire pathway from prevention through to treatment, rehabilitation and stroke survivorship. Consideration of the optimum configuration and location of acute and hyperacute stroke services is a part of this workstream.
- **Obstetric and acute paediatric services:** Both of the two Somerset acute providers continue to have some 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 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. Somerset is currently an outlier on spend on maternity services and cost must also be a key consideration in the shape of future provision.
- **Review of other potentially vulnerable acute specialties (including oncology) and potential to separate emergency and elective services to improve patient flow:** the programme is continuing to review the vulnerable services in Somerset to identify the most appropriate model of care for delivering these services in Somerset. We expect to be in a position to update on our next steps later in the year.

Mental health settings of care

- **Adult mental health inpatient services:** The scope of this review relates only to the future need and configuration of mental health inpatient beds for adults of working age.

The case for change is well developed and detailed options are being drawn together. This will be the first workstream to go through option appraisal and, subject to NHS England approval, public consultation.

3. Engagement and Consultation

Engagement on the criteria for option appraisal in January and February

Working with Evolving Communities, who manage Healthwatch Somerset, we ran two public focus groups and a third for staff from the acute hospitals, community hospitals, primary care, community health and care services, the CCG and Somerset County Council to test and develop those criteria further. This was followed up by:

- Invitation to over 800 stakeholders to give feedback
- Engagement via social media; two videos explaining the different options were viewed 993 times on Facebook and 447 times on Twitter
- Online survey open for 2 weeks; 129 members of the public and health staff responded.

We asked all participants for their views on seven criteria (see below). Taking account of their feedback, the criteria for option appraisal will be:

- **Quality of care – impact on patient outcomes**, eg does clinical effectiveness lead to improved outcomes for patients? how well are patient’s needs met? are health and wellbeing improved and illness reduced?
- **Quality of care – impact on patient experience and on carer experience**, eg is care provided in a positive environment? does it support privacy and dignity and promote rapid recovery? is more care delivered closer to people’s homes? is the service easier to navigate?
- **Travel times for patients and their carers and visitors**, eg how much longer will their journeys take by private transport? how long will it take by public transport and how difficult is the journey to make? are any particular geographic areas especially negatively affected?
- **Impact on equalities**, eg are any disadvantaged groups particularly impacted, negatively or positively? is there a particular positive or negative impact in terms of access and travel times for areas with relatively high levels of socio-economic deprivation?
- **Deliverability**, eg how long would each option take to implement? are there any particular risks?
- **Affordability and value for money**, eg what is the overall impact (revenue and capital, health and care services) from the perspective of the taxpayer? which if any options makes best use of the overall public estate?
- **Workforce sustainability**, eg can we ensure a sustainable workforce with availability 24 hours, seven days a week, or as needed for the specific services? are we able to attract and retain high quality staff? does the option support multi-disciplinary working and improved integration?

A [report](https://www.fitformyfuture.org.uk/wp-content) (<https://www.fitformyfuture.org.uk/wp-content> - see bottom of home page ‘Your Views on Assessment Criteria’) of the feedback and additional comments from public and staff is available on the Fit for my Future website.

Engagement process going forward

Following advice from the Consultation Institute, we have developed the following approach:

- **Long list to short list:** Independently facilitated exercise(s) involving a group of staff, stakeholders, service users and public to reduce a long list of options to a shortlist for detailed option appraisal.

- **Detailed appraisal of shortlisted options:** Deliberative, independently facilitated advisory forum(s) involving staff, stakeholders, service users and public to undertake a detailed appraisal of the shortlisted options. This panel of people will continue to act as a reference group throughout the remaining stages of the process, allowing us to sense-check our approach at each step of the way.
- **Co-design of communications and engagement strategy(s) for formal public consultation:** this is an important prerequisite of the pre-consultation business case which will be considered by NHS England and the South West Clinical Senate as part of the Stage 2 quality assurance process. We will work with the Panel to co-design this.
- **Citizens Panel:** Recruitment of a Citizens Panel of between 1100 and 1500 individuals to reflect the demographic and socio-economic profile of Somerset including over-sampling of certain seldom heard and disadvantaged groups to address inequalities. We will draw from this Panel of 'non-informed' people to ensure a wider representation of views and to ensure we reach the 'quiet' or 'seldom heard' voices, and disadvantaged groups. The Citizens Panel will be a multi-agency resource for commissioners and acute trusts wishing to seek public views. It is likely that recruitment for the Citizens Panel will take place in autumn 2019.

External specialist support for Fit for my Future engagement

In early May we commissioned Participate, a company with extensive experience in engagement and consultation within health and care, to provide support for those Fit for my Future transformation proposals requiring public consultation. They have worked with many STPs, ICSs, CCGs and providers across the country and bring independence, objectivity and a significant pool of knowledge and expertise to ensure we meet all of the NHS and legal requirements, and those of services users, stakeholders and the public, as we go forward. One of the co-founders is a Fellow of the Consultation Institute and an expert in best practice engagement.

Increasing reach and involvement with the public and seldom heard groups

The Citizens Panel will be recruited to reflect the socio-economic and demographic profile of the Somerset community, providing us with a more representative view of the wider population of Somerset. We anticipate, as we move towards more detail on the service transformation programmes and alternative settings of care, that more interested parties will choose to come forward with their views and ensure their voice is heard.

In commissioning Participate to support our engagement, we will also benefit from their expertise and experience of working with hard to reach groups. For example, in north west London they recruited and ran a focus group specifically for target seldom heard groups to design and deliver an engagement plan focusing on future surgical services for babies and children across 8 London boroughs.

4. Options Considered and reasons for rejecting them

Not applicable at this stage.

5. Consultations undertaken

Not applicable at this stage.

6. Implications

Not applicable at this stage

7. Background papers

None
