

Somerset Health And Care Strategy Update

Lead Officer: Dr Rosie Benneyworth

Author: Carly Jackson, Somerset CCG

Contact Details: rosie.benneyworth@nhs.net, 01935 385021

1. Summary

- 1.1** The development of the Somerset Health and Care Strategy will be jointly led by Somerset County Council (SCC) and Somerset Clinical Commissioning Group (SCCG) with full involvement from local people (service-users, patients, carers and members of the public) and local providers across health and social care, including the voluntary and third sectors.
- 1.2** Developing a Somerset Health and Care Strategy will enable us to:
- . improve the health and wellbeing of our local population and address health inequalities, and
 - . change the way services are commissioned and delivered in order to provide higher quality care and ensure their long term sustainability and affordability.
 - . address the financial challenges facing the health and social care system.
- 1.3** The purpose of this paper is to provide members of the Scrutiny Committee with an overview of the proposed programme of work, and seek feedback in relation to future engagement, consultation and communication.

2. Issues for consideration / Recommendations

- 2.1** Members are asked to discuss and agree the future engagement requirements in relation to the development of the Health and Care Strategy.

3. Background

- 3.1** There is agreement across the Somerset system that continuing to provide health and care services using existing models and form is not a financially sustainable option.
- 3.2** In particular, we already know that:
- We need to do significantly more to support people in maintaining their own health and wellbeing, whilst maximising their independence so that they are less likely to get ill or need reduced longer-term care and support.
 - We need to enhance both the quality and experience of care - the care provided should be more joined up, based on people's individual needs and delivered closer to people's homes
 - People are not always getting the care they need and expect as quickly as they should; often having to wait too long for treatment and support.
 - Some of our services face major challenges, particularly in recruiting and retaining expert workforce, eg doctors, nurses, social care workers. This

means we may not be able to provide care safely and with good outcomes in the future.

- We are facing a continuing financial challenge and therefore have to spend the money we have more effectively. The health system alone faces a potential overspend of £600m is nothing changes.
- There are significant inequalities in health and wellbeing outcomes across Somerset, inequalities in people's abilities to access health services and care, and in the way resources are allocated.

4. Programme Approach

Overall Process

4.1 We will develop a Somerset Health and Care Strategy by:

- *Working together with local people* – Somerset's health and care leaders, together with doctors, nurses, healthcare professionals and support staff will work with local people (service-users, patients, carers and members of the public) to respond to these challenges and find solutions that work for Somerset. Together, we will look at Somerset's health and care needs and how best this can be supported in the future.
- *Developing proposals in relation to the delivery of services in Somerset to ensure that we can meet both current and future challenges* – The proposals will identify the population need, and address what services we commission, how these are delivered and where these services should be provided. The proposals developed will seek to deliver high-quality and safe services, whilst making the best use of resources, both in terms of skilled staff and taxpayer funds.
- *With full public consultation and engagement.* As well as working with patients and local stakeholders throughout the process there will be full and effective public engagement and, where necessary, formal consultation.

4.2 Development of the Somerset Health and Care Strategy will take place in two key phases:

- Phase 1 – ensuring alignment with the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy, establish a detailed case for change, and identify a range of potential options and proposals to address the wide range of challenges faced.

It is likely that this phase of work will come up with a whole range of service change proposals, some of which may be substantial and potentially controversial therefore, requiring full formal public consultation (Group A). Other proposals may be relatively straightforward, and could be implemented much more quickly (Group B). A decision will be made as to which group the options / proposals outlined will be taken forward within.

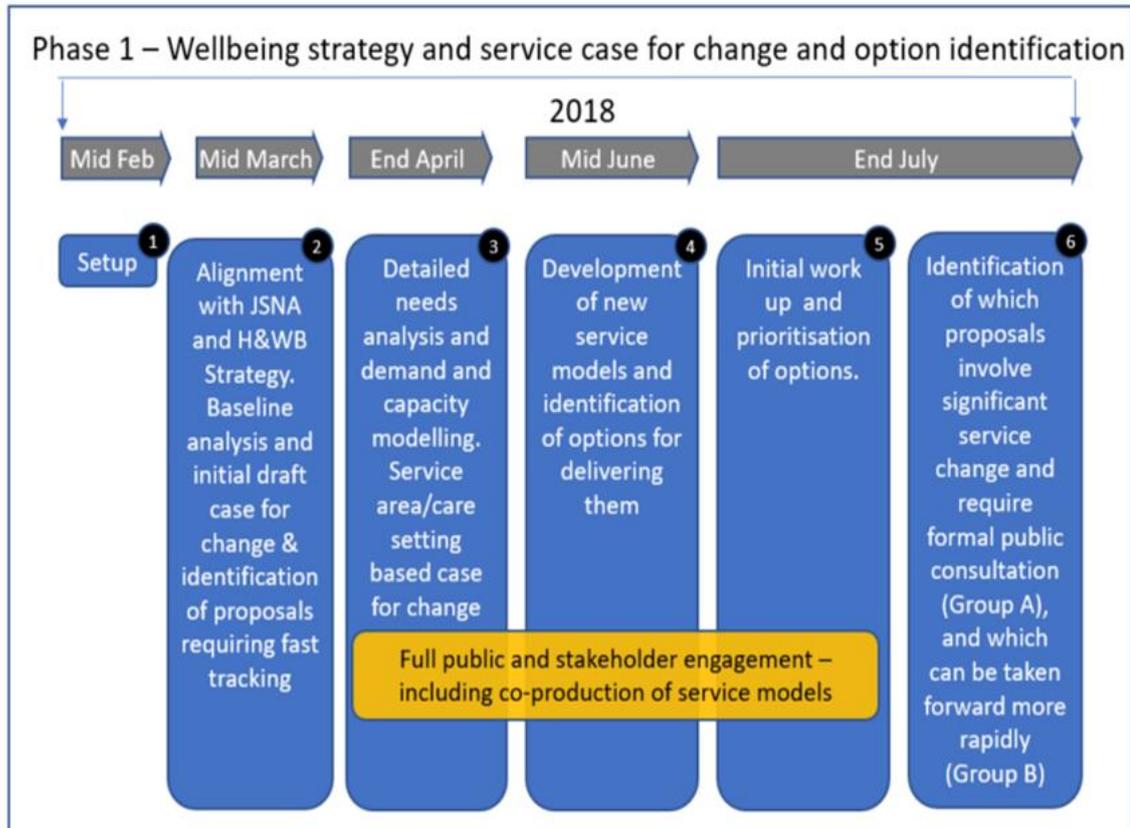
- Phase 2 –
Group A proposals will be taken through a formal engagement process that identifies a long list of options, works up a shortlist, assesses them, and then they will go through public consultation, after which feedback will be received and a decision made in relation to the way forward.
Group B proposals will, broadly, be taken forward individually, with their own

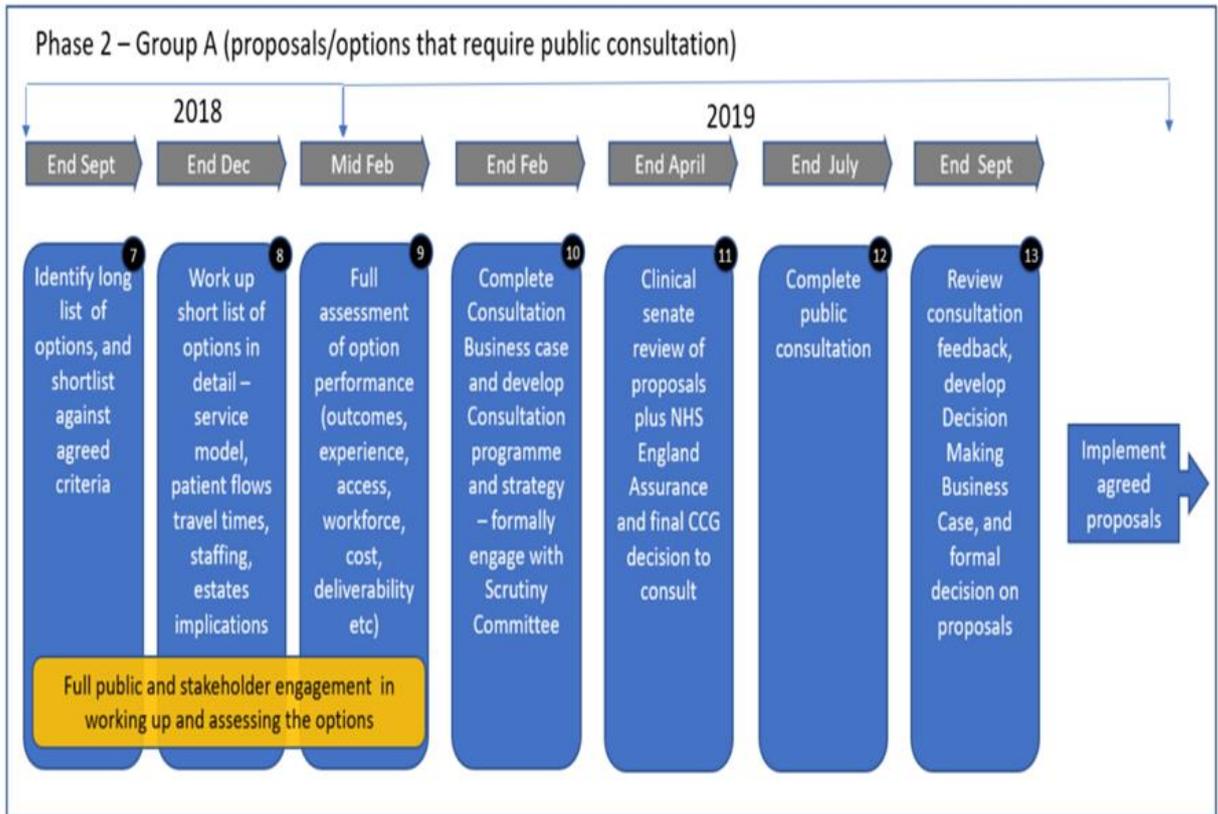
timescales, and project / implementation plan.

4.3 Overview of Timescales

The key elements and proposed timescales of Phase 1 and Phase 2 (Group A proposals only) are set out in the diagrams below.

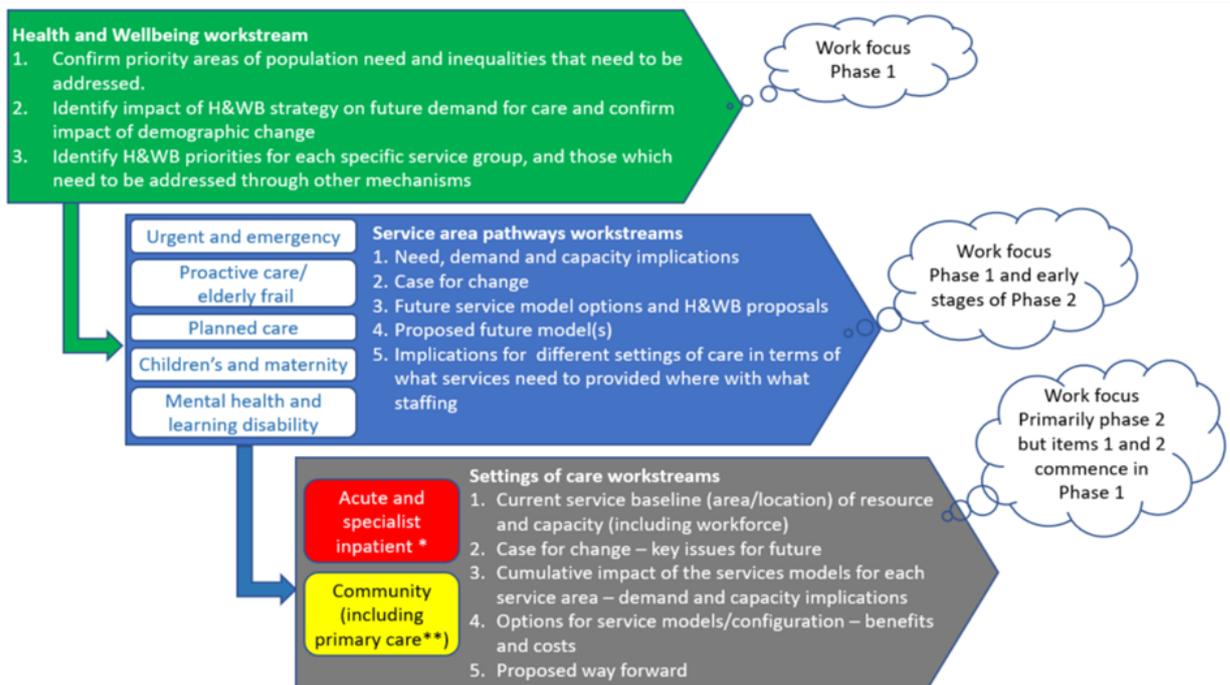
NOTE – not yet been to CCG Governing Body in open session





4.4 Workstream Groups

A number of workstream groups have been identified to reflect the need to consider services from a number of different perspectives, each requiring its own focus but needing to form part of an integrated whole system approach. A diagram detailing the identified workstreams is below.



Notes: * There may be separate physical and mental health groups looking at this setting as they are not interdependent
 ** Primary care will be considered as an core part of integrated services within a community setting. However, there will be a discrete Primary Care workstream within this focussed on the challenges facing GP practices

- 4.5 A number of supporting / enabling workstreams have also been identified to support the development of the Somerset Health and Care Strategy and provide expert advice to individual workstreams. Enabling workstreams include Communication and Engagement, Technology and Workforce, amongst others.
- 4.6 It should be noted that in some cases new groups will not need to be set-up as there are existing groups who are already meeting (e.g. Workforce).
- 4.7 Where possible workstreams will build on existing work and policies in order to avoid duplication of work and effort.

5. Programme Governance

- 5.1 SCC and SCCG are jointly responsible for the management, delivery and successful outcome of the Somerset Health and Care Strategy. The development of the strategy will be led by the “Design Authority” reporting to the County Council and CCG Governing Body.
- 5.2 The Design Authority is an existing group which has been established to provide overall direction and leadership to the development and implementation of joint commissioning between health and social care, including the development of a commissioning strategy for health and social care in Somerset, ensuring its timely delivery and realisation of intended benefits.