

Update on the Fit for my Future: Engagement on our vision for community health and care services

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1. Summary

- 1.1 Fit for my Future is a strategy for how we will support the health and wellbeing of the people of Somerset by changing the way we commission and deliver health and care services. It is jointly led by Somerset Clinical Commissioning Group and Somerset County Council and includes the main NHS provider organisations in the county.
- 1.2 This report is an update on community health and care services (formerly known as neighbourhood and community settings of care). It sets out how we are undertaking public engagement to obtain feedback on our vision and early thinking on improvements to these services. It also provides details of the criteria we will use to assess the options developed to shape future health and care services in Somerset.

2. Issues for consideration / Recommendations

Members are asked to consider and comment on the report and support next steps. Somerset County Council Scrutiny for Policies, Adults and Health Committee and individual members are invited to formally respond to our engagement activities.

3. Engagement on our vision for community health and care services

- 3.1 We have been working with our partners and providers including doctors, nurses, allied health professionals (therapists) and other people working within public health, adult and children's services - and the organisations they work for, Somerset County Council, Somerset Partnership NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust, and the GP practices that make up Somerset's health and care system.
- 3.2 Together, we have been sharing our expertise, experience and understanding to think about how community-based health and care services in Somerset can work better together.
- 3.3 The shared vision for Somerset is that people can live healthy and independent lives, within thriving communities.

3.4 The health and care services in Somerset aim to support people to live independent, healthier lives by having the right services in the right place for their needs, available at the right time and delivered by the right people.

3.5 This means:

- Where we can we will provide community health and care services as close to home as practical, providing support based on individual needs to enable people to live well, recover well and stay as well as they can
- When people do need care, this will be provided in the most appropriate place to meet an individual's needs to help them regain independence or provide additional support. This may be support in their own home, a short term stay in a residential or nursing home or in a community hospital bed
- When people need urgent 'same day' care for something that is not a medical emergency but for which you need rapid support, we will provide access to advice and guidance that will enable you to 'talk before you walk' so you can get to the most appropriate service as close to home as practical. This may be at a local pharmacy, an appointment at a GP surgery or an appointment at an Urgent Treatment Centre which provide a range of diagnostic services, such as x-ray and some blood tests, 7 days a week.
- The changes to our services will help us support our dedicated and hardworking staff by providing more opportunities to work flexibly, offering more career opportunities with a greater range of potential roles, and the support and training to thrive in those roles.

3.6 **Why we need to change**

Our population is changing and the support they need from our services is changing - which means that our services must change too. The good news is that people are living longer but that means our health and care services need to care for more elderly people. In addition, more people are living with long-term conditions which affect their physical and mental wellbeing.

Our health and care services in Somerset are not currently organised in the best way to support people to live independent, healthier lives. Our health and social care services must adapt and we have an exciting opportunity to reshape and improve them.

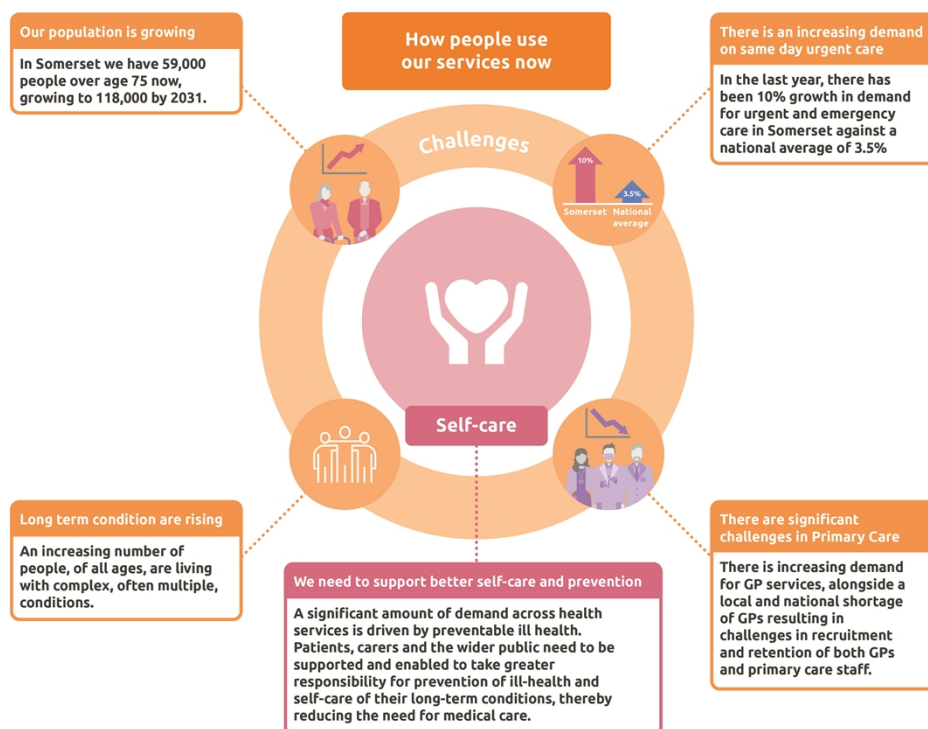
Considering how people's care needs have changed, we know that we have not got the balance right between services that support people to live well, live well with their long term conditions; services that provide care in people's own homes or a residential or nursing home; and care provided in a hospital bed.

We have begun to successfully develop alternative services. Our Rapid Response Service, which started in November 2018 and provides care in the

community for frail elderly people, has supported more than 1,000 people to stay in their own homes in its first year. Home First which supports patients to leave hospital either by providing care at home, in a residential or nursing home or in a community hospital bed, has helped over 5,000 people to get home from hospital faster.

We have an opportunity to invest in more of these community services that promote independence, support you or your family members in your communities - at home or in a residential or nursing home - and to do this we will need to spend less money on community hospital bed-based care.

We also know from patient and carer feedback that people do not always know where best to go when they need “same day” help for something that is not a medical emergency - that requires you to go to A&E - but for which you need rapid support. We would like to help people to access the most appropriate service for your needs as close to home as practical by to providing “talk before you walk” guidance.



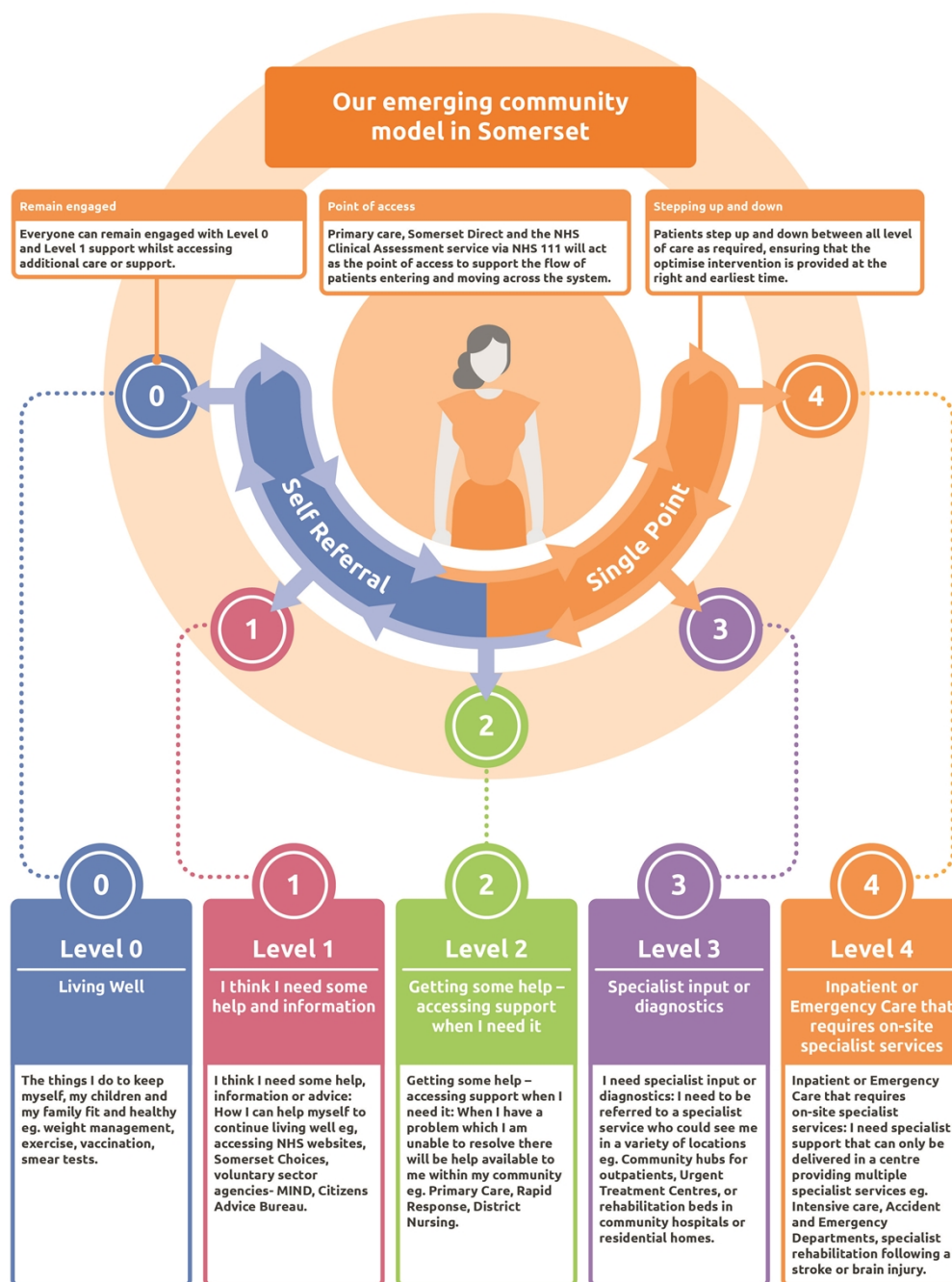
3.7 Our early thinking explained

Community health and care services will be provided as close to home as practical, providing support based on individual needs to enable people to live their best life – supporting them to live well, recover well and stay well.

People will be able to access the right level of care for their needs within their local community, as close to home as practical. This will range from support to stay well, support to recover well or manage a long-term condition, through to

care and support at the end of life.

Integrated health and care teams will work together in local areas to achieve this. Teams will include GPs, nurses, pharmacists, physiotherapists, paramedics and social workers as well as partners from the voluntary and community sector such as Somerset Community Connect, Village Agents or Health Connectors, home support from the Red Cross.



3.8 Where people need help to regain independence or additional support, care will be provided in the most appropriate place for their needs which may be support in their own home, a short stay in a residential or nursing home or a community hospital bed.

If people need help to remain or regain independence, or need a bit of extra

help, a range of services will be in place to support them in the most appropriate setting as close to home as appropriate for their needs and practical for the service.

We will develop community hubs that bring together in one place a range of services including mental health, district nursing, on the day treatment for some conditions, hospital outpatient appointments, and diagnostics tests such as x-rays.

We will develop innovative services that support people either in their own home or where they live, depending on their care and support needs. By investing in and developing these services we will help people to remain independent with the necessary support in place for as long as possible.

We will continue to provide community hospital beds for those people for whom that is the best place to receive care. We have proportionately more community hospital beds and fewer services that deliver care in people's own homes or in a residential or nursing home than other parts of the country. When we reviewed how we used our hospital beds it showed that two thirds of the people who were cared for in those hospital beds could have been cared for differently, and last winter we did not use all our community hospital beds.

In the future we would like to provide fewer hospital beds, invest money to develop services that support people in their own homes or in a residential or nursing home bed, and ensure that our community bed units are optimally configured so that they are not as susceptible to staffing shortages.

3.9 **When you need “same day” help for something that is not a medical emergency but for which you need rapid support, we will make sure you have access to “Talk before you walk’ guidance to help you access the most appropriate service as close to home as practical. This may be at a local pharmacy, an appointment at a GP surgery or an appointment at an Urgent Treatment Centre.**

By ringing NHS111, their GP surgery or Somerset Direct (Somerset County Council's central contact centre) people will speak to a trained professional who will assess their needs and direct them to the most appropriate care option as close to home as practical - and support them wherever possible to access the service.

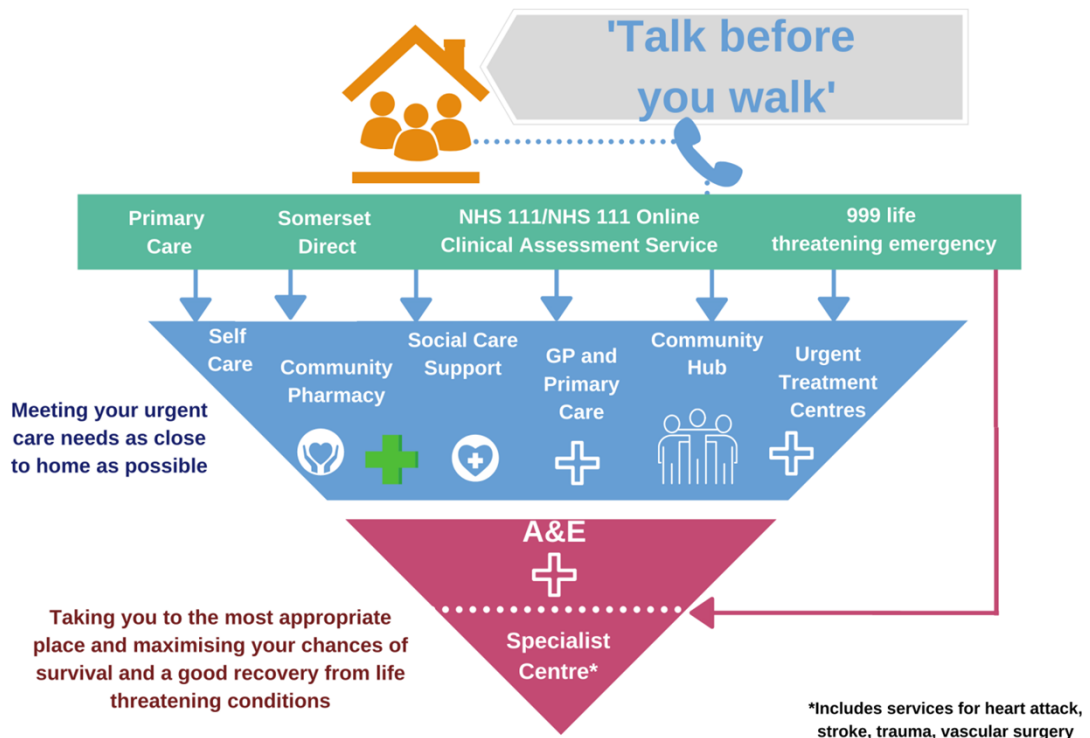
Options would include:

- advice on how to care for themselves effectively
- support from a range of local agencies, for example the Alzheimer's Society or MIND
- access to support from social care
- visit to a local pharmacy or other community resource (such as a dentist)

or optician)

- an appointment at a GP surgery with a GP, nurse or other health professional
- visit to the local Urgent Treatment Centre with an appointment booked for you
- emergency care via A&E or 999.

This approach will save time and unnecessary travel. It will also direct people to the most appropriate service for them, first time, and direct them to support as close to home or work as practical and help us to make sure that services are used appropriately and most effectively.



The NHS has recommended that Urgent Treatment Centres, which provide a greater range of services and a higher level of care than current Minor Injury Units, are opened across the country. They will be open for a minimum of 12 hours a day, provide a greater range of diagnostic services (for example, x-ray and some blood tests) 7 days a week, be supported by GPs and have the facility to book appointments in advance through NHS111 or your local GP surgery.

In Somerset it will not be practical or affordable to replace every Minor Injury Unit with an Urgent Treatment Centre so we will have to consider how many we need for the county. This means that some Minor Injury Units would close while others would be replaced by Urgent Treatment Centres.

3.10 **We will support our dedicated and hardworking staff by providing more opportunities to work flexibly, offering more career opportunities with a greater range of potential roles, and the support and training to thrive in**

those roles.

We believe that, by working differently and providing a greater range of services, we will remove some of the barriers that frustrate staff, and improve their satisfaction within their roles. This approach will help us to attract staff to Somerset and retain staff within our services against a backdrop of national staff shortages.

3.11 Public engagement

On 30 January 2020 the Governing Body of Somerset Clinical Commissioning Group approved the launch of public engagement on the early thinking around improvements to community health and care services including same day urgent care.

3.12 The engagement programme will run to 12 April 2020. As of 21 February, in the third week we have spoken to over 400 people face to face, and over 480 responses to the questionnaire have been received.

3.13 Through the engagement we will aim to reach our general population, including all of those with an interest in the community based health and care services to hear their views about our early thinking, including service users, carers and their families. We are undertaking a detailed stakeholder mapping exercise to maximise our reach and make sure people have the opportunity to give their feedback.

3.14 We will be sharing the reasons why our current services need to change and the challenges that we face in continuing to run them.

3.15 We will be holding a series of drop-in events at all community hospital and minor injury unit sites as well as dedicated meetings for the community hospital league of friends.

3.16 As with the mental health public consultation we will be holding a number of pop-up sessions at health and care sites, libraries and voluntary sector organisations, and using social media and the media to reach as many people as possible.

3.17 How we will assess the options for the future health and care services in Somerset

In January – February 2019, we engaged on the criteria for option appraisal. 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 an invitation to over 800 stakeholders to give feedback, engagement via social media and an online survey which was completed by 129 members of the public and health staff.

3.18 Taking account of the feedback we received, we have identified seven criteria which we will use to undertake an option appraisal. These criteria are:

- **Quality of care – impact on patient outcomes**, e.g. 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**, e.g. 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**, e.g. how long 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**, e.g. 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**, e.g. how long would each option take to implement? are there any particular risks?
- **Affordability and value for money**, e.g. 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**, e.g. 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](#) of the feedback and additional comments from public and staff is available on the Fit for my Future website.

3.19 **Next steps**

The feedback from the engagement programme will be independently analysed by Participate, an organisation with expertise in consultation and engagement, and a full report of the engagement and analysis will be published later this year.

During late spring/ early summer we will be applying the criteria described in

this paper to develop options for Neighbourhoods and Community Settings of Care, and working through these with members of the public, staff and stakeholders in three deliberative workshops. Later this year, we expect to commence formal consultation on how services might be provided in the future.

3.20 Further updates will be presented to the Somerset County Council Adult Health and Overview Scrutiny Committee as this work progresses.

4. Background papers

4.1 **The engagement documents on our vision for neighbourhoods and community settings of care are published on the Fit for My Future website www.fitformyfuture.org.uk**

Note: For sight of individual background papers please contact the report author