

Report to the NHS Somerset Clinical Commissioning Group on 27 January 2022

Title: UPDATE ON FIT FOR MY FUTURE (FFMF)	Enclosure G
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Summary and Purpose of Paper

This paper provides a short update to the Somerset CCG Governing Body on the progress of Fit for my Future.

Recommendations and next steps

The Governing Body is asked to note the content of this report and support the direction of travel.

Impact Assessments – key issues identified

Equality	An EIA has not been completed in relation to this report.			
Quality	No additional quality issues have been identified in the report.			
Privacy	No privacy impacts have been identified in the report.			
Engagement	Engagement events are outlined in the paper.			
Financial / Resource	No additional financial issues have been identified in the report.			
Governance or Legal	No constitutional, legal impacts or conflicts of interest are being addressed by the paper.			
Risk Description	No additional risks have been identified as a result of this report.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref

UPDATE ON THE FIT FOR MY FUTURE (FFMF)

12 January 2022

UPDATE ON THE FIT FOR MY FUTURE (FFMF)

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FIT FOR MY FUTURE

1 INTRODUCTION

- 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 the Fit for my Future programme of work and reflects the impact of the Covid-19 pandemic on the work of the programme.

2 RECOMMENDATIONS

- 2.1 Governing Body members are asked to note the update and support the direction of travel.

3 IMPACT OF COVID-19 ON THE FIT FOR MY FUTURE PROGRAMME

- 3.1 The Fit for my Future programme has been impacted by the national public health restrictions put in place in response to the Covid-19 pandemic, as well as staff from across the health and care system prioritising our system's response to the pandemic. The programme was paused at the end of March 2020 to support Somerset's Covid-19 response, with the exception of completing the consultation on the future location of adults of working age inpatient beds and engaging on our early thinking around neighbourhood and community services. In recent months, we have started to pick up specific elements of the programme, noting that progress reduces in response to the incidence of Covid-19.
- 3.2 The work we did on an alternative model of care, looking after more people in the community was a core tenant of Somerset's Covid-19 response and enabled us to try out this model of care, providing valuable support to people in Somerset as well as providing us with learning on how we develop our services over the longer term.

4 FIT FOR MY PROGRAMME UPDATE

- 4.1 The progress of the Fit for my Future programme continues to be impacted by the Covid-19 pandemic as staff across the health and care system continue to prioritise our system response, including the delivery of the vaccine programme. The Fit for my Future programme has therefore prioritised some key areas which we are taking forward, in conjunction with colleagues from across the system. This includes:
- refresh of the Fit for my Future strategy as we move into an ICS
 - working to develop the vision for community hospitals and how we

- utilise our community hospitals, including inpatient facilities
- reviewing MIU services at Minehead Hospital
- hyper acute stroke care
- services delivered from Victoria Park Medical Centre
- focus on prevention, specifically healthy weight and hypertension.

5 REFRESH OF THE FIT FOR MY FUTURE STRATEGY

- 5.2 We are reviewing and finalising the FFMF strategy as we move forward as an Integrated Care System (ICS) from 1 July 2022. This will ensure that the ICS has a high-level strategy, which addresses the consequences of the Covid-19 pandemic, meets the requirements of ICSs and has the support from across the system, including health services, public health, social care, children's services, the voluntary sector, primary care and the CCG.
- 5.3 Meetings took place with the Strategy Coordination Group and the Strategy Development Group in November/December, together with meetings of the Somerset Engagement and Advisory Group (SEAG) and Somerset NHS Foundation Trust (SFT) Board of Governors in early December.
- 5.4 The focus of these meetings was to discuss and establish the scope of the new strategy; consider whether the title "Fit for my Future" was the right name and title for the strategy; a review of FFMF aims to reflect the wider nature of the proposed strategy and ICS development to make clear what we are trying to achieve; to understand suggestions for improvement and to finalise the model of support and clinical care. It will also incorporate the learning and changing needs emerging from the Covid-19 pandemic and the revised ICS requirements.
- 5.5 Positive feedback received from groups and people are pleased that they are being included in the refresh process.
- 5.6 We continue to look for opportunities to engagement with wider stakeholders; finalise proposals for work done to date; agree the prioritisation process for strategy development and planning guidance for 2022/23; undertake a gap analysis of work underway through use of strategy driver diagrams and to produce final outcomes for sign off at the FFMF Programme Board in March 2022.

6 DEVELOPING THE VISION FOR COMMUNITY HOSPITALS

- 6.1 The final Community Hospital vision was presented to Somerset NHS Foundation Trust executives and shared with the FFMF Programme Board. Considerable engagement has taken place and from the comments we have received it is felt that this had been co-produced including by local members of the community involved in the decision-making process. We would like to take the opportunity to thank members of Somerset County Council's Scrutiny for Policies, Adults and Health

Committee who have been involved in this process.

- 6.2 The last engagement event for Community Hospital Inpatient beds took place on 7 December 2021 and had been attended by the community who were broadly in support. A Community Hospital Vision – Engagement Summary was produced which summarises the engagement carried out and the final vision and aims for Community Hospitals in Somerset (See appendix to this report).
- 6.3 Next steps involve ensuring the right people are involved in the transformation group due to be set up in spring 2022 and will be tasked with implementing the strategic vision for all community health (diagnostics, Cavell centres, screening, and vaccination hubs) with several working groups reporting into it. We will also be considering how we address the continued temporary closure of inpatient beds in our community hospital through considering what we need in Somerset in the future.

7 MINEHEAD HOSPITAL MIU TEMPORARY CLOSURE

- 7.1 Minehead Minor Injury Unit (MIU) has been temporarily closed during the night-time hours of 9pm – 8am for 4 months in response to safety concerns that had been raised. During this time a review of the MIU service and the impact on night- time closure was undertaken. This included engagement with the public, staff, and wider stakeholders. The report on the review findings concluded that:

- there were no safety risks identified following the closure of the MIU and no discernible impact on the surrounding healthcare services that could have been more appropriately managed had the MIU been open at night
- there were clear concerns about access to urgent and emergency care in Minehead and the West Somerset area with many respondents commenting that the MIU acted as a ‘safety net’ for the local population in the event of urgent and emergency healthcare need
- as MIUs are not designed to deliver the level of urgent and emergency care described the use of this service as a ‘safety net’ would attribute to further safety concerns where the MIU was to remain open at night.

- 7.2 Further recommendations were proposed to address the concerns highlighted in the report and approved by the Somerset NHS Foundation Trust board in November 2021. Recommendations included:

- Somerset NHS Foundation Trust, local GPs, SWAST and Somerset CCG needing to work together to agree a model that will best respond to the urgent and emergency health care needs of the local population
- a communication campaign reinforcing the role and services

available within the MIU and how it differs from an Accident and Emergency Department

- a further extension to the MIU closure overnight of 6 months was agreed whilst awaiting outcomes from recommendations undertaken.

7.3 Progress Update:

- an initial meeting has occurred bringing key healthcare organisations together to determine a future model for Minehead and West Somerset area with Somerset CCG leading this work. A further meeting has been held with the stakeholder group extending to include local council and transport services
- a communications campaign has been undertaken by the Trust communications team working closely with the CCG. This is building on the current Choose Well campaign and includes specific messaging including videos on what services the MIUs provide including their important differences to that of an Emergency Department
- Minehead MIU continues to provide a service between 8am and 9pm supporting the daytime activity and demand. The impact of the night-time closure continues to be monitored
- final report with recommendations is in development and is expected in Spring 2022.

8 SOMERSET STROKE SERVICES

8.1 The stroke strategy, which was drafted in 2019, has been reviewed and remains as relevant post Covid-19 as it was when produced in the autumn of 2019. It provides a direction of travel for the next five years, setting out how stroke services should operate across the pathway from prevention to living with stroke.

8.2 By implementing the strategy, the population of Somerset will be engaged in a conversation about improving their health and keeping well. They will be more knowledgeable about what they can do to manage their risk factors and fully informed of the health and social prescribing options available to minimise the risk of a stroke. There will be proportionately fewer strokes as a result, but where people do suffer a stroke or Transient Ischaemic Attack (TIA), the population will be aware of the signs (FAST) and seek immediate help. Our services will respond quickly, providing access to world-class services. Stroke experts will be on hand 24/7 to respond, making a quick diagnosis and determining the best course of treatment that will result in the best possible outcome for the patient including an increased access to Thrombectomy services and best use of Thrombolysis. Integrated, joined up services will support patients and their families through the acute phase and into any rehabilitation phase needed. Patients will be helped to return home as soon as possible to maximise their rehabilitation potential and maintain independence. To enhance the support available from our services, patients and families will be connected with community groups and

volunteer networks that can help with adjusting to life after stroke, maintaining and improving physical and emotional wellbeing to the best possible level.

- 8.3 We have progressed a number of recommendations in the stroke strategy and are currently reviewing the provision of acute hospital-based services providing stroke treatment, in particular Hyper Acute Stroke Units (HASU). HASUs provide expert specialist clinical assessment, rapid imaging and ability to deliver intravenous thrombolysis (clot busting drugs), typically for up to 72 hours after admission¹.
- 8.4 There is an increasing national evidence base indicating that the centralisation of hyperacute stroke services improves patient outcomes through better access to thrombectomy, thrombolysis and specialised acute care, leading to fewer deaths and less disability for survivors². This view is supported by the Stroke Association who add that evidence shows that reorganising stroke services and creating large Hyper Acute Stroke Units (HASUs) with the equipment and expertise to treat patients all day, every day, can save lives and improve outcomes³.
- 8.5 The Somerset population currently access stroke services at Musgrove Park Hospital, Yeovil District Hospital as well as out of county to Royal United Hospital Bath and United Bristol Hospitals and Weston NHS FT. A number of our neighbouring NHS systems are also reviewing stroke care, with BNSSG coming to speak to this committee in 2021 and Dorset currently reviewing their stroke provision. We recognise that any changes we propose, will impact on neighbouring systems.
- 8.6 Recent progress we have made includes:
- Reconvening the Stroke Transformation Steering Group, which commenced monthly meetings in November 2021 and which will include a representative from the Stroke Association
 - Discussion regarding changes since Draft Stroke Strategy published in 2019. Issues included workforce and facilities capacity; impact on SWASFT; impact on Dorset and other local systems; Inclusion of neuro rehab to the workstream
 - Data Modelling refresh.
- 8.7 Our next steps include:
- We will ensure that we have good stakeholder engagement to establish requirements for Somerset patients and to develop 'Somerset Stroke Service'. This will include unpaid carers as a key stakeholder advising our work
 - Equality Impact Assessment to understand who might be impacted
-

- by any proposed solutions
- HASU/TIA Pathway mapping across the county
- Development of potential solutions for Hyper Acute Stroke Units which we will take to the public for their views.

8.8 The current timeline estimates that we will develop the Pre-Consultation Business Case (PCBC) by early May 2022 with expectation to go out to public consultation in September. Assessment of the feedback and production of the Decision-Making Business Case (DMBC) in early 2023 with anticipated decision being made at the end of March 2023.

9 PREVENTION

9.1 System working continues to take place with NHS, Public Health and Somerset County Council with £1m additional focused investment agreed.

9.2 Our agreed priorities for the Somerset system include Healthy Weight and Hypertension.

9.3 Recent examples of work on prevention include:

- Healthy Weight Alliance
- Somerset Activity & Sports Partnership - Somerset Moves – Our Draft Strategy (sasp.co.uk)
- Tobacco control – NHS Long Term Plan requires that all inpatients are offered stop smoking support. £143k received with further years' funding expected. SFT has agreed to recruit Programme Coordinator and team to help achieve this
- Social Prescribing: Contracts in place for the whole county. Inaugural meeting with all providers held in October
- CCG grants with VCSE Partners: New grants with Spark Somerset, Citizens Advice, SFT and SASP being finalised.

¹ [configuration-decision-support-guide-appendices-2.pdf \(england.nhs.uk\)](#)

² [NIHR Evidence - Centralising stroke services can save lives - Informative and accessible health and care research](#)

³ Stroke Association – What we think about: Reorganising acute stroke services [psp - reorganising acute stroke services.pdf](#)

Community Hospital Vision – Engagement Summary



This document is an overview of the engagement completed to develop the community hospital vision and strategic aims. It sets out how the agreed vision and aims will be used to develop local community hospital plans.

Background

The engagement took place from April 2021 to October 2021.

The purpose was to develop a single vision for all thirteen community hospitals in Somerset.

The goal of the first stage of engagement was to understand what was important to people when they think about using community hospitals in the future. Then we discussed and agreed the steps we'll take to get there. These conversations helped us write the draft vision statement and aims.

The final stage of engagement allowed people to discuss whether the vision statement and aims made sense. They looked at the words and language used and checked for any gaps. It was also important to understand how satisfied people were with the vision and aims to finalise them.

Who we heard from

Somerset NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust, Somerset Clinical Commissioning Group, Somerset County Council, Voluntary, Community and Social Enterprise sector, Somerset group of Charities, Primary care, League of friends, Trusts Governors and other interested people.

Our actions

We arranged a series of working groups, workshops, an online survey and opportunities for individual and group feedback.

April 2021

The engagement group agreed on a plan for how we would create the community hospital vision.



30 attendees

352 comments

June 2021

We formed the vision using the five aims for Fit for my Future, Somerset's Health and Care Strategy, with input from the community hospital leadership and engagement groups.



808 comments

Jun/Jul 2021

We shared and refined the draft vision during partnership workshops.



160 attendees

815 comments

Sept/Oct 2021

We shared a reworked draft, giving people the opportunity to rate each aim for fit and agree the overall vision.



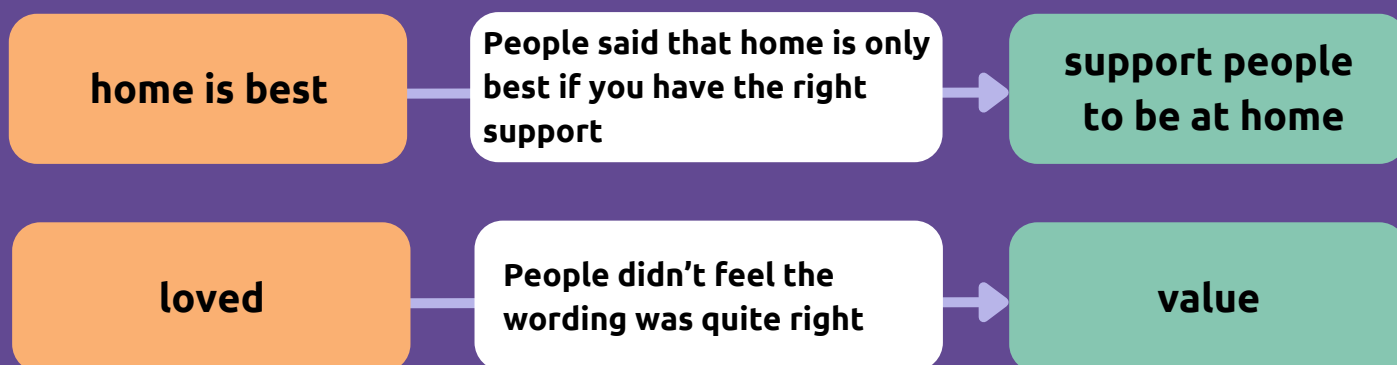
56 attendees



Wordcloud showing attendees thoughts and feelings about the vision so far



In early discussions, changes were made to some of the language used so that it matched what people were thinking.

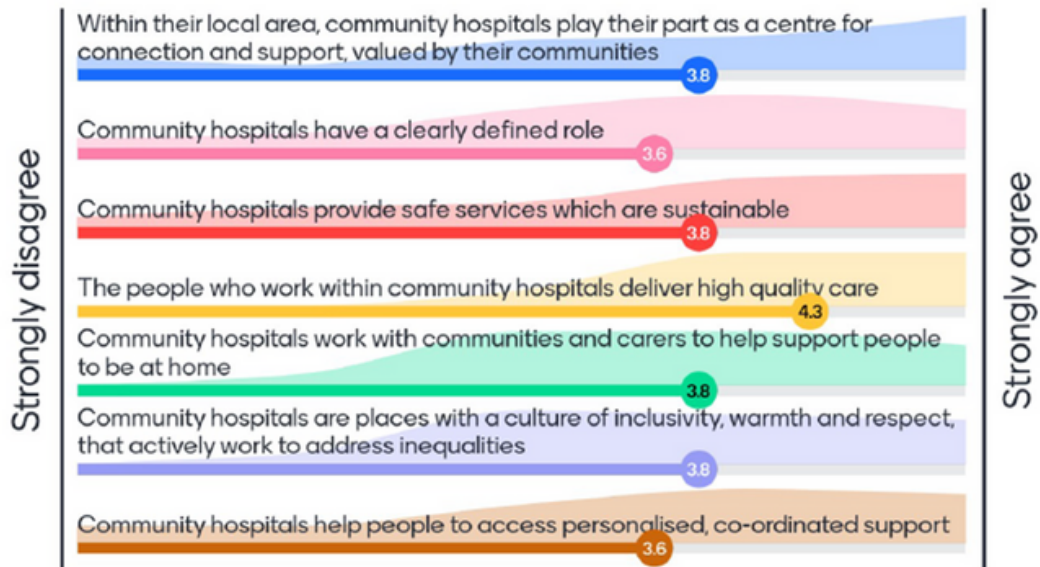


The colleague statement was also changed to emphasise how important colleagues are and that the community hospitals are a great place to work.

Community Hospital Vision: What did we hear?



What you told us



Feedback on the vision



'Feels right and understandable for everyone'

'Considered & comprehensive'



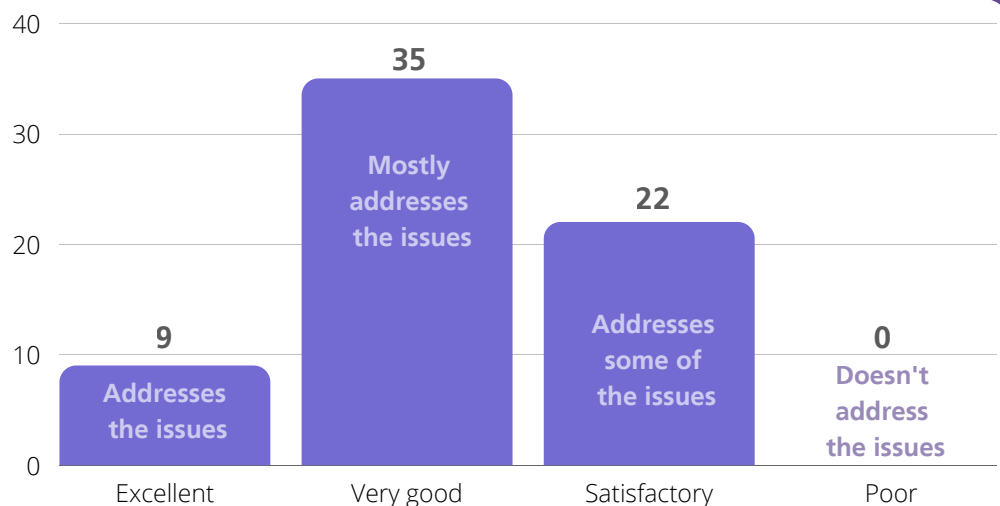
'Great if we can deliver'

'Understand high level - concerned about detail'



How people rated the Vision

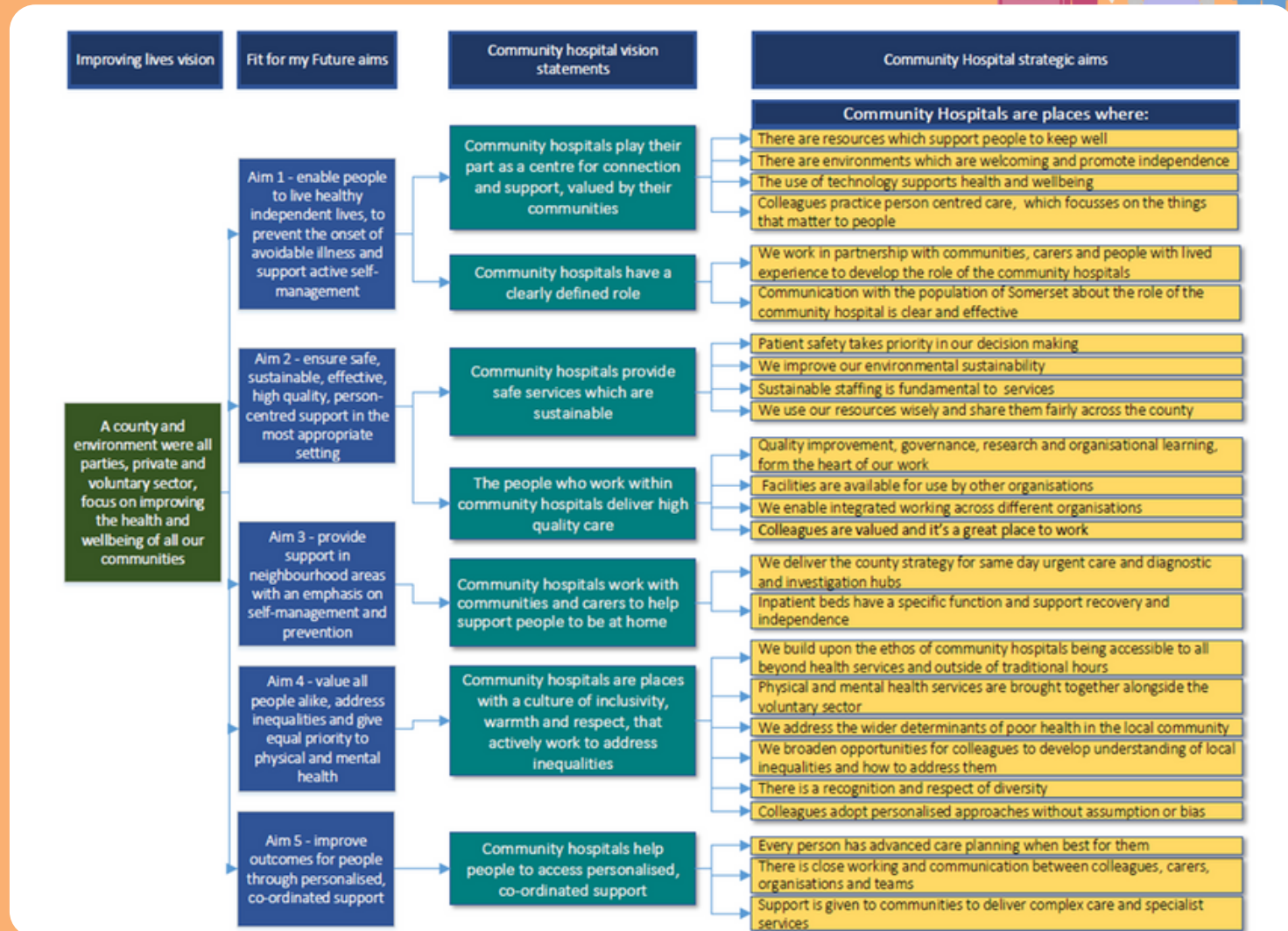
**When focused on the
vision statements,
the scores were
between 3.6 – 4.5/5**



Improving Community Health and Care Services community engagement - Findings summary

Overwhelmingly, the feedback was in agreement to using the aims to determine plans for each community hospital.

Agreed vision and aims for Community Hospitals



Next steps



With the vision statements and strategic aims agreed upon, these will now be used for the next phase of planning. This will start with a summary session in December 2021 and will lead to setting up localised groups that will work together to form local community hospital plans.

