

Report to the NHS Somerset Clinical Commissioning Group on 30 January 2020

Title: Fit for My Future – Proposal to Engage on our Vision for Neighbourhoods and Community Settings of Care	Enclosure H
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Summary and Purpose of Paper

The purpose of this paper is for Governing Body to approve the commencement of our engagement activities with the public, staff and other stakeholders on our early thinking on improving community-based health and care services for people in Somerset.

The proposal is supported by :

- The Public Engagement Documentation
- The engagement summary listing proposed events

The shared vision for Somerset is that people can live healthy and independent lives, within thriving communities.

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.

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.

Why we need to change

Our health and care services in Somerset are not currently organised in the best way to support people to live independent, healthier lives.

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.

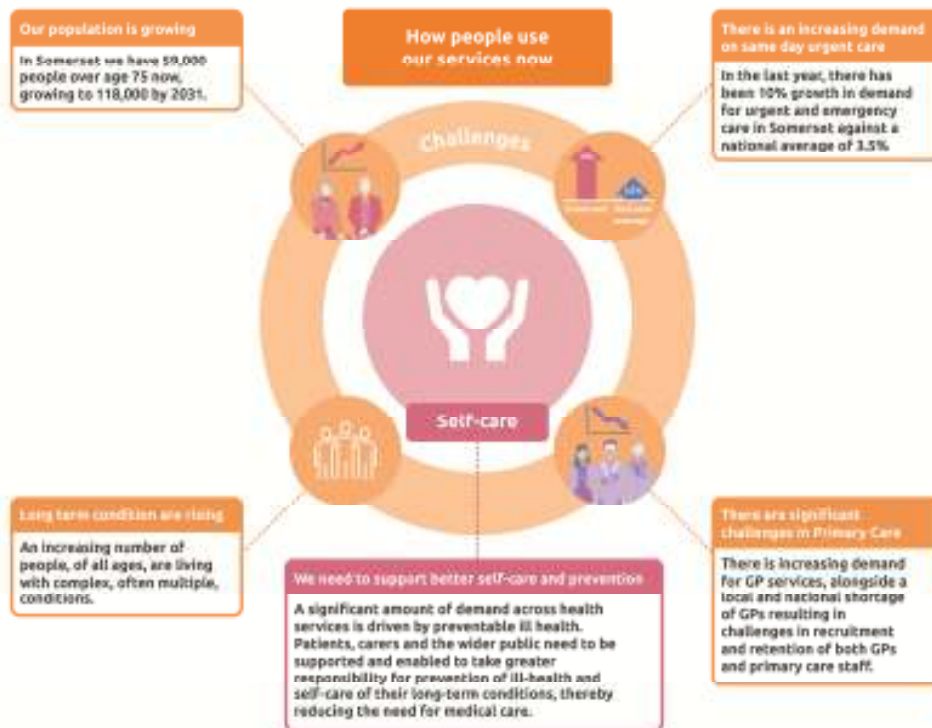
Our health and social care services must adapt and we have an exciting opportunity to reshape and improve them.

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 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 provide "talk before you walk" guidance to help you access the most appropriate service for your needs as close to home as practical.

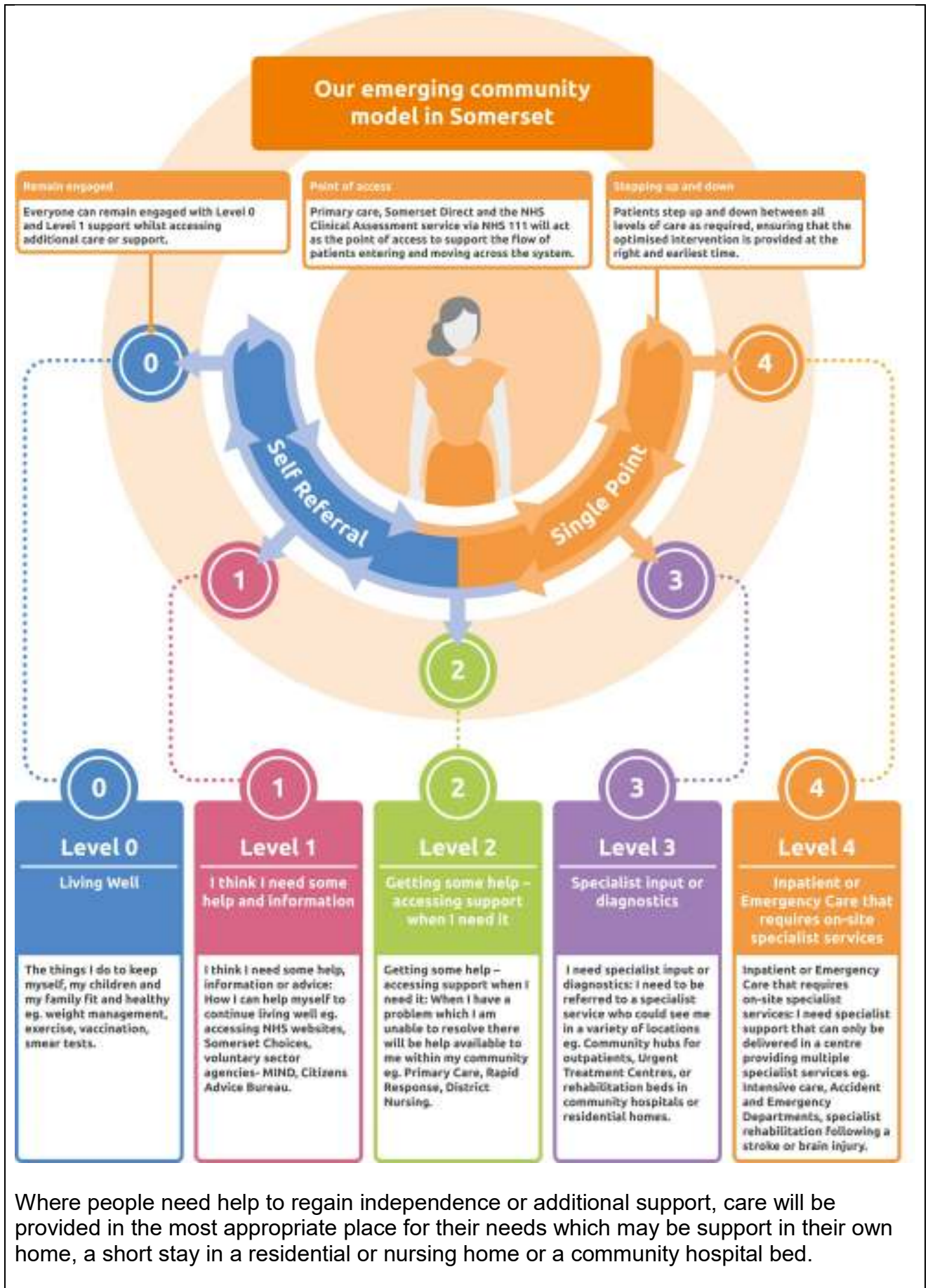


Our early thinking explained

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.



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.

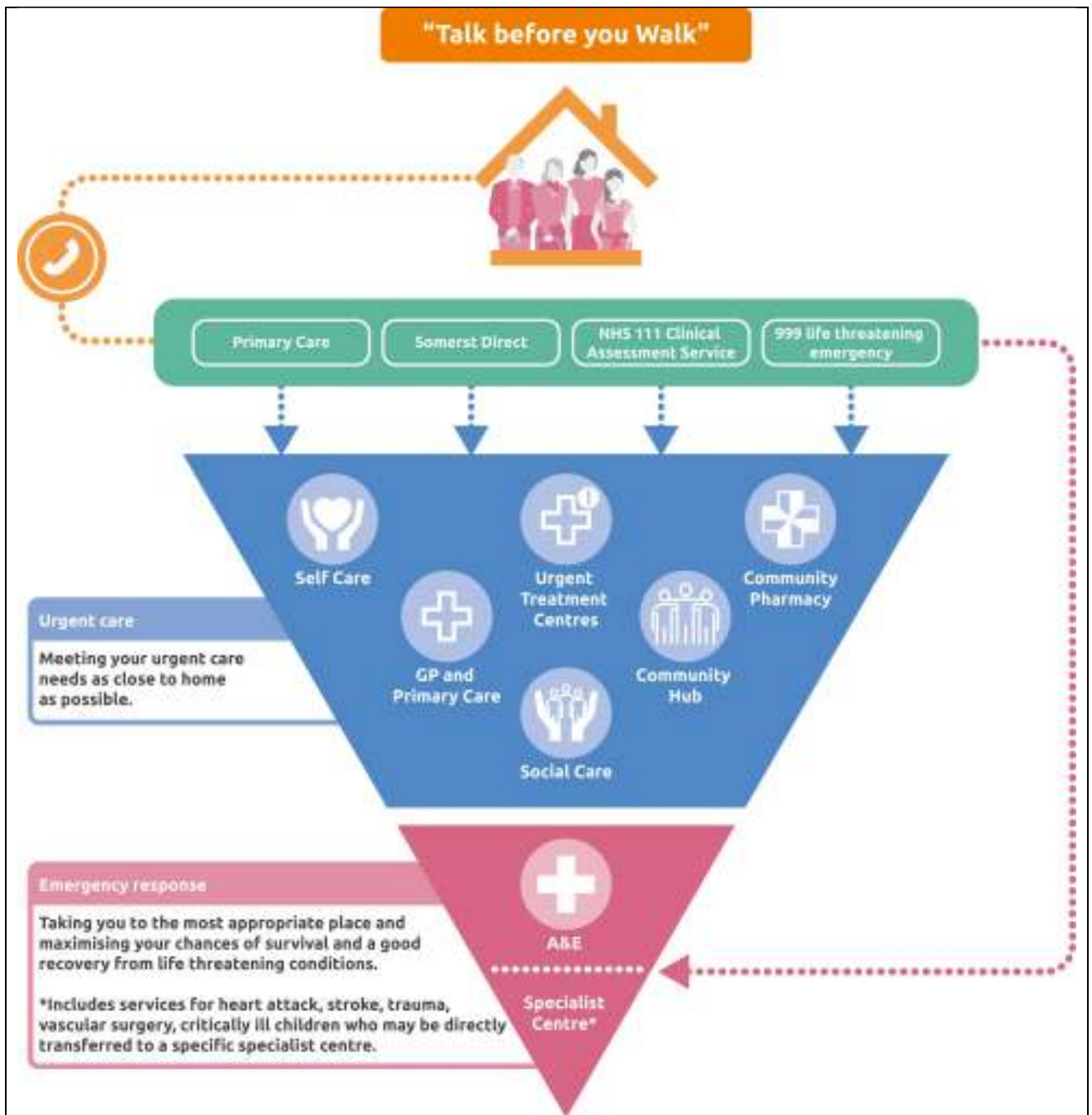
When you need “same day” help for something that is not a medical emergency but for which you need rapid support, we will make sure you have access to “Talk before you walk’ guidance to help you access the most appropriate service as close to home as practical. This may be at a local pharmacy, an appointment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

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.

Next Steps

Our engagement activities will commence on the afternoon of Thursday 30 January 2020. We aim to talk to as many people in Somerset as we can about these proposals. Using the feedback we get, we will develop a set of potential options to deliver community health and care services in the future. These will be explored in detail, with sound evidence to demonstrate the pros and cons of each option. We will work with a dedicated stakeholder reference group (this means a group of people who will represent the interests of a wide range of patients, carers, health and care staff, the public and voluntary and community sector organisations) throughout. They will help us to review and identify a series of options that we will then talk further to the public about as part of a later public consultation.

We will keep Governing Body members up to date with progress being made within the Fit for My Future programme.

Recommendations and next steps

The Governing Body are requested to:

- *Approve* the contents of this report
- *Approve* the commencement of public engagement on the vision for Neighbourhoods and Community Settings of Care

Impact Assessments – key issues identified

Equality	Within the options appraisal process which will be undertaken the impact on equalities will be reviewed.
Quality	Within the options appraisal process which will be undertaken there are several areas which will be reviewed for Quality of Care looking at the impact on patient/service user outcomes and experience.
Privacy	The Community Hospital inpatient wards will be fully compliant with the required regulations in relation to privacy and dignity.
Engagement	Engagement is being proposed to be undertaken before proceeding to full formal public consultation.

Financial / Resource	The proposals will be costed and will be subject to the appropriate levels of scrutiny.			
Governance or Legal	If the proposed option is to be pursued there is a legal requirement to formally consult with the public prior to a definitive decision is made by the Governing Body.			
Risk Description	See attached risk assessment in documentation.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref