

## Report to the NHS Somerset Clinical Commissioning Group on 22 July 2021

<b>Title: Fit for My Future Update</b>	<b>Enclosure F</b>
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Version Number / Status:	1
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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.

### Impact Assessments – key issues identified

<b>Equality</b>	<p>An EIA has not been completed in relation to this report.</p> <p>A separate EIA was completed in relation to the relocation of mental health beds and has previously been made available to the Governing Body.</p> <p>The equality aspects in relation to the Independent report on Neighbourhoods and Community Settings of Care Engagement are addressed in a separate paper to the July Governing Body.</p>
<b>Quality</b>	No additional quality issues have been identified in the report.
<b>Privacy</b>	No privacy impacts have been identified in the report.
<b>Engagement</b>	The engagement aspects in relation to the Independent report on Neighbourhoods and Community Settings of Care Engagement are addressed in a separate paper to the July Governing Body.
<b>Financial / Resource</b>	No additional financial issues have been identified in the report.
<b>Governance or Legal</b>	Outline any constitutional, legal impacts or conflicts of interest that are being addressed by the paper.

<b>Risk Description</b>	No additional risks have been identified as a result of this report.			
<b>Risk Rating</b>	Consequence	Likelihood	RAG Rating	GBAF Ref

# FIT FOR MY FUTURE UPDATE

## 1 INTRODUCTION

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

## 2 Strategy Development in the ICS

- 2.1 The FFMF vision and aims are starting to become a key aspect of our thinking in Somerset, with the clinical strategy for the SFT/YDH merger showing the contribution it makes to deliver the vision and aims set out within the FFMF system strategy. We are also seeing the vision and aims being used by a VCSE partner to consider how they plan and deliver services over the coming years and support the delivery of the Somerset ICS vision.
- 2.2 We are working across the system to consider how we finalise the strategy and move to delivering the strategy. This work will be concluded over the Autumn period.

## 3 Learning from Covid-19

- 3.1 We have reviewed the learning from the Covid-19 pandemic and considered whether the FFMF strategy remains fit for. Our conclusions were that the focus on inequalities was not explicit and we have updated our aims to reflect this (additional words are shown in bold):
- 3.2 No matter where people in Somerset live, we will:
- enable people to live healthy independent lives, to prevent the onset of avoidable illness and support active self-management
  - ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting
  - provide support in neighbourhood areas with an emphasis on self-management and prevention
  - value all people alike, **addressing inequalities** and giving equal priority to physical and mental health
  - improve outcomes for people through personalised, co-ordinated support

## 4 Mental Health

- 4.1 Following the decision of the Governing Body last September to improve community mental health services in the Mendip area and to relocate the adult mental health beds from Wells to Yeovil to address quality issues, we saw some protest activity in the autumn and latterly in May with a small group of people undertaking demonstrations against this decision. Save our Community Services wrote to every councillor in Somerset

raising concerns, particularly given the impact of Covid-19, wrote to ourselves and also started a petition which we received on the day of the May Governing Body. The petitions have been signed by around 2,400 of which approx. 1,080 signatories are resident in Somerset. The FFMF Programme Board noted that the CCG had received this petition and was briefed that the themes would be reviewed to ensure all issues had been addressed.

- 4.2 Following receipt of written correspondence on behalf of the group, the Somerset Mental Health, Autism and Learning Difficulties group reviewed the concerns raised and considered this in relation to the Covid-19 experience. The following assessment was made.

*We appreciate that the Covid-19 pandemic has affected everyone's mental and physical health. Many of the improvements we had planned for mental health services have been accelerated as a result of responding to Covid-19. The awarding of £13m funding towards community mental health services have enabled us to deliver our new model for mental health services which is very much focused on supporting people as close to home as possible, in their communities through a range of local services. For example, we now have more mental health workers based in GP practices, people can access mental health support and services via digital technology and there is a new community based talking therapies service for people with complex mental health trauma. The expansion of the service also includes a 24/7 support line for all ages (Mindline), we now have numerous 'Community Front Rooms' throughout the County and an additional 11 'step up/step down' beds in the county to avoid admissions and better support discharge (including in Wells). Our new Open Mental Health service model is help nationally as ground breaking and an exemplar of more appropriate and responsive service provision in community mental health services.*

*The inpatient part of our mental health service is a small but important part of this model which cares for our most unwell patients is a small part of our overall mental health service. The decision to relocate the beds from Wells to Yeovil was based on the safety of stand-alone wards, distance from an ED and lack of 24/7 medical cover.*

- 4.3 We have reviewed the comments outlined in the petition response which are similar to those raised during the engagement and consultation phase and have already been considered as part of this process. Many of the comments made related to needing more investment into mental health services locally which is something we have addressed as part of this work.

In the Mendip are alone, we have commissioned:

- 35 additional community based staff located in the area
- Four community Crisis Safe Spaces, (two in Shepton Mallet, one in Wells, and one in Glastonbury). These centres are open to anyone over 18 who need face-to-face support and staffed by mental health professionals, (see [Mental health crisis - Somerset NHS Foundation Trust \(somersetft.nhs.uk\)](https://www.somersetft.nhs.uk/mental-health-crisis) )
- Piloting the use of four step up/step down beds to provide a bridge between in-patient unit and local services

An all age 24/7 mental health line providing wellbeing support (Tel. 01823 276 892 and see [Mindline - Mind in Somerset](#)).

4.4 Covid-19 does not change the safety concerns underpinning our decision to relocate the beds from Wells to Yeovil. Our experience during Covid-19 has shown us that our co-located wards in Taunton have been able to provide far better support to each other in dealing with issues related to the pandemic.

## 5 Neighbourhoods and Community Settings of Care (NCSOC)

5.1 Across the system, we are continuing to progress the NCSOC programme. The current priorities over the next few months includes:

- Developing the vision for community hospitals within the NCSOC model of care
- Developing the options for Urgent Treatment Centres in Somerset
- Understanding the future requirements for neuro-rehabilitation in Somerset

5.2 These pieces of work will lead to developing proposals on how we utilise our community hospitals later in the year.

## 6 Independent report on Neighbourhoods and Community Settings of Care Engagement

6.1 Between 17 January and 12 April 2020, we undertook an engagement exercise on our early thinking about future community health and care services for people in Somerset entitled '**Improving Community Health and Care Services**'.

6.2 We commissioned Participate to undertake an independent review of the feedback we received.

6.3 Overall response from those **in support** of the proposals felt that:

- supporting care at home can lead to better patient outcomes

- it may mean that families/carers have to travel less if care can be provided at home
- urgent Treatment Centres (UTCs) may offer an enhanced range of services to take pressure away from Accident & Emergency (A&E).

6.4 Overall **concerns** focused on:

- potential travel impacts for all especially carers, elderly and those with a disability
- perceived loss of access to local services
- worries that in turn community hospitals may be closed
- an ageing population that would struggle to travel further for urgent care
- insufficient professionals to run a GP-led service
- potentially inadequate provision of community-based beds for those that require a hospital stay
- a rural geography with a poor public transport provision.

6.5 These and the more detailed findings are being used to inform the work to develop integrated care services and the vision of community hospitals.

6.6 The engagement report, along with a summary and next steps is subject to a separate report on the CCG's Governing Body for approval to release.

## 7 **Prevention**

7.1 Dr Tom McConnell (Associate Clinical Director, Integrated Care) is working with the Long Term Conditions Team, public health and others to develop a programme of prevention work across the Somerset system. Current focus is on Healthy Weight and CVD secondary prevention.