



Somerset CCG Annual Review 2017/18

Working Together to Improve Health and Wellbeing

Our Vision

Our vision for health and social care in Somerset is that:

People in Somerset will be encouraged to stay healthy and well with a focus on healthy lifestyle choices and self-care through:

- ➔ building support for people in our local communities and neighbourhoods
- ➔ supporting healthy lifestyle choices to be the easier choices
- ➔ supporting people to self-care and be actively engaged in managing their condition

When people need to access care or support, this will be through joined up health, social care and wellbeing services.

The result will be a healthier population with access to high-quality care that is affordable and sustainable.



Accountable Officer's Introduction

This has been a challenging year for Somerset Clinical Commissioning Group (CCG) and the health system as a whole. This annual review summarises some of those challenges and key achievements in 2017/18.

In July 2017 Somerset CCG received an 'inadequate' assurance rating from NHS England and was placed in 'special' measures. The key issues which led to this rating were:

- Insufficient progress leading the financial recovery for the CCG and the Somerset health system
- Insufficient progress in managing patient demand and lengthening waiting times for treatment
- insufficient collaborative working amongst system leaders to address the underlying budget deficit and performance issues

I was delighted to be appointed as the new Chief Officer in August 2017. One of my key tasks is to develop new ways of working

and to support our senior management and GP clinical leadership.

We are now developing a health and care strategy for Somerset known as "Fit for my Future". Working with our Somerset County Council colleagues, this will ensure we have a more joined-up approach to delivering health and social care. The strategy will address the county's health needs, including the inequalities in health that currently impact upon our most deprived communities. Most importantly, it will ensure that the county's health services are of a high quality, financially affordable and sustainable in the coming years.

Although finances have been difficult this year, the CCG ended the fiscal year within its agreed control total. The wider Somerset health system has recorded a deficit of £18.6 million in 2017/18 of which £0.5m is reflected in the CCG end of year financial position.

We are working with Somerset's health and local authority partners to develop joint plans which will bring the system back

into financial balance by 2020/21. We aim to achieve this through better demand management and increasing system-wide cost efficiency.

Although we remain in Special Measures in 2018/19, our most recent assurance rating, in July, has improved to the next level, that of 'Requires Improvement', so we know we are heading in the right direction.

I believe the success and strength of Somerset's health and social care system is the willingness of health professionals, NHS staff and patient representatives to work in friendly collaboration to continuously improve care for our population.

I and members of the CCG's Governing Body would like to extend our thanks to everyone for their hard work and support, and we look forward to continuing to work in partnership with you all in the coming year.

Nick Robinson

Chief Accountable Officer

Somerset Clinical Commissioning Group

Who we are



Somerset Clinical Commissioning Group (CCG) is a membership organisation consisting of all 66 GP practices across the county. The CCG is led by a Governing Body which is responsible for ensuring that the CCG works in the best interests of the local community and spends the £736.6 million annual budget (2017/18) in a way which delivers both quality services and best value for money.

A full copy of Somerset CCG's Annual Report and Summary Financial Accounts for 2017/18

can be downloaded from the website at www.somersetccg.nhs.uk

GP Commissioning Localities

Each of our GP practices is aligned to one of nine GP Commissioning Localities. Through our governance structures, GP practices are represented either through the Governing Body and/or its committees or by directly sharing feedback with neighbouring GP practices.

GP Commissioning Localities have been at the forefront of designing and testing out new

models of care in the South Somerset, Taunton Deane and Mendip areas.

These new models of care aim to give better support to people living with multiple health problems, like heart disease, cancer, chronic lung disease and diabetes. In this way we expect to see fewer patients becoming so ill they need to be admitted to hospital.

We are using the best ideas from these new models of care to inform our health and care strategy, 'Fit for My Future'.

How we Spend Your Money

Our budget for 2017/18 was £736.6 million.

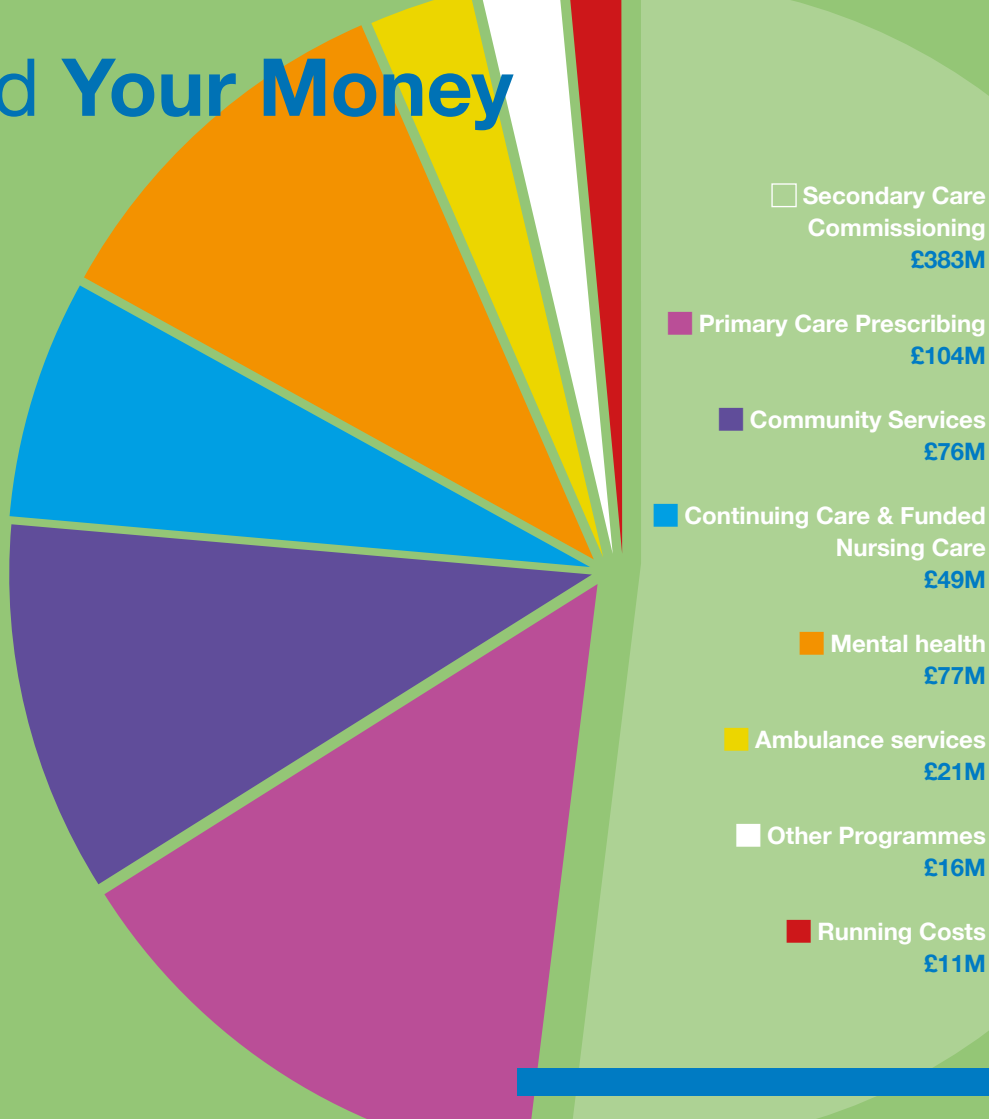
This chart sets out how the Somerset CCG spent its budget during 2017/18.

Our financial position at the end of the financial year was a deficit of £0.5m against the budget of £736.6m for 2017/18. Next year, (2018/19) we have agreed we will operate with a budget deficit of £9m, which still requires the CCG to deliver £28m efficiency savings in year.

A key priority for us and the wider health system is to return to a balanced financial position. The CCG and partner health organisations are working to deliver cost efficiency savings by:

- ➡ reducing the number and use of agency staff
- ➡ improving cost efficiency through sharing more 'back-office' functions
- ➡ reducing the need for follow-up for outpatient appointments
- ➡ reducing demand upon hospital services, and reducing the number of delayed discharges

There is more detailed information about how we spent our budget in the 2017/18 annual report. See: www.somersetccg.nhs.uk



Health in Somerset

Somerset is a largely rural county with approximately 560,000 people. Just under half the population (48%) lives in small rural villages.

Overall life expectancy for Somerset residents is approximately two years higher than the national average. Deaths from heart disease and cancer are lower than the national average.

Somerset has a higher proportion of older people than the rest of the South West region. 10.4% of the population is over 75 years of age compared to 7.8% in England and one in five people being over the age of 65. This rises to nearly one in three people in West Somerset.

If the NHS is to manage the health needs of our ageing population, reduce preventable diseases and manage future demand for health care, we must work with all sections of the community to promote healthier lifestyles.

In identifying the issues, we are also mindful of the challenges facing Children and Young People in Somerset, particularly in the area of mental health.

We want people to value and take responsibility for their health. We all need to do more to help ourselves when we have minor illness or ailments, just as previous generations used to do. We must also close the gap that exists between the health and life expectancy of the wealthiest compared with the poorest people in the county.



Our Achievements 2017/2018

Preventing ill health

Somerset Clinical Commissioning Group (CCG) is working with its health and care system partners to prevent ill health and reduce the number of people dying prematurely from conditions like heart disease, cancer, chronic lung disease, diabetes and dementia.

One of the biggest causes of preventable ill health in the UK is diabetes. In Somerset there are over 30,000 people are living with the condition, 90% of whom have Type 2 diabetes. Failing to manage diabetes can lead to serious complications, like heart disease, stroke and even blindness.

This year, we became just one of eight national pilot sites testing new digital ways of preventing Type 2 diabetes. This included offering people face-to-face support and new smartphone apps, which they use to better manage their diet and monitor their physical activity.

We have funded improvements to hospital nursing which has reduced the length of

time patients who have had a problem with their blood glucose level, stay in a hospital. 'Virtual clinics' were also piloted. They showed 75% of patients with diabetes did not need to be referred to hospital. In 2018 the digital diabetes programme will:

- ➔ implement a face to face diabetes prevention programme
- ➔ roll out the My Diabetes My Way scheme in Somerset
- ➔ implement a pilot of remote access structured education
- ➔ implement a new integrated model of care for diabetes to include virtual clinics

Person centred care

Person-centred care is a way of seeing people using health and social services as equal partners in the planning, development and monitoring of their care in order to meet their needs. For some years, GPs have been inviting patients at risk of ill health or depression to visit a gym, join a walking group or social club, rather than offering them a prescription medicine.



This type of 'social prescribing' by GPs is continuing to be used in Somerset. Educational schemes are also helping people with long-term ill health problems to better manage their conditions.

The voluntary sector plays a vital role in supporting people in the community. Somerset CCG has been collaborating with the Richmond Group, an umbrella organisation representing some of the biggest national voluntary sector organisations in this country and helping to develop a large-scale and better co-ordinated approach to social prescribing.

This year, Somerset CCG worked with the local authority and health partners to deliver more joined-up care to people with special educational needs and disabilities.

By November 2017, GPs had assessed the health and physical activity levels of 3,555 patients through what is known as a 'Patient Activation Measure'. Many GPs are now using this tool to more accurately determine the fitness levels of their patients and secure a commitment from them to strive to improve their own health.

78 staff were also trained in a programme called the 'House of Care'. The



programme provides a checklist to ensure high quality and well-coordinated care is provided to people.

Providing choice and personalised care is important. Somerset CCG will be continuing to extend the availability of Personal Health Budgets to people who meet the eligibility criteria.

GP and primary care services

The majority of people's day-to-day health needs are met by their General Practitioner, practice staff and health professionals working in the community. There is a national and local shortage of GPs and a rise in the demand for primary health care services which is growing every year.

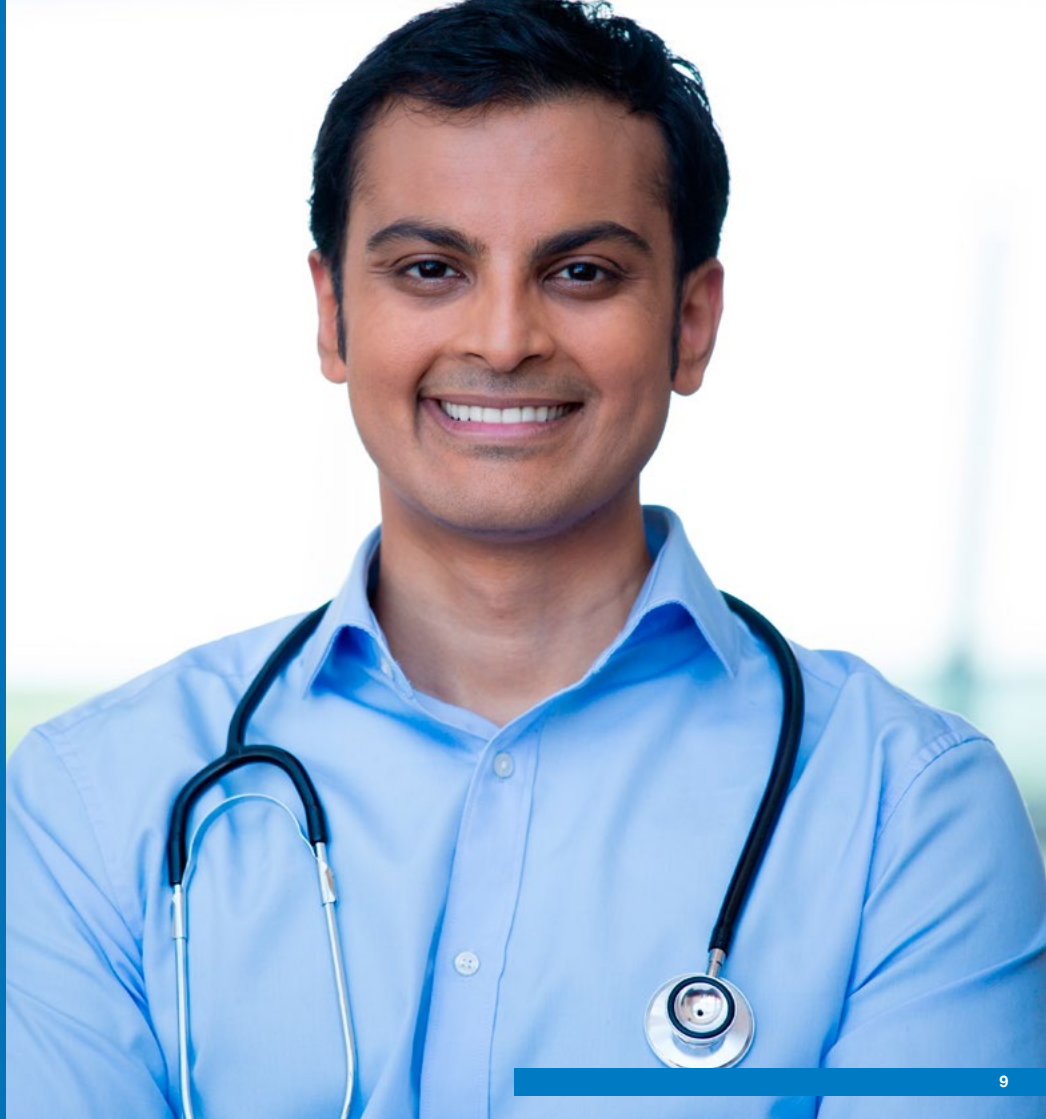
GP Practices are encouraging patients with only routine health enquiries to seek advice and help from other members of the GP practice team, such as pharmacists, emergency care practitioners, specialist nurses and therapists.

By sharing the workload amongst different health practitioners, GPs can free up time to support their most elderly, complex and seriously ill patients. This approach is helping to keep vulnerable patients living independently at home and preventing costly admissions to hospital.

We have commissioned 90 community pharmacies to provide a Minor Ailments Scheme. The scheme enables people with minor health conditions, like minor eye or bladder infections, to access medicines and advice that they would otherwise have to visit their doctor for.

We continue to support a number of 'test and learn' schemes across the county. They include the South Somerset Symphony programme, Taunton Symphony, Mendip Symphony, the West Somerset Living Better scheme and the North Sedgemoor Village Agent Scheme.

These schemes are supporting patients living with complex, multiple long-term health





The 'Home First' scheme enabled hundreds of medically fit patients to leave local hospitals sooner and have their care needs assessed and rehabilitation planning provided at home, thereby freeing up hospital beds for more seriously ill patients.

Somerset's NHS 111 telephone helpline and the GP out-of-hours service struggled with service capacity problems over winter. They were also required to address governance and operational issues arising from an 'inadequate' rating by the Care Quality Commission. By March 2018 Somerset CCG announced it would be commissioning a new integrated urgent care service, consistent with NHS England's national service specifications. The county's GP Out-of-Hours Service was temporarily transferred to the management of Devon Doctors Ltd.

In the coming year, Somerset CCG will continue to support the district hospitals in Taunton and Yeovil to deliver the four-hour maximum waiting time in Accident and Emergency and the necessary response times for the ambulance service. The newly commissioned integrated urgent care service will be operational by February 2019.

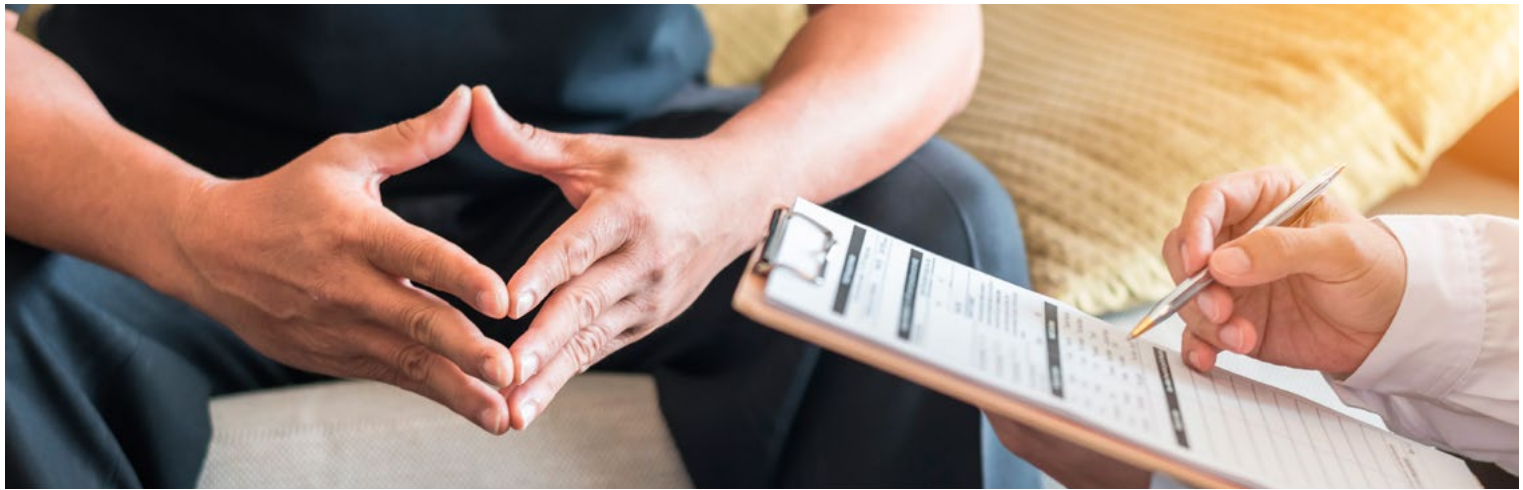
conditions. The use of 'social prescribing' is helping patients by inviting them to take part in supported exercise and social networks. The schemes have been found to help reduce loneliness, a key reason why some patients are repeatedly booking appointments to see a GP.

More GP practices have now introduced a clinical pharmacist within their practice. They provide easier access for patients to get advice about their medicines, leaving the GP to concentrate upon their patients with the most complex health problems.

This year, access to GP services improved. The county's registered population can now access additional pre-booked and same day appointments with a primary care clinician from 6.30pm until 8.00pm, Monday to Friday and some appointments over the weekend.

Urgent and Emergency Care

Over the winter months, Somerset's hospital, community, ambulance and social care services all experienced very high levels of demand. Somerset's health and care system managed well over the winter months but saw record numbers of hospital admissions.



Waiting times for treatment

Waiting times for some routine hospital treatments continue to be a challenge which the CCG and local hospital Trusts are actively working to bring back into line with NHS Constitutional standards.

There have been some notable successes in managing demand for hospital treatment this year with GPs reducing the number of hospital referrals last year by 6%.

A new orthopaedic pathway for patients at risk of falling and breaking their bones was created with a single service provider now responsible

for the delivery of the Orthopaedic Assessment Service in Somerset (OASIS). Outpatient capacity has also been significantly increased by giving patients the option of asking for a follow-up outpatient appointment after they have received their hospital treatment.

The number of patients whose discharge from hospital was delayed has also been reduced in 2017/18. In September 2017 the Home First Discharge to Assess Scheme was introduced. It successfully enabled patients to leave hospital rather than waiting on the ward for their care assessments and rehabilitation plans to be completed. By giving the patient

their assessment at home or in a community hospital, more district hospital beds have been freed up to support the sickest patients.

In 2017/18 it became necessary to work with University Hospitals Bristol to support the diagnosis and treatment of patients with routine skin conditions (dermatology) from the west of the county. GPs with a special interest in dermatology continued to provide routine treatment to patients in Somerset and from Clare House in Tiverton. Somerset patients with suspected skin cancers waited no longer than 2 weeks to be seen by a hospital specialist in Bristol.



The use of camera technology, known as tele-dermatology, is now being used by some Somerset GP Practices to speed up the diagnosis of patients with routine skin problems.

Cancer treatment

Cancer will affect almost one in three people in their lifetime. There are many factors which can increase your risk of getting cancer, like smoking. Cancer affects older people more than the young.

There are a number of national waiting time standards relating to treatment for patients with cancer. These include the right to be seen by a hospital specialist within two weeks of being referred by a GP with a suspected cancer; the right to be treated within 62 days from the date of GP referral to treatment; and the right to be treated within 31 days from the day of decision to treat to the day of treatment.

During the period April 2017 to March 2018 we successfully achieved five of the nine cancer standards in 2017/18 and were rated Outstanding. However, we fell short of the standards for two-week suspected cancer, two-week breast symptom standards, and 62 days (from GP referral and consultant upgrade) cancer waiting time standard. Steps are being taken to address this.

The district hospitals in Yeovil and Taunton have plans in place in order to improve and sustain their 62-day cancer waiting time performance.

Community Services

There are 13 community hospitals in Somerset managed by Somerset Partnership NHS Foundation Trust. The county's 222 community hospital beds need to be used flexibly, particularly over the winter months when demand is at its highest.

New clinical techniques are now providing patients with safe and effective treatment within their local community hospital, without the need to travel to a district hospital or stay overnight. For example, more patients now benefit from 'ambulatory care'. This is where a patient can come to a community hospital and have a blood transfusion whilst in a special chair. Treatment may take just a few hours and the patient return home without the need to stay in a hospital bed.

During 2017/18 Somerset's NHS organisations and the local authority have been working as a Sustainability and Transformation Partnership. They have recognised the need to review the way community health services operate across the county and incorporate their findings into a county-wide health and care service review.

New models of community care will need to be planned in close collaboration with the local authority's social care services.

The views of patients, carers, and the public will also be incorporated into this strategy throughout 2018.

Mental health

One in four people in Somerset will experience mental ill health in their lifetime. Preventing mental ill health and supporting people at an early stage in their illness is important, particularly for children and young people. However, as more people live to very old age so we also expect to see more people living with dementia.

In line with national policy objectives, we are increasing investment in mental health services. This will include the Children and Young People's Eating Disorder Service; Improving Access to Psychological Therapies; Early Intervention in Psychosis and Crisis Resolution and Home Treatment. This year we have continued to implement the county's Children and Young People Mental Health Local Transformation Plan. Access to the service is improving with 95.5% of those needing access to the Children and Young People's Eating Disorder Services did so within four weeks and

94.4% of urgent referrals to the service being seen within one week.

By the third quarter of the year, 50% of adults experiencing a first episode of psychosis had access to treatment within two weeks. We are working to increase access to psychological therapies.

GPs are working to improve their diagnosis rates for people with dementia and improving support to patients and their carers, by signposting them to community support organisations.

Learning disability

The CCG and Somerset County Council work in partnership to commission services for adults with learning disabilities. We purchase care and support for adults with a learning disability from a range of voluntary, not-for-profit and private sector organisations, as well as specialist health services from Somerset Partnership Foundation Trust. We are also working with Somerset County Council to enable the learning disabled and their carers to have their say in how local services are delivered and commissioned. This is supported by a number of peer support groups. Previously, the CCG and county council delivered almost half the care and support



In 2018, a national Learning Disabilities Mortality Review found people with learning disabilities lived, on average, 20 years less than non-learning-disabled people. In Somerset, we have 14 trained people to review learning disability deaths in the county. Eleven reviews are already in place. A multi-agency steering group will ensure that lessons learnt and good practice is shared with the all relevant health and social care partner organisations.

Somerset Integrated Digital Electronic Viewer (SiDeR)

services to become paper free at the point of care by 2020. Locally, we have started a programme of work called SiDeR, which intends to connect all of the Somerset clinical and care systems together.

The aim is to ensure that the right clinical and care information is available to the right person at the right time, for the purpose of improving direct care. Whilst SiDeR is a digital transformation programme, it is clinically led and digitally enabled, so clinicians and social care professionals are directly shaping the way the SiDeR services will look and function.

Of Somerset's 66 GP Practices, 86% offer the Electronic Prescription Service (EPS) and 26% of registered Somerset patients are already signed up for GP Online services. The CCG has procured an Online Consultation Service which will roll out across 2018/19 which will allow patients to access online consultations.

Complaints

What people think about health and care services is extremely important to us. We work hard to capture, investigate and analyse patient complaints and we use the findings as an important way to continuously improve the quality of local health services and inform our future commissioning decisions. During 2017/18 we received a total of 119 formal complaints. The main themes arising from

these complaints were dissatisfaction with the NHS Continuing Healthcare (CHC) assessment and application process; delays with NHS 111/ out-of-hours service and dissatisfaction with the wheelchair service.

Harm free care

Safeguarding children and adults

The CCG is represented on Somerset's Safeguarding Adults and Safeguarding Children's Boards. These multi-agency committees review the working between agencies after a death or serious injury to a child or adult. The safeguarding boards aim to ensure lessons are learnt and action is taken to ensure the same incident does not occur again.

In 2017 there were two serious case reviews published by the Somerset Safeguarding Children's Board. The first review was into the non-accidental injury of a six-month-old baby, the second review looked into the sexual exploitation of teenage girls. We have incorporated the lessons learned from these reviews into training days delivered to GP Child Safeguarding Leads.

Reducing healthcare acquired infections

We continuously work with all parts of the health and care system to reduce the number of healthcare acquired infections.

Clostridium difficile (C.diff) This is a bacterium which infects humans, causing diarrhoea. It can be potentially fatal. In 2017/18 we recorded 126 cases. This was better than our target of 131 cases.

MRSA Methicillin-resistant *Staphylococcus aureus* (MRSA) is a bacterium which is resistant to antibiotics. There were 13 MRSA cases recorded in 2017/18. Just three of these cases were associated with hospital care.

A post infection review took place to see how each of these cases occurred and how future cases can be avoided.

E coli It is a national ambition to reduce bloodstream infections from *e coli* 50% by March 2021. The majority of *E coli* bloodstream infections occur in the community.

There were 400 cases recorded in 2017/18 and this was more than 10% less than our reduction target.





Promoting Equality and Engaging with Patients

We know that by engaging with patients and residents we are better able to improve services and develop care that meets the needs of the population. We have developed a number of ways to engage with our communities, including:

- the Somerset Engagement Advisory Group (SEAG) is an important forum. It helps the CCG engage with the voluntary and community sectors, Healthwatch, patient and carer groups and the County Council. Their support has been invaluable and they have continued to both challenge and support the CCG in widening participation and representation

- the Patient Participation Group Chairs' Network is a valuable forum that challenges and scrutinises the CCG's commissioning programmes, ensuring there is patient engagement at GP practice level across the county

During 2017/18, these networks have contributed to a number of key areas of work, including the county's health and care strategy, increasing access to primary care, the community car scheme, joint work with Healthwatch, reducing medicines wastage, considering procedures of limited clinical value, the digital roadmap, carers' issues, the Symphony 'test and learn' programmes, the GP out-of-hours service, and the county council's Health and Wellbeing Board.



Somerset CCG's
budget for 2017/18
was **£736.6 million**

Fit For My Future

In October 2014 NHS England published a five year national strategy called “The Five Year Forward View”. It stated the NHS must transform the way it delivers services over the next five years or it would be unsustainable. The NHS needs to do more to prevent ill health, thereby reducing demand for health services; improve the quality of its services, so there was less variation in the quality and access to services and it was to ensure it managed its finances well and did not overspend its budget.

In March 2016 NHS England created 44 areas across England known as Sustainability and Transformation Partnerships (STPs). NHS commissioners and General Practitioners, NHS Trusts, local authorities and the voluntary sector were asked to work in collaboration with patient representatives, carers and the public to deliver the ‘Five Year Forward View’ locally and develop plans that would ensure local health services would be sustainable into the future.

The result in Somerset is the agreement to create a new county-wide health and care strategy known as ‘Fit For My Future’



The Somerset health and care strategy

There are some big challenges for health and social care services in Somerset as we face a rapidly growing elderly population and increasing costs of care. This is why we need to re-think how care is delivered now and in the future and why in 2017/18 the CCG and partners in Somerset came together to develop a new and ambitious plan for services.

The development of the new health and care strategy is being led by the CCG and Somerset County Council, and encompasses all health and care service developments across a wide range of providers and partners.

Somerset's health and care strategy started by looking at the real needs of the population and considering how we might reduce the inequalities in health that exist in some of our towns and villages.

Somerset's new health and care strategy is called "Fit For My Future", and focuses upon five key service areas:

- urgent and Emergency care
- proactive management of long-term conditions and frailty

- mental Health and Learning Disabilities
- children's and maternity services
- planned care and cancer services

All these service areas will be underpinned by a sixth goal, that of ensuring they work to prevent disease and promote wellbeing. Another big challenge to address is the difficulty in retaining and recruiting enough doctors, nurses and therapists. We are working with Health Education England and the Somerset Local Medical Committee to encourage more health professionals to come to Somerset to live and work. In this way, we hope to improve health and reduce the rise in demand upon health and social care services from people living with long-term conditions.

The experiences of patient organisations and community stakeholders have already helped develop our thinking about future services. By September 2018, the new strategy will be making a 'case for change' for each of the service areas.

The public will be then be asked to share their views on the strategy before firmer service proposals are developed in the spring of 2019.



This guide can also be provided in Braille, audio cassette disk, large print or other languages on request by phoning 01935 385240

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Get Involved

If you would like to know more about the work of Somerset Clinical Commissioning Group and how you can shape your local health services contact:

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