

## Our vision for the Somerset health and care system

### Our services are good – and we have to keep up with changing needs

Together, we have achieved some dramatic improvements to health and wellbeing in Somerset over recent decades, despite global recession and austerity. That is largely thanks to the commitment of our many staff, communities and partners who have worked tirelessly to improve the care and support offered to the people of the county.

**But the world is changing and we are not keeping up.**

The quality of health and care services varies depending on where people live; preventable illness is increasing and the gap in health inequalities is growing. We are living longer but not all living healthier. Our lives are less active and more pressured. Communities are less connected and many people experience loneliness and isolation.

**Demand continues to rise each year, putting huge pressures on services.** We have identified that within Somerset a relatively small proportion of our population (4%) account for about 50% of all the money we spend on health and social care. This is predominantly related to people living with complex and multiple health problems, who are regular attenders to their GPs, are frequently admitted to hospital and may be supported at home by multiple community health and care services. If we could find a way of caring for these people in a more joined up way, preventing their condition from deteriorating or escalating as frequently we could dramatically improve outcomes and enable a greater proportion of our money to be spent on prevention and services that support people within their own neighbourhoods.

At the same time, new but more costly treatment options are emerging and we face particular challenges in areas such as mental health, cancer, support for people who are frail, and tackling preventable illnesses.

**So change isn't simply an option. It's an imperative.**

### We need to increase the pace of change

We know that we have to work differently and that things are not happening quickly enough. We have money tied up in services and buildings designed for a different era. Change has taken place over time but there are still divisions between different types of health services and between health and social care, and our links with community and voluntary organisations have not been nurtured and strengthened.

That means we are not supporting people in the best possible way; instead of preventing ill health in the first place we are spending much of our money on services designed to treat people once they get ill.

**We need to shift our focus and unlock money to support prevention,** for example by using our growth funds going forward.

If we can encourage a new way of thinking about health and care, focused on supporting *good* health rather than on treating ill health, then we can have equitable, high quality and affordable health and care services that meet the needs of the people of Somerset.

## Our ambition for modern health and care services in Somerset

*“In Somerset we want people to live healthy and independent lives, supported by thriving and connected communities with timely and easy access to high-quality and efficient public services when they need them”*

We will:

- Focus on the people of Somerset and not organisational boundaries
- Help people live longer in good health, and independently for as long as possible
- Focus on prevention with locally provided care wherever possible
- Turn a reactive, largely bed-based model of care on its head; ‘our own bed is the best bed’
- Give people fair access to services by eliminating variation and making sure everyone can get the help they need, recognising that one size doesn’t fit all; different people have different needs
- Work as one system with one budget and an integrated network of providers who proactively manage care, ensuring there are no barriers to seamless, person centred care
- Embrace innovation and digital technology that has the potential to enable a significant transformation in the way care is delivered.

## What does all this mean?

We will change the current system from one where time, effort and money are focussed more on treating ill-health to one where the emphasis is on prevention, avoiding illness and helping people to stay independent and in control of their health and wellbeing.

Evidence shows that with a changing population and more complex health and care needs, providing joined-up, seamless services closer to people’s homes can radically improve outcomes and reduce the cost of care.

By working more closely together as one Somerset system, health services, the local authority, and voluntary/community organisations can design services that support social, mental and physical health needs in a joined-up way.

## We have to make changes to today’s services to achieve this

Isolated rural communities and an increasingly older population present particular challenges. **We want to provide support and services to enable people to stay in their own homes and communities**, but we have to make sure our approach is sustainable for many years to come.

**We need a vibrant workforce.** As demand for health and care increases, we need more trained staff but we are facing a shortage of doctors, nurses, midwives, social workers and allied health and care professionals. The age

of our workforce is increasing, many staff are due to retire in the next 10 years and some services are experiencing significant recruitment difficulties. It takes a long time to train these staff and no amount of extra money can make this happen quickly. We need to think differently, beyond the traditional health and care skills and jobs, and bring in new roles to meet the needs of the population.

We want to make Somerset an attractive place to work with an agile and digitally connected workforce able to work in new ways and locations delivering care pathways that cross traditional boundaries and helping people stay as healthy as possible. To support this, we will **design and embed a leadership and culture change programme**, offering system wide/multi organisation and multi professional development opportunities

Whatever we do, **services need to be affordable**. We have a finite budget for health and care services in Somerset. We can only spend each pound once. Over the last few years our financial situation has grown increasingly serious. Demand for health and social care has grown faster than increases in funding putting all our services under severe financial pressure.

**Settings of services in Somerset need to change**. We need to provide more care in people's homes and/or community settings, with greater support in our many rural communities. As a result, we'll see fewer beds in our acute and community hospitals and a move away from a bed-based model to one that's technology enabled, supporting new and different ways of providing care.

We will bring all wider partners together – housing, education, employment, community and voluntary groups - to focus on wellbeing and empower people to stay well. We will invest more in preventing ill health and helping those with long-term conditions to manage them proactively.

We will also modernise our health and care organisations so that there is **greater joined up working**, and patients only have to tell their story once because each person involved in supporting their health and wellbeing can see all appropriate information to ensure patients receive the support they need.

We can achieve this in Somerset; it is already working in many parts of the country where health and care partners want to encourage and maintain people's independence wherever they live. But we cannot do it unless we change current services and the way we work together.

## How are we going to make this happen?

We are working together to develop and deliver a strategy to support the health and wellbeing of people in Somerset by changing the way we commission and deliver health and care services. To do that we will need to make some critical decisions around the following:

- How we achieve a systematic approach to prevention
- How primary care, community services, social care and the voluntary sector work together as part of neighbourhood teams.
- How we configure and integrate our community services at scale to support people to manage their own care.
- How our network of acute providers works together to deliver the highest quality of emergency and planned care.

We have seen good involvement from community stakeholders and our staff in shaping the initial proposals developed by the Fit for my Future programme. Now we have begun to engage and consult more widely to invite local people, voluntary organisations, charities, patients, service users and carers to tell us what they think of these ideas.

The challenges that we face are complicated; we know changes will be more effective if we focus on a small number of things each year, concentrating our efforts on actions that will have the greatest impact.

Together we have agreed **five priority areas of focus for health and care** that we will work on to begin to change how we deliver care by April 2020:

- **Prevention.** We want to invest more to help people stop getting ill in the first place. We think the top priorities for this coming year should be the development of social prescribing and work on the prevention of cardiovascular disease looking at smoking, physical activity, healthy eating and alcohol as well as a wide range of secondary prevention activities such as obesity, diabetes prevention, tackling prescribing variation. In future years the focus will be on development of emotional health and wellbeing and resilience, particularly for children and young people.
- **Development of local services.** We are adapting the way we offer health and care services in the community to help the people of Somerset live healthy, independent lives, today and in the future. We have agreed that the core building block for these services is the development of neighbourhood integrated care teams across Somerset. Within each of them, all primary care, community and social care staff will work together, with community and voluntary organisation partners, to meet the challenge of caring for the growing older population, supporting people with long-term health conditions and, in many cases, providing high-quality care at home rather than in hospital. Joined up care after they leave hospital should help reduce the amount of time people need to stay there. To balance the priorities of the individual neighbourhoods and the wider system an outcome-based framework will be developed setting out expected outcomes for the neighbourhoods while supporting and encouraging local innovation and problem solving.
- **Strengthening more specialist and acute services.** The provision of services will need to change to ensure they are sustainable. An acute services review is underway and different models are being explored. We will work together as a single network of providers, ensuring that both Yeovil District Hospital and Musgrove Park Hospital have a vibrant future and distinct purpose. As a starting point we will have 24 hour emergency departments based in each of these hospitals and, as well as working closely together, our local acute hospitals will be developing stronger links with other hospitals outside of Somerset who can help support local delivery and, where that is not possible, provide those services remotely.

We plan to tackle mental health with equal priority as physical health and will increase the capacity in the primary and community-based adult mental health services and develop an intensive home treatment service to provide an alternative to mental health inpatient admission and support discharge from hospital. We will also look at a new model of provision for earlier intervention services for children in crisis.

- **Developing an Integrated Care System.** If we are to deliver integrated services, the Somerset health and care organisations will need to work together in a different way. Working together as an Integrated Care System (ICS), we will take collective responsibility for delivering high quality care within the available financial envelope.

We can achieve a lot of things by working closer together now. So, we will start working ‘as if’ we are a single ICS, developing systems that support information sharing, joint decision making, service integration and rebalancing resource allocation towards prevention and place-based care.

Where we need to make changes to organisational form to support the delivery of these priorities, we will work together to do that, ensuring that the changes are consistent with and deliver benefits that are aligned with this vision.

- **Improving our financial position.** To free up resources to invest in the transformational changes we plan to deliver over the next few years, we will have to continue finding opportunities to work more efficiently. This will involve some potentially difficult choices but will help us to deliver the best possible clinical outcomes for local people within the funding available.

## Our commitment to you

We do not underestimate the challenge. Bringing health and care together in a way that is sustainable, whilst also making improvements to how we deliver services is not going to be easy. The environment we work in is constantly changing and our plans must evolve and respond to meet these changes. Along the way, there will be new opportunities that we can embrace, or decisions to be made about the viability of some of the things that we currently do. We will work closely with local people, communities and our staff when deciding what further changes are needed and how we best implement them.

At the heart of every decision is our commitment to deliver the health and care services the people of Somerset expect and deserve.

We will work hard to achieve all of this. We recognise and thank you for your commitment and expertise as health and care professionals, and we will involve you in everything that we are doing.

### *Signatures*

Nick Robinson

Jonathan Higman

Peter Lewis

Pat Flaherty

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