

Somerset Clinical Commissioning Group

Clinical Leadership to Improve Health

July / August 2015 - Newsletter Issue 43

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Editorial - Somerset CCG moves forward on important decisions

At this time of year with many of us taking Summer holidays, you might be forgiven for expecting that CCG workload eases and little of any importance is decided. Well neither of these is the case. In this newsletter you will read about two items of significant importance to the future of health services in Somerset which have been discussed and approved by the CCG's Governing Body.

The first item is potentially game changing for both local NHS services and Somerset's Adult Social Services. The Governing Body has approved in principle the recommendations to move to an Outcomes Based Commissioning model of care provision and new contracting arrangements via a 'Most Capable Provider' model as from April 2017. The drive behind this is to move the focus of contracts from individual organisations away from counting episodes of care in isolation to a model where local health and social care providers agree a set of outcomes that are patient focussed and which all organisations play their part to deliver. The aim being to improve collaborative work, increase integration of organisations and deliver better care for the patient. If this works effectively it is expected that by driving out inefficiencies from the system the costs of care provision will be less, although the magnitude of the financial impact is unlikely to be sufficient alone to meet fully the expected demands for health and social care in future years. This is certainly ground breaking and has the support of all the health and social care commissioners in the county.

The second item relates to the 'Making the Most of Community Services' Stage 3 Report which describes the output from all the different work streams which were part of the community services programme, pulling them together into a commissioning framework. The recommendations in the report were presented together as a whole package which would enable more patients to be treated at home or in the community where it is safe and cost effective to do so. These included the recommendation to undertake an engagement process in respect of the permanent closure of 40 out of the 309 community hospital beds. These beds, which have been temporarily closed for the last 12 months, have been shown to be surplus to requirements. However, an additional 17 beds, also temporarily closed, will be kept in reserve by Somerset Partnership NHS Foundation Trust should they be required to meet peaks of high demand. The next steps will be to work with providers across community, primary care and acute services to develop more detailed implementation plans, which will clearly need to link closely with the development of plans for Outcome Based Commissioning.

What has tempered the interest and excitement of these decisions has been the release of a report from the Primary Care Workforce Commission

looking at the workforce in primary care, commissioned by Health Education England. This report '[The future of primary care: creating teams for tomorrow](#)' analysed the existing provision of GPs, nurses and other primary healthcare professionals in the NHS as well as giving recommendations for the future. It was no surprise to read that investment in primary care has fallen well behind investment in hospitals, despite increasing expectations of work that should be done in primary care. Between 2003 and 2013, nationally the number of hospital consultants increased by 48 per cent while GP numbers increased by only 14 per cent, with the number of GPs per head of population progressively declining since 2009. All this is against a backdrop of increased volume and complexity of workload in recent years. However a series of recommendations have been proposed, some of which mirror changes promoted by the RCGP and the LMC, for example encouraging practices to 'network' or 'federate' to increase their resilience and improve the range of services to patients. The need to alter the workforce skillmix in primary care is emphasised, which again is only practically possible by practices joining together. The message is not simply a repeat of a mantra of 'doing more with the same (resources)' but effectively if the NHS is to remain a world leader in healthcare provision, as far as primary care workforce is concerned it needs to be 'doing more with more'.

Dr Geoff Sharp - Editor

Outcome Based Commissioning

At their July meeting Somerset Clinical Commissioning Group's Governing Body discussed a proposal in principle to collaborate with Somerset County Council and considered an outline business plan that could lead to an entirely new system of service funding to be adopted in the future known as 'Outcome Based Commissioning'.

This is a radically different approach to the funding of services and is designed to get the best value out of the health and care system in Somerset over the coming years.

Such a system could see Somerset County Council and Somerset CCG pooling their respective health and social care budgets in a way that would not only incentivise patients' health and social care needs to be delivered in a comprehensively joined up way, but also place an emphasis upon the county's providers of hospital and community health services to focus upon helping patients improve their physical and mental health, rather than treating people after they become ill.

With rising levels of preventable ill health associated with obesity, poor diet and lack of exercise, an enhanced focus upon prevention is essential in the future. It would embrace social service teams and encourage greater engagement of voluntary and community organisations.

Speaking to CCG Governing Body members, Chairman, Dr Matthew Dolman explained that the year-on-year rise in demand for health and social care services from a rapidly growing elderly population, combined with the need to find over £200 million pound efficiency savings over the next five years, meant that 'doing nothing' was not an option.

Local research indicated that 5% Somerset patients (27,000 people) currently accounted for almost 50% of the county's £1 billion pound health

and care budget.

If Somerset County Council and the CCG were to adopt an 'Outcome Based Commissioning' model of service it would require a number of changes by both organisations. This would include greater emphasis upon reducing the level of preventable ill health in the community, placing a greater emphasis upon integrating services through closer collaboration and better co-ordination of care for patients as they move through the health and social care systems.

For more information on outcome based commissioning [contact Steven Foster](#), or read more on the [Somerset CCG website](#)

Making the Most of Community Services

At the July meeting of Somerset's Clinical Commissioning Group's Governing Body, members discussed and agreed to take forward nine key proposals set out in the CCG's community health service review, known as 'Making the Most of Community Services.

Amongst the proposals included in the review was a recommendation to undertake an engagement process in respect of the permanent closure of 40 community hospital beds. These beds have been temporarily closed for the last 12 months, and monitoring of bed usage over that time indicates they were surplus to requirements. A further 17 beds, temporarily closed for much of the last 12 months, would be kept in reserve by Somerset Partnership NHS Foundation Trust, should they be needed during peaks of demand.

The review also expresses an expectation that as more patients, such as those who have experienced a stroke, benefit from early discharge from district hospital and have their rehabilitation and social care delivered in their own home, so demand upon community hospital beds might also be expected to reduce still further. Service modelling suggests that over a five year period the number of beds might reduce by 40 more community hospital beds.

Any change to community services would have to be in a phased and integrated way over the next three to five years. The timescale for developing services will be dependent upon a number of factors such as enhancing existing provision for community based care, altering the choice of patients and referral patterns of family doctors and continuing to support hospitals to work flexibly in order to manage peaks of demand, such as those experienced last winter.

Services would also need to be aligned with Somerset County Council's Adult Social Services and the services provided by local voluntary and community sector organisations.

For more information on the community services review contact [Ann Anderson](#), or read more on the [Somerset CCG website](#)

Urgent and Emergency Care

Also discussed at the recent Governing Body meeting was the 2014/15 Urgent and Emergency Care Debrief Report from the Urgent and Emergency Care Working Group.

Somerset services responded well to the increased demand throughout the Christmas and New Year period and performance particularly in respect of the 4-hour A&E target and ambulance turnaround times were strong, which was mainly due to the diligence of staff in all parts of the service. The main message that came through from the feedback was that there was a shortage of acute beds available over this period which put significant pressure on the system. This was caused by a combination of an increase in the number of patients requiring urgent care services and the needs of the patients being greater.

The debrief report also includes a patient safety review, which concluded that there wasn't any evidence that patient safety and quality of care had been compromised. The Public Health team within Somerset County Council also undertook some analysis on the rates of deaths in the January 2015 period and concluded that during this period there was a greater number of deaths but this was in line with the South West and England trends.

In 2014/15, £6.7 million was centrally made available to support resilience in Somerset. In 2015/16 this funding has reduced to £3.5 million, of which £750,000 was required in April and May to support the continuation of arrangements made over the winter period. This has put significant pressure on the resources available.

The Governing Body agreed the report's recommendations that the funding is prioritised into a small number of schemes which will provide additional capacity within the acute hospitals. The schemes included are:

- Yeovil District Hospital - £970,000 to support an additional 24 bedded unit
- Musgrove Park Hospital - £1,595,000 to support a combination of admissions avoidance schemes through the development of a frail elderly assessment unit and reconfiguration of the medical assessment unit and moving the Neuro-rehabilitation service to Dene Barton to create the equivalent of an additional 29 beds

For more information contact [Alison Henly](#)

Roll-out of Early Supported Discharge Service

Patients in Somerset who have experienced a stroke or acquired brain injury are to benefit from a county-wide roll-out of the county's Early Supported Discharge Service.

Early Supported Discharge (ESD) is a service which enables patients who have had a stroke to be discharged home earlier. Therapy and care is provided by a multi-disciplinary team in their own home or usual place of residence. Physiotherapy, occupational therapy and speech and language therapy are provided, as well as support from nurses and clinical psychologists.

A stroke services review recommended the NHS Somerset Clinical Commissioning Group (CCG) commission a robust ESD service across the county. This built upon the significant evidence from the successful pilot conducted in the Mendip area, which demonstrated improved outcomes and a positive experience for both patients and their carers. The pilot also

showed quicker discharges from acute hospitals and less reliance on community hospital beds.

In order to explore the opportunities for aligning rehabilitation for stroke and neurological conditions, Somerset CCG's Governing Body approved a recommendation in January 2015 to commence a procurement process to commission a county-wide ESD model on a 'test and learn' basis. This has been widened to include the rehabilitation for patients who have suffered an acute neurological event and been admitted to hospital as a consequence. The test and learn phase is for 12 months, with a possible 12 month extension. The overarching aim is to explore and understand the benefits of the model in supporting people with neurological conditions other than stroke.

Somerset Partnership NHS Foundation Trust has been awarded the contract to deliver the county-wide ESD service, which will start on the 1st September 2015.

Somerset CCG will work closely with Somerset Partnership NHS Foundation Trust on the transition to the new service. They will also monitor the test and learn, together with other stakeholders, patients and carers. The Somerset Partnership NHS Foundation Trust, who were responsible for the success of the Mendip pilot scheme, have shown considerable experience in providing community services to the varied demography of Somerset.

Congratulating their rehabilitation staff for the quality of their service, Somerset Partnership Trust explained that the ESD service would be delivered in collaboration with Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust.

Staff delivering the ESD service will work from three hubs in the county – South Petherton, Dene Barton (Taunton) and Shepton Mallet. To support the service a variety of staff from all professions will be recruited to join the existing teams.

For more information contact [Tim Archer](#)

Mendip Symphony - Test & Learn Pilot

Evidence from the South Somerset Symphony project and elsewhere indicates that by better systematic, integrated care and increased confidence in self-management improvements in outcomes both for patients and health care services could be achieved.

The three Mendip GP federations, in collaboration with Somerset Partnership NHS Foundation Trust, Somerset County Council Adult Social Care and the Royal United Hospitals Bath NHS Foundation Trust are working together to design and implement a new model to test this at a local level.

The pilot has no additional resource and is predicated on a mutual contribution model, consolidated through a memorandum of understanding between providers.

150 patients have been selected by primary care clinicians against a set of criteria which includes clinical judgment to benefit and three or more long term conditions.

The process involves:

- An invite to the patient to be part of the project and an introduction to the new way of working
- A multi- speciality meeting at a number of centres across Mendip to collaboratively identify risks and actions
- The appointment of a care coordinator from the clinical team
- A meeting between the care coordinator and the patient to enable the patient to identify their own priorities, goals and actions, using a person centred approach
- The offer of support from Health Connections Mendip for non- clinical issues
- A review meeting consolidating the shared care plan

Evaluation includes the measurement of patient activation and a Somerset wide external evaluation to assess impact, including reduction in clinical contact and admission.

The first patients were seen in early June and information on outcomes will be available later in the year.

For more information contact [Sara Hincks](#)

Reducing Smoking in Pregnancy

The number of women smoking during their pregnancy in Somerset is falling. Smoking in pregnancy figures for 2014/15 are down to their lowest recorded rate with just 14% of mums to be continuing to smoke. However, there is no room for complacency and Somerset still aims to deliver a rate of less than 11% by the end of 2015.

Over the last two years Somerset County Council's Health and Wellbeing Board and Somerset CCG have been working to make the reduction of smoking during pregnancy a high priority. Both Taunton's Musgrove Park Hospital and Yeovil District Hospital have lead midwives for smoking prevention and all mums to be are offered a carbon monoxide breath test at their first booking and a referral to the Mums-2-Be (M2B) programme. The M2B scheme is working to increase the numbers of women stopping smoking and this includes reinforcing healthy behaviours with incentives such as shopping vouchers.

See the [national SATOD data set](#) (Statistics on Women's Smoking Status at Time of Delivery, England - Quarter 4, 2014-15)

For more information contact [Stewart Brock](#), Public Health Specialist at Somerset County Council.

NHS Health Check programme

The NHS Health Check programme aims to help reduce levels of risk of cardiovascular disease (heart disease, stroke, diabetes, kidney disease and certain types of dementia) and associated premature mortality, through the systematic and proactive primary prevention and identification of patients at risk. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or who has certain risk factors, will be eligible (once every five years) to have a check to assess their

cardiovascular risk and will be given personalised support and advice to help them reduce or manage that risk.

Somerset County Council commissioned [ToHealth Ltd](#) to deliver the NHS Health Check programme in Somerset. Since 1 April 2015, ToHealth has established the delivery of NHS Health Checks through participating GP practices, pharmacies/supermarkets and in workplaces. The reach of the NHS Health Check programme will be further extended to include community locations such as local shows as well as a number of community venues. A range of promotional activity is also being undertaken to raise public awareness of the importance of having a NHS Health Check. This includes social media and targeted mail campaigns.

Health Checks will be offered at the Dunster Show and the Mid Somerset Show in August, and were offered to Somerset CCG staff on 27 July 2015. For further information on where NHS Health Checks are available in Somerset please visit www.somersethealthchecks.co.uk/

For more details contact [Sharon Ashton](#), Public Health Commissioning Manager at Somerset County Council.

Somerset Doctors Urgent Care (SDUC)

On 1 July a new provider, Somerset Doctors Urgent Care (SDUC), took over the out-of-hours urgent care and NHS 111 services in Somerset.

In awarding both contracts to SDUC, Somerset CCG expects the new service to deliver a more integrated approach to urgent care services across the county. There will be opportunities for service providers to work together to support patients, whatever their needs, to be able to access care in the most appropriate way.

Close and more collaborative working is also expected to relieve the sort of demand experienced by district hospitals last winter when Accident and Emergency Departments saw unprecedented numbers of frail elderly patients and those with long-term conditions being admitted to hospital.

Somerset Doctors Urgent Care is successfully providing out-of-hours services for people living in the Bath and North East Somerset area and we hope this same success will be replicated for the people of Somerset.

Somerset Doctors Urgent Care recently conducted a successful staff recruitment campaign to its new service and has opened its NHS 111 telephone call centre in Taunton.

For more information contact [Tracey Tilsley](#)

New Wheelchair Service for Somerset

The transfer of wheelchair services from Exeter Mobility Centre to Millbrook Healthcare, known as Somerset Wheelchair Service, was completed on 17 July.

The handover arrangements have been very complex, and for some of our wheelchair users this has not gone as smoothly as planned due to unforeseen events. The Somerset Wheelchair Service has been going out of their way to support people during this time, in difficult circumstances, and

now that the service has been fully handed over, we hope that you will start to see how the changes will make a positive difference.

The changes to the Wheelchair Services is part of an exciting redesign that moves away from a stand-alone wheelchair service to becoming part of local services and being more person centred. We all recognise that a wheelchair is one part of a person's overall lifestyle, care or independence, and so this change will support wheelchair needs being planned in partnership with the person, carer and any other health or social care staff involved, to make sure it achieves what it needs to do.

This new service has been designed over the last couple of years with and by wheelchair users in Somerset, who have described the aim of the service: "I had the right chair, at the right time, through a local service which is comfortable and does what I need it to do for me".

Whilst the changes will mean that the majority of people with straight forward needs can have their equipment directly ordered by local health and social care staff, speeding and simplifying the process, people that need a more specialist assessment will continue to be offered domiciliary visits, children will be seen in special schools, and clinics will be set up in a range of locations across the county, including Minehead, Bridgwater, Frome, Taunton and Yeovil.

We have a Clinical Reference Group established, with each organisation represented by a team member, and this group will be really important in working with Somerset Wheelchair Service to give feedback and develop the service. We would really welcome any ideas or feedback from you at the forum in helping to shape the future service.

For more information contact [Sue Glanfield](#)

Early Help Charter

In May, senior managers from a number of agencies in Somerset came together at a conference to discuss the importance of Early Help. The key message that came from that conference is that Early Help is the responsibility of everyone who works with children or young people or comes into contact with them during their daily roles. We have a statutory duty to provide families with support and services with the least possible intervention.

Please follow the below link to watch a video of the speakers from May's Early Help conference, explaining why we must all be committed to Early Help and reinforcing the need for partnership work:
youtube.com/watch?v=4ICC83JcEzs

Please also take the time to view the below video, which gives some examples of good practice in Somerset: youtube.com/watch?v=Yb-2AT0unuc

On Wednesday 22 July, the Local Safeguarding Children Board approved an [Early Help Charter](#) as part of the improvement plans for Children's Services in Somerset.

The Early Help Charter was informed during an Early Help Conference in May 2015, which was attended by managers and practitioners, and sets out

our joint vision and principles for Early Help. It has been developed to help practitioners keep children, young people and their families at the heart of what they do and ensure that the people we work with have the right help at the right time.

Next steps: A multi-agency group of practitioners has helped develop a draft "Early Help and Threshold Guidance" document, based on the Early Help Charter, which will ensure everyone working with children and young people are aware of how best to support children and their families. This draft guidance will become operational in August for everyone who works with children and young people. Feedback on the guidance will be encouraged through an online questionnaire, before the final version is launched later this year.

For more information contact [Tim Archer](#) or [Lucy Watson](#)

Somerset's Commitment to Carers

"Somerset's Commitment to Carers" replaces the "Carers Strategy for Somerset. It is more than just a document it is about a shared value, a clear vision, a way of thinking, communicating and acting.

For the last few months a group of carers from Carers' Voice Somerset have been working with Somerset County Council to determine the draft framework for "Somerset's Commitment to Carers". During a series of meetings carers have discussed the design, layout and content of the document and have drafted a number of key themes and priorities within the commitment itself. Carers from Carers' Voice Somerset will continue to work with key stakeholders who will include representatives from Somerset County Council, Somerset Clinical Commissioning Group, Somerset Partnership NHS Foundation Trust, Compass Carers and Young Carers Services, to help to develop "Somerset's Commitment to Carer's".

Carers Voice Somerset believes that we need to communicate the needs of carers better, give recognition for the work that they do, effectively plan what is needed, and gain results that truly improve their lives. We are moving into a new era and improving the lives of carers will be an ongoing priority. If you are a carer or past carer we need your views, ideas and suggestions, all of which can help us to create happier, brighter lives and futures for those who give so much.

For further details contact Deborah de Mornay Penny - Somerset Carers Partnership Board Support Officer, deborah.demornaypenny@rethink.org

Personal, Fair and Diverse Campaign

Somerset CCG is supporting a national campaign which is encouraging NHS staff to become champions for a personal, fair and diverse NHS.

The personal, fair and diverse (PFD) campaign seeks NHS staff who:

- believe that diverse workplaces make organisations better
- are passionate about an NHS with patients at its centre
- care about working in an NHS which is fair and accessible to all

You can sign up to be a champion on the NHS Employers website at www.nhsemployers.org/PFDchamps The role doesn't require a lot of time, energy and experience. All that is asked is that you share any examples of

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Contact Us

Please send feedback on this newsletter to:

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how you have helped or are planning to help to create a personal, fair and diverse NHS, for staff or for patients.

More information

- Follow us at www.twitter.com/PFDChamps
 - If you have any questions about the campaign, please email PFDCamps@nhsemployers.org
 - Contact [Fiona Abbey](#), Somerset CCG Equality, Diversity and Patient Engagement Lead, 01935 381999. Please let Fiona know if you sign up as a PFD Champion
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