



**Fit
for my
future.**

A HEALTHIER SOMERSET



Version

October 2018

**Find out about
why do we need
to change and our
emerging ideas.**

**What do you think
about health and
care services in
Somerset?**



What's it all about?

It's a big challenge.

Money is tight but if the different parts of our health and care system work more closely together we'll see some big rewards.



Living healthier lives and feeling able to look after themselves



Joining up health and care services in the community with the person at the centre



Building on strong, connected communities where people support each other



Tackling inequalities so everyone gets support when they need it



Giving a better start in life to children



Recognising the strong links between mental and physical health

A compelling case.

Demand is growing faster than the money we have available. We have to change.

If we don't, by 2022/23:

- There'll be a gap of £146million in the budget we have to pay for health services, and
- Pressure on adult and children's service will outstrip money available by £26million

But it's not just about money. We want to create a better health and care services that's fit for the future.

Did you know?

- 40% of ill health in Somerset could be prevented; people who are overweight or obese are at greater risk of diabetes, cancer and heart disease.
- We spend more on 'bed-based care' than elsewhere but our community and mental health services are underdeveloped. We need to redress this balance.
- A recent audit found that 47% of admissions to hospital could have been avoided if alternative treatment had been in place.
- The number of people with dementia is likely to double by 2035 to around 18,000.
- 14.5% of our children have a long term illness of some kind; 17.5% have a diagnosable mental health condition.
- 4% of our population – people living with the most complex health conditions – account for 50% of what we spend on health and social care in Somerset.
- Over 5,500 people die in Somerset each year and there is inconsistency in the end of life care choices for people in the county.

We're taking a 'whole system' approach to create a joined up health and care service. **Read on to find out more.**

Urgent and emergency care

What is it?

Urgent care is the service you need when you're ill and need to be seen by a doctor or nurse straight away.

Emergency care is when you have to be treated in a major hospital because of a life threatening accident or illness.

Why do we need to change?

- Too many people are in hospital for too long - it's not good for them and it's costly; sometimes they don't need to be there at all.
- New stroke treatments and innovations will improve people's care and outcomes; we need to ensure we've got the services and workforce to offer these advances in care.
- We don't have enough staff to run rehabilitation services in our community hospitals.
- Patients often spend time recovering from illness in our 13 community hospitals; most are relatively small and it's been increasingly difficult to recruit the staff we need to make sure they operate safely.
- Patients and staff say the system is complicated and confusing.

Our emerging ideas

- Single point of access for accessing urgent and emergency care services which minimises referrals and cuts duplication, delivered through 111, GPs, clinical assessments and face to face consultations.
- Review acute services where we can see difficulties in meeting national clinical guidelines, retaining our workforce, or providing the best quality care to patients.
- Network of Urgent Treatment Centres (UTCs) to reduce A&E visits and hospital admissions and replace Minor Injury Units as part of more integrated, community centred health and care services (UTCs are a government requirement).
- Review stroke services including stroke and brain injury rehabilitation to understand the best future shape and model for these services.



Long term health conditions and frailty

What is it?

Long term conditions, including frailty, are health conditions that can't at present be cured but can be controlled by medication and other treatment or therapies.

Why do we need to change?

- Support for staying healthy in later life could be better.
- Care needs to be centred around the needs of the individual, with support for them to manage their own conditions better.
- People aren't diagnosed early enough.
- Health care for some conditions isn't always managed as early as it should be which can create unnecessary crises for patients.
- Services for people who are frail differ across Somerset and aren't joined up.

Our emerging ideas

- Encourage people to understand health risks linked to lifestyle through networks of support with local communities, neighbourhoods and vulnerable groups.
- Work with GP practices to achieve a consistent approach to health and wellbeing through better care planning and coordination, health coaching and drawing on local support networks.
- New neighbourhood team approach in 14 new localities to support closer working between health and care services.
- Better support for people in their own homes, reducing the need for admissions to hospital.
- Joined up support and planning across community, acute, voluntary, and social care services to support and care for frail people more effectively.
- Build on the integrated care model for diabetes which is proving so successful.



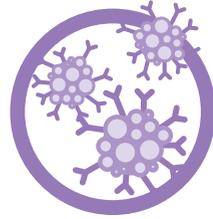
Cancer

Why do we need to change?

- Our timescales for treatment don't always meet national standards.
- Better access for everyone to services that diagnose and screen for cancer; there are currently some gaps.
- Greater support and awareness about changes in lifestyles linked to cancer and early identification of potential symptoms.
- Treatment for people with cancer should be centred around the needs of the patient, with fewer delays.

Our emerging ideas

- Make best use of staff and resources to support faster diagnosis, deliver high standards of cancer care, and ensure sustainability of some services which are vulnerable.



Mental health and learning disabilities

Why do we need to change?

- Gaps in community mental health services means people aren't supported in their own homes, and puts extra pressure on our hospitals.



- Diagnosis and treatment often takes too long.
- Services are struggling to meet demand and aren't joined up.
- Not enough is being done for people with mild or moderate mental health issues.
- Services have fallen short in supporting people's emotional and mental health wellbeing because of a lack of investment.

Our emerging ideas

- Better access to psychological therapies, wider range of services and support for less complex conditions, and stronger community-focused support for people with complex needs.
- Better 24/7 support in the community for people in crisis so they don't have to go to hospital.
- Make it as easy as possible for people with learning disabilities to access health and care services, as it is for everyone else.
- Achieve earlier diagnosis, and design care support to help people with memory loss stay in their own homes for as long as possible.

Planned care

What is it?

The patient journey for planned, or elective care usually begins with a referral by a GP to a specialist who has more specialised knowledge, skill, or equipment than the GP can provide.

Why do we need to change?

- Tests for diagnosis aren't always carried out to meet patient need nor the 6 week national standard.
- People often wait too long for treatment; in some non-urgent specialties it can be up to a year.
- Clinical staff in some smaller specialties are spread thinly which makes providing a local service difficult.
- There's some good innovation in outpatient care but other parts of outpatient services are outdated and inefficient in the way specialist consultant time is used; the overall experience for outpatients should be better.

Our emerging ideas

- Transformed outpatient service, streamlined and faster with a new range of approaches for outpatients such as telephone appointments, virtual clinics and triage by clinicians.
- Transformed diagnostic services, with the right capacity in the right place 24/7 for early diagnosis and better clinical access to tests.
- Improve the way we plan non-urgent treatments to make them more efficient and reduce occurrences of operations being postponed to make room for urgent treatments during busy periods.
- Review planned acute services where we can see difficulties in meeting national clinical guidelines, retaining our workforce, or providing the best quality care to patients.



Children's and maternity services

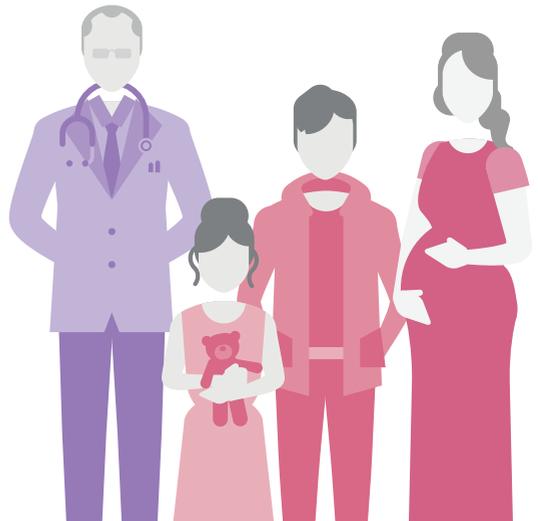
Why do we need to change?

- Choices for women about where they give birth and the obstetric support available varies depending where they live; inconsistency in antenatal, postnatal and community paediatric services is a big issue.
- Major gaps in mental health services for women in the weeks up to and after birth leave some women unsupported.
- Increasing numbers of children attending acute hospitals require intensive support for mental health conditions such as eating disorders. Support and services for children and their families need to be strengthened and provided earlier in more appropriate settings.
- Children and families can fall into gaps between different agencies and services, particularly during transition from children's to adult services.



Our emerging ideas

- Closer working between paediatric doctors, nurses and other professionals working across Somerset to provide a more consistent and accessible service to children and families.
- Review transition arrangements for young people moving from children's to adult services.
- Multi-agency teams based in community / locality hubs in local neighbourhoods.
- Greater access to midwife-led births as standard for most women.
- Centralisation of high-risk and complex maternity cases through staff specialisation and locally based expertise.
- Review support services for emotional and mental health to understand the gap and potential opportunities.



Getting fit for the future

Our vision of what a new health and care services model might look like.

See the full infographic on:
www.fitformyfuture.org.uk/how

Hospital & Ambulance services



Healthy Households



Health and Care in the Community

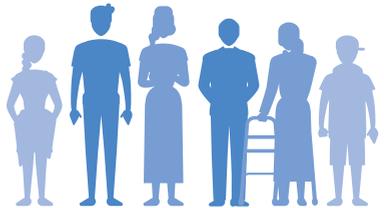


Healthy Neighbourhoods



We need you to get involved!

Join our events or become a volunteer, your lived experience can help inform and influence services.
We can build a healthier Somerset together.



Want to find out more?
visit:

fitformyfuture.org.uk