

Improving Community Health and Care Services - community engagement summary



Participate Ltd was commissioned by NHS Somerset Clinical Commissioning Group (CCG) to independently analyse and report upon the feedback gathered during the 'Improving Community Health and Care Services' community engagement.

The following summary provides an overview of the key findings from the report.

The full report can be viewed on the Fit for my Future website www.fitformyfuture.org.uk



Background

Public engagement took place from January 2020 to April 2020. Due to the COVID-19 pandemic the release of the report was paused.

The purpose of the engagement was to share the early thinking about how health and care services in Somerset can work together to better meet the needs of the population. We asked people for their views on this early thinking, so that Somerset CCG could take them into account in shaping the new model of care, before bringing any proposals out to public consultation.

The engagement took place as part of the Fit for my Future programme. Fit for my Future is Somerset's Health and Care Strategy that aims to support the health and wellbeing of the people of Somerset by changing the way we plan, buy and provide services. It is a joint strategy, led by Somerset County Council and Somerset CCG who are responsible for planning and buying health services to meet the needs of people in Somerset, now and in the future.

Our actions

- Stakeholder mapping
- Promotional plan
- Information widely distributed, including to 214 community venues across the county
- 64 engagement events, including drop in sessions, meetings and focus groups
- Community asset-led approach with seldom heard groups.



Response



837 surveys



49 pieces of correspondence



2 petitions



16 responses from professional bodies



Recorded feedback from 64 events

Improving Community Health and Care Services community engagement - Findings summary

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

- Supporting care at home can lead to better patient outcomes.
- If care was provided at home, it may mean that families/carers have to travel less.
- Urgent Treatment Centres (UTCs) may offer an enhanced range of services to take pressure away from Accident & Emergency (A&E).

Overall **concerns** focused on:

- The potential travel impacts for all, especially carers, elderly and those with a disability.
- Perceived loss of access to local services.
- Worries that 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.



What you told us

Health outcome feedback

Better patient outcomes were considered the most important factor of all.

The health of carers can suffer when the provision of care at home is insufficient.

Rural inequalities and rural exclusion may widen the health inequality gap especially for older people, people living alone and people with a disability.

Concerns about patients being excluded or isolated because they are unable to access digital services.



Patient choice feedback

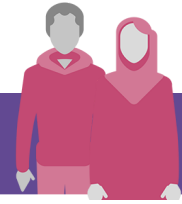
The need for choice. Some patients may not cope with home care, meaning that some may become lonely and isolated.

Not everybody's situations are suitable for being supported at home, either because they are on their own with no family support, because a carer needs respite or an individual has complex needs requiring a much higher level of support.

Continuity of care is important. Seeing a familiar face for the elderly, young people and those with a disability (physical or mental health), builds trust and reassurance.



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What you told us

Access to services feedback

Concerns that access to emergency care and other hospital services could be more difficult if a patient is based at home rather than in a community hospital setting.

Providing more support at home would increase waiting times for GP services.

Being able to access care packages was raised as an issue, in particular for people who are considered long term disabled that often do not meet the criteria for that level of support.

Local community-based beds are important for step-down, end of life and respite as well as relieving pressures on acute hospitals.

Concern that there could be inadequate provision locally of inpatient beds as a result of these proposals and asked us to be aware that there will always be a need for a certain number of inpatient beds.

Travel feedback

Transport was highlighted as a significant issue, particularly for those who cannot afford to access transport, those who would struggle because of a disability, the limited availability of public transport in Somerset and the additional time it would take carers to transport the people they are caring for to appointments.

The second most important factor overall identified was travel time. This had the highest level of importance for respondents from Central Mendip, North Sedgemoor and West Somerset.

Staff resources feedback

Concerns that there aren't enough suitably trained care staff to support people in their homes.

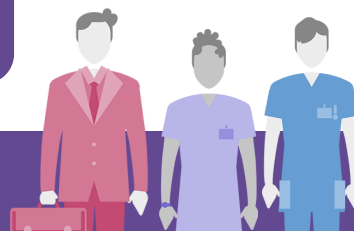
Concerns that staff would be stretched by travelling further between homes and may potentially be discouraged when they are not paid for travel time.

Concerns that paid carers and community nursing staff currently struggle to give sufficient time when they visit people and they visit infrequently, raising concerns around how the resources would be provided to support more home-based care.

Concerns that this model would require a much higher level of staffing to operate it successfully.



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What you told us

Supporting services feedback

The proposed model would need a community out of hours service and a simple point of access for home-based care.

A signposting service or a single point of contact would be needed so that it was clear to everyone what help was available and how to access it.

Explore the option of using care homes as a resource and investigate how they could be used and accessed.

There needs to be a holistic approach to community care with the NHS, social care and voluntary services working closely together.

Affordability feedback

Concerns about whether the proposed model is affordable.

You can read the full feedback from the Improving Community Health and Care Services Community Engagement Findings report by Participate Limited on our website.

Thank you to everyone you took the time to provide feedback.

Next steps

We will use the findings from the report to inform the model of care proposals.

We will keep you updated on the progress of the Fit for my Future programme on our website www.fitformyfuture.org.uk

