

Case studies



Somerset Academies

**Creating a more integrated approach
to health and social care**

A case study from the 2019 Public service:
state of transformation report



The headlines

- Somerset County Council and its local clinical commissioning group (CCG) are working together, using local projects to influence a system change towards prevention, early intervention and joined-up working.
- Health Education England has played an important role as a funding partner.
- The initial focus has been on developing a series of commissioning academies, which have become an important part of the delivery of Somerset's 'Fit for my Future' wellbeing strategy and its sustainability and transformation partnership (STP).

The Somerset context

Somerset has coterminous county and CCG boundaries. The county and its partners have been looking to create a more integrated 'joint commissioning' approach to the delivery of health and social care, with more emphasis on prevention, early help and re-ablement. As a rural county, isolation, poor social mobility, an ageing population and difficulties in recruiting carers create a strong need to move towards an approach that mobilises local assets in the community.

Results from a baseline survey conducted before day one of each of the first two Somerset Academies validated the hypothesis that, as partners, we did not have the right building blocks in place (relationships, mutual understanding, creativity, an outcome focus) to enable us to work effectively across Somerset's health and care system.

The Commissioning Academy model

The national Commissioning Academy is run at venues across the UK. The programme uses practical, peer-led learning involving master classes, workshops, guest speakers, site visits and peer challenge, with a focus on implementation. Over a five-day period, it covers key commissioning issues such as:

- commissioning for outcomes;
- whole-systems thinking, bringing all facets of public services together to deal with issues;
- co-producing with communities new ways of supporting people and using local assets better;
- behavioural insights;
- market engagement and development;
- alternative funding models, such as social impact bonds; and
- joint commissioning across organisational boundaries

Each participant is a part of a mixed sector cohort of up to 30 participants. The cohorts are designed to provide as much diversity as possible to maximise learning from experiences across a range of public service organisations, including central and local government, justice sector and health bodies, and 'place-based' groups (where organisations are working together in one area).

The Somerset Academies programme

The Somerset Academies programme tailors the national approach for Somerset.

- It focuses on the challenges in the health and social care sector.
- It involves a five-day programme run over a period of five months.
- 'Challenge projects' build momentum through action research and creating a 100-day action plan to make real change happen.

The aim is for partners to work together as place shapers and system leaders, building a mutually supportive 'team' ethos across Somerset by developing stronger relationships, shared understanding and collaborative behaviours and adopting a strengths/asset-based approach.

The programme supports people to live independent and positive lives by:

- promoting wellbeing and independent living;
- providing person-centred support;
- fostering partnership working and collaboration;
- encouraging strength-based conversations;
- exploring sustainable, community-based solutions; and
- focusing on outcomes

Our story so far – evolving the Academy for local impact

Two cohorts have engaged in the programme so far, a third is in progress and a fourth is being planned.

Cohort 1

The first cohort closely followed the Commissioning Academy format and was funded by Somerset County Council. Locally, the emphasis was on commissioning for outcomes, co-production and leading across the system. Participants came from the county, local district councils, the CCG, police, and the voluntary sector (Community Foundation).

We decided to organise the programme around group projects. Leaders from across the system suggested and sponsored participants, who were then allocated to the projects. The projects were broad by definition and part of the academy approach was to help project groups, through facilitation, to develop a focus. 'System leaders' attended on days two and five to work with the teams in order to help guide projects.

The projects were designed to deliver change and promote a shift in commissioning – initiatives such as Community Connects (local community support) and Home First

(enabling discharge from hospital) started following the programme and are attributed to it.

One project explored how to create a broader community response in Cheddar and Axbridge to a range of health and wellbeing issues, using asset-based community development approaches, and established a 'Seattle-style' community fund to support local wellbeing initiatives.

A data sharing protocol between the NHS, local authorities and emergency services arose directly as a result of a project looking at how better to support frequent attenders at A&E with multiple needs, but found that sharing data to analyse the issue was an obstacle.

A housing (HMO) project in part of Bridgwater used asset-based thinking and co-production with local groups to integrate single tenants better into the local community. The project succeeded in bringing voluntary groups operating in the area together to help enhance the local environment in co-production with the community and the project has also influenced the broader Somerset strategic housing framework.

Cohort 2

The second cohort was set up in a very similar way to the first. However, funding switched to Health Education England. The cohort saw an increased focus on asset mobilisation and development. The cohort also started to involve the Somerset NHS Trusts' quality improvement (QI) faculty and methods.

A 100-day follow-up workshop in October 2018 indicated that projects were continuing in a range of areas:

- tackling the high number of home-educated children in the county and how to enable them to be employable;
- identifying early signs of self-harming in children – this work has fed into commissioning activity aimed at prevention, in support of Somerset's 'Fit for my Future' wellbeing strategy;
- exploring (via a data group) how data can be used intelligently to improve targeting of resources;
- commissioning a role to support young people's transport in West Somerset, which has the lowest social mobility score in England;
- specifying a website for young carers; and
- starting a falls prevention education campaign, aimed at 50 to 65-year-olds supporting their parents, thereby also making this younger generation 'falls aware' as they themselves age

Cohort 3

This cohort is still in progress (as at March 2019) and is funded by Health Education England. The cohort is more health-focused in terms of participants and has integrated the QI faculty and methods more closely into its activities. Attendance was affected by the winter pressures on the NHS, but the group has maintained around 20 to 25 members.

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Once again, there is a range of projects.

- Young people who go ‘missing’ often have complex needs and poor and expensive outcomes. How can earlier help and integrated working improve outcomes?
- One group is working with businesses in a retail outlet village with high shopper footfall to create a dementia-friendly environment, building on existing initiatives.
- Another group is prototyping/testing an ‘advanced care (end-of-life) planning protocol’ with micro-providers and families in Minehead.
- Yet another is seeking to understand and respond to paracetamol poisoning (self-harming) through prevention and behavioural strategies.
- Finally, one group is exploring the pathway associated with ‘medically unexplained symptoms’.

The model is moving towards collaborative commissioning, continuous improvement and the direct delivery of projects.

Cohort 4

A fourth cohort was agreed in February 2019 with Health Education England funding.

The model is moving towards collaborative commissioning, continuous improvement and the direct delivery of projects, sponsored through the STP delivery boards. The academy is being redesigned to do this, with greater joint ownership and an approach focused more explicitly on system change and integrated health and social care. The Public Service Transformation Academy will lead a group of County Council, NHS and Somerset Quality Improvement Faculty (SQIF) representatives to carry out the redesign.

Projects are therefore being given more support in how to leverage the national academy tools and QI methodology brought into the development days. System leadership to deliver a more integrated care system will also be a focus.

Overview of Somerset academy programme flow

Day and theme	Day 01	Day 02	Day 03	Day 04	Day 05
Focus of content	Commissioning for outcomes and adopting a systems thinking approach. Initiate Team challenges	Community and place-based approaches including co-production. Accessing and using data.	Funding and commissioning for value across whole systems. Measuring impact.	Using behavioural insight to deliver outcomes: commissioning for value; new ways of working with providers	Building on assets and making change happen within STP context. Role of QI in transformation
Challenges	Day 1 Develop initial thinking (where are we now and why?), connect across the system and focus challenges Day 1-2 Team develops focus	Day 2 present initial thinking to senior system leaders and peer challenge (where do we want to go with our action research project?) Day 2-3 initiate action research	Day 3 Reflect and review progress Day 3-4 action research to build momentum, plan twelve months and hundred day next phase (doing and asking for help)	Day 4 Reflect and review progress Day 3-4 action research to build momentum, plan twelve months and hundred day next phase (doing and asking for help)	Day 5 present proposals and demonstrate momentum to invited senior panel (how will we get there and what impact will it have?)
Key questions for challenges	What defined outcomes would represent real change and improvement? What is the 'system'? What relationships are needed? How will we work together? What data is needed?	What defined outcomes would represent real change and improvement? What is the 'system'? What relationships are needed? How will we work together? What data is needed?	What is current funding in area we are looking at? How can we do better with less? What new funding methods can be used? What economic/value impacts can the project have?	How can we work in new ways with providers to develop local improvements? What changes in behaviours are we aiming for? What market changes are we looking at?	How we made the best use of assets? What will it look like in twelve months? What do we need to achieve in the next three months? What do we need from senior systems leaders?

The partners

Key partners include:

- Somerset County Council;
- Somerset CCG; and
- Health Education England through the STP local area workforce board (LAWB)

Latterly, they have been joined by:

- The NHS QI faculty; and
- South West Academic Health Science Network

What's been the impact of our work?

Cohort 1 demonstrated buy-in across the system, with take-up (aiming for a minimum of 25 participants) exceeding expectations. Forty people participated from across Somerset County Council (including children's and adults' services, economic and community infrastructure, and public health), the CCG, primary care, the police, district councils, the Department for Work and Pensions and Somerset Partnership NHS Foundation Trust.

The feedback was excellent, with 100 per cent of participants reporting on day five that:

- they had made useful connections via the academy;
- they had learnt from other academy participants; and
- the academy had been relevant or highly relevant to their individual learning needs and had been a good or excellent use of their time

Meanwhile, cohorts 1 and 2 demonstrated the following impacts, as set out by the LAWB:

Developing stronger relationships and a shared approach	System leaders commented on the commitment amongst the participants to improve the way we deliver services across the system and on the shared language which had developed during the five days.
Seeing a step-change in collaborative behaviours and system leadership across the system	The range and calibre of representatives from across Somerset's health and care system is viewed by the academy delivery partner as an exemplar.
Applying effective outcomes-focused, place-based commissioning which builds on strengths/assets and co-production	Three of the challenge projects have used an asset-based commissioning approach with some impressive results. These also provide great examples of co-production with local communities.
Taking forward actions and plans produced by challenge teams that lead to embedded and sustainable change and outcomes	One project has rallied the whole system in finding a solution to data sharing across the health and social care system. Another has established a fund for community activity in a locality of Somerset and has paved the way for the Stronger Communities workstream.
Shaping the journey towards a more integrated health and social care system	Taking the learning from cohort 1, subsequent cohorts have been shaped with health and the programme adjusted to encompass the quality improvement (QI) methodology, which is largely practiced in acute health settings. This will help us in our objective to talk the same language across partners.

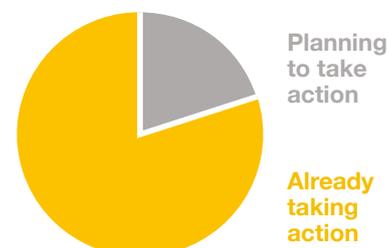
The key elements of our success

Many factors have contributed to our success.

- Identifying the specific challenges before day one of the academy encouraged greater system-wide buy-in.
- We have involved people from across the system in identifying these challenges and pinpointed the participants who will benefit most and have most to contribute to each specific challenge.
- Previous participants and senior system leaders are used to identify specific challenges and agree participants. We learned and evolved to bring in the STP delivery boards into this process.
- We benefited from the collective insights of people across the system who understand what type, scale and scope of challenge the academies can help address.
- Working closely with the NHS QI faculty in Somerset has opened up involvement of the NHS Trusts.

Day five evaluation cohort 1: will the programme lead to action?

DAY 5: What statement best reflects how committed you are to take action via your 100-day plan?



And if we were starting again...

If we were starting again, we would take even greater account of:

- the challenges of working effectively with participants who are affected by the massive pressure the system is under as a result of high demand for services combined with the need to implement major change programmes to achieve (austerity) savings;
- given time is at a premium, the need to set up the programme to ensure full buy-in from managers and participants – one way being to seek greater clarity at the outset from system leaders about the project areas that interested them and another being to build stronger emphasis on the team ownership of projects before day one;
- the importance of group leadership and drive – distributed leadership is fine, but the groups needed resources to push the work forward between the academy day meetings; and
- the value of meeting ‘on the day’ but the challenges of organising the sessions

Our key contacts

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Andrew Fisk

Andrew Fisk is a Senior Learning and Development Consultant at Somerset County Council. He has worked within the learning and development arena for over 20 years and is a Chartered CIPD member, trained coach and mediator, able to deliver development workshops, team development sessions, and face-to-face training and to give psychometric recruitment and development feedback. Andrew started out as a primary school teacher and spent 13 years in the Civil Service before joining the county, where he has now worked for over 10 years.

Vikki Hearn

Vikki Hearn is the Strategic Manager for Commissioning Development within Somerset County Council. Within this role she manages the commissioning learning and development needs of Somerset County Council and the commissioning gateway, as well as the organisation’s transformational requirements with regards to the commissioning function. Vikki has a background in managing Leaving Care Services, housing strategy and commissioning and was responsible for the development of Somerset’s Youth Housing programme.

Jo Howarth

Jo Howarth works as Deputy Director of Nursing and is the Quality Improvement Lead at Yeovil District Hospital. She is a registered nurse and has worked in both the acute and commissioning sectors of the NHS. A manager since the mid-1990s, she has been instrumental in setting up services such as Clinical Site Management, Waiting List Management (now Access/Contact Centre), Theatre Admission and Discharge lounges. After re-joining YDH in 2013 as the Associate Director of Patient Safety she led the delivery of reductions in avoidable harm over the following four years. Jo has recently completed the Director Programme with the NHS Leadership Academy.