

Democratic Services

Riverside, Temple Street, Keynsham, Bristol BS31 1LA

Telephone: (01225) 477000 *main switchboard*

Direct Line: 01225 394452 Fax: 01225 394439

Web-site - <http://www.bathnes.gov.uk>

Date: 17th July 2014

E-mail: Democratic_Services@bathnes.gov.uk

To: All Members of the Wellbeing Policy Development and Scrutiny Panel

Councillor Vic Pritchard
Councillor Sharon Ball
Councillor Sarah Bevan
Councillor Lisa Brett
Councillor Anthony Clarke
Councillor Bryan Organ
Councillor Kate Simmons
Vacancy Committee member
Vacancy

Chief Executive and other appropriate officers
Press and Public

Dear Member

Wellbeing Policy Development and Scrutiny Panel: Friday, 25th July, 2014

You are invited to attend a meeting of the **Wellbeing Policy Development and Scrutiny Panel**, to be held on **Friday, 25th July, 2014 at 10.00 am** in the **Kaposvar Room - Guildhall, Bath.**

The agenda is set out overleaf.

Yours sincerely

Jack Latkovic
for Chief Executive

If you need to access this agenda or any of the supporting reports in an alternative accessible format please contact Democratic Services or the relevant report author whose details are listed at the end of each report.

This Agenda and all accompanying reports are printed on recycled paper

NOTES:

- 1. Inspection of Papers:** Any person wishing to inspect minutes, reports, or a list of the background papers relating to any item on this Agenda should contact Jack Latkovic who is available by telephoning Bath 01225 394452 or by calling at the Riverside Offices Keynsham (during normal office hours).
- 2. Public Speaking at Meetings:** The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group. Advance notice is required not less than two full working days before the meeting (this means that for meetings held on Wednesdays notice must be received in Democratic Services by 4.30pm the previous Friday)

The public may also ask a question to which a written answer will be given. Questions must be submitted in writing to Democratic Services at least two full working days in advance of the meeting (this means that for meetings held on Wednesdays, notice must be received in Democratic Services by 4.30pm the previous Friday). If an answer cannot be prepared in time for the meeting it will be sent out within five days afterwards. Further details of the scheme can be obtained by contacting Jack Latkovic as above.

- 3. Details of Decisions taken at this meeting** can be found in the minutes which will be published as soon as possible after the meeting, and also circulated with the agenda for the next meeting. In the meantime details can be obtained by contacting Jack Latkovic as above.

Appendices to reports are available for inspection as follows:-

Public Access points - Riverside - Keynsham, Guildhall - Bath, Hollies - Midsomer Norton, and Bath Central, Keynsham and Midsomer Norton public libraries.

For Councillors and Officers papers may be inspected via Political Group Research Assistants and Group Rooms/Members' Rooms.

- 4. Attendance Register:** Members should sign the Register which will be circulated at the meeting.
- 5. THE APPENDED SUPPORTING DOCUMENTS ARE IDENTIFIED BY AGENDA ITEM NUMBER.**
- 6. Emergency Evacuation Procedure**

When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are sign-posted.

Arrangements are in place for the safe evacuation of disabled people.

Wellbeing Policy Development and Scrutiny Panel - Friday, 25th July, 2014

at 10.00 am in the Kaposvar Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

The Chair will draw attention to the emergency evacuation procedure as set out under Note 6.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting. Members are asked to indicate:

(a) The agenda item number in which they have an interest to declare.

(b) The nature of their interest.

(c) Whether their interest is **a disclosable pecuniary interest** *or* **an other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

6. ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

At the time of publication no notifications had been received.

7. MINUTES (Pages 7 - 26)

8. CABINET MEMBER UPDATE

The Cabinet Member will update the panel on any relevant issues. Panel members may ask questions

9. CLINICAL COMMISSIONING GROUP UPDATE

The Panel will receive an update from the Clinical Commissioning Group (CCG) on current issues.

10. HEALTHWATCH UPDATE (Pages 27 - 36)

Members are asked to consider the information presented within the report and note the key issues described.

11. SPECIALIST MENTAL HEALTH SERVICES UPDATE (20 MINUTES) (Pages 37 - 114)

The Wellbeing Policy Development and Scrutiny Panel is asked to note:

- Continued progress in implementing more service user led, recovery focused community support services.
- The implementation of the “LIFT Psychology” Primary Care Talking Therapy service.
- The issues and options to be considered by local stakeholders relating to specialist acute mental health in-patient services.

12. CONNECTING FAMILIES UPDATE (20 MINUTES) (Pages 115 - 120)

The Panel are asked to note progress being made with Connecting Families Team and to receive an update about phase 2 (a new five year programme 2015 to 2020) and brief the panel about the suggested new criteria, especially those linked to health.

13. SEXUAL HEALTH (HIV) (20 MINUTES) (Pages 121 - 130)

This report will update the Wellbeing Policy Development and Scrutiny Panel on the prevalence of, and related issues to, HIV infection in Bath and North East Somerset and detail actions the local authority is taking in support of the national Halve It campaign.

14. PANEL WORKPLAN (Pages 131 - 134)

This report presents the latest workplan for the Panel (Appendix 1).

The Committee Administrator for this meeting is Jack Latkovic who can be contacted on 01225 394452.

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BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 16th May, 2014

Present:- Councillors Vic Pritchard (Chair), Sarah Bevan, Lisa Brett, Eleanor Jackson, Anthony Clarke, Bryan Organ and Brian Simmons

1 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer drew attention to the emergency evacuation procedure.

3 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillors Cherry Beath, Sharon Ball and Kate Simmons had sent their apologies to the Panel. Councillor Brian Simmons was a substitute for Councillor Kate Simmons.

Councillor Lisa Brett was the Vice-Chair of the Panel for this meeting.

Councillor Simon Allen, Cabinet member for Wellbeing, also had sent his apologies for this meeting.

4 DECLARATIONS OF INTEREST

Councillor Eleanor Jackson declared an 'other' interest as a Council representative on Sirona Care and Health Community Interest Company.

Councillor Vic Pritchard declared an 'other' interest as a Council representative on Sirona Care and Health Community Interest Company.

5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

6 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

The Chairman informed the meeting that the Panel received a statement from Pamela Galloway related to the Hydrotherapy Services agenda item. The Chairman also said that points raised in the statement might be considered later on the agenda, during the debate on this matter.

7 MINUTES

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman.

8 CABINET MEMBER UPDATE (10 MINUTES)

The Chairman informed the meeting that Councillor Allen had sent his apologies to this meeting.

The Chairman suggested to the Panel to consider Cabinet Member Update now and if there were any questions, or queries, that needed to be answered, then those would be included in the next update.

The Chairman invited Jane Shayler (Deputy Director for Adult Care, Health and Housing Strategy and Commissioning) to give an update to the Panel (attached as appendix to these minutes).

Councillor Jackson commented that one Sunday morning she was walking by the Bath Abbey and counted seven rough sleepers around the Abbey.

The Chairman suggested that the next Cabinet Member update should include a joint response from the Cabinet Member for Wellbeing and also the Cabinet Member for Homes and Planning, with the support from Housing Services, on current position regarding rough sleepers in the area.

9 CLINICAL COMMISSIONING GROUP UPDATE (10 MINUTES)

The Chairman invited Dr Ian Orpen (Clinical Commissioning Group – CCG) to give an update to the Panel.

Dr Orpen updated the Panel with current key issues within the BANES CCG (attached as appendix to these minutes).

The Panel made the following points:

Councillor Bevan asked if the CCG had been collecting feedback from the public exhibitions they organised and what had been done with it.

Dr Orpen responded that if the CCG's Communications Team had been collecting the feedback and used the same either to communicate with specific groups or service providers.

Councillor Brett asked if the Referral Support Service would help addressing the issue of signposting.

Dr Orpen responded that the Referral Support Service would help addressing the issue of signposting to some extent, though the Referral Support Service was more about supporting people with the 'Choose and Book' service.

Councillor Clarke commented that the Council signed up to look after military/ex-military personnel and veterans and asked if the CCG responsibility was to give priority to veterans. Councillor Clarke asked this because servicemen had had trouble navigating the RUH in particular, and if the CCG would undertake some monitoring on this matter.

Tracey Cox responded that she would be happy to take away comments from Councillor Clarke and discuss with the relevant providers.

Councillor Jackson commented that the CCG's roadshows should have been publicised better to attract more public. Councillor Jackson also said that the Panel should keep an eye on the interface between the Council's public health responsibilities and how it fits with the CCG's remit.

Councillor Jackson added that mental health issues had been underestimated and ought to be one of the CCG's priorities.

Dr Orpen replied that the CCG would have a review of their roadshows and they would be looking to attract more public to it. Dr Orpen agreed with Councillor Jackson about her views on the public health within the Council and the CCG.

Dr Orpen also said that mental health had not been singled out as one of the CCG's priorities because it has been crossing over other areas. Nevertheless, Dr Orpen took on board comment from Councillor Jackson.

The Chairman thanked Dr Orpen for an update.

10 HEALTHWATCH UPDATE (10 MINUTES)

The Chairman invited Pat Foster and Ann Harding to introduce the report.

The Panel unanimously welcomed new format of the report. The Panel felt that the report was accessible and easy to understand with a lot of useful information on what the Healthwatch B&NES did to date. Some Members of the Panel commented that the report could be slightly shorter next time.

Pat Foster took these comments on board.

The Panel asked if the Healthwatch had had a contact with the Patient Liaison Services from the RUH.

Pat Foster responded that the Healthwatch had been recently to visit the Patient Liaison Services from the RUH and that they were hoping to build stronger relationship.

The Chairman thanked Healthwatch representatives for an update.

11 THE ROLE OF CQC – CHANGES TO REGULATION (20 MINUTES)

The Chairman invited Daniel Lloyd (Inspection Manager) to introduce the report.

The Chairman also informed the meeting that he had sent procedural briefing (on how the CQC operates) to the Panel in advance of the meeting.

Daniel Lloyd took the Panel through the report.

The Chairman commented that 73% of care homes had met the required standards. Although many issues that required improvements were minor, the CQC, in recognising these issues as non-compliant, all too often gave an adverse score.

The Chairman also commented that the CQC inspection outcomes go from 'good' to 'needing the improvement', which were quite profound divisions of assessment.

Daniel Lloyd explained that people should aim for 'good' or 'outstanding'. Some care homes, for example, would say 'it is only a minor thing' and those could be indicators that something had been happening which would need to be investigated,

The Chairman said that the public would make their perception of the service, especially when they see that compliance was not mainly 'good' or 'outstanding', and their perception might be different. For instance - they might go somewhere else. The Chairman said that the CQC also has a responsibility in addressing public perception.

Councillor Brett asked where complaints would go when received from the public or service users.

Daniel Lloyd explained that complaints go directly to the inspector who has been responsible for that service. Those complaints, which were suggesting breach of regulation, would be dealt via the CQC intelligence section.

Councillor Organ suggested that some sort of CQC publication, with ten bullet points written on it, should go to every household in the area.

Daniel Lloyd took this comment on board.

Councillor Brett commented that it would be much better if ratings were divided in categories (i.e. quality of care, administration, etc) so members of the public could feel comforted that even though a care home in question might have poor ratings in administration, they still had excellent ratings in quality of care.

Daniel Lloyd took this comment on board.

Councillor Bevan commented that some of unpaid carers were children and asked if there was any particular consciousness and awareness on that issue.

Daniel Lloyd responded that the CQC had been using experts and specialist to get the feedback from those children in terms of their needs.

The Chairman thanked Daniel Lloyd for the presentation/report.

It was **RESOLVED** to note the presentation and to invite the Care Quality Commission representatives with a further update/s at future meetings.

12 URGENT CARE UPDATE: BATH HEALTH COMMUNITY - WINTER REPORT 2013/14 (30 MINUTES)

The Chairman invited Dominic Morgan (Urgent Care Network Programme Lead for NHS Bath and North East Somerset Clinical Commissioning Group) to introduce the report.

Members of the Panel welcomed the new approach in terms of the leadership, planning, management, monitoring and also to other changes to the whole Urgent Care System management.

The Panel also welcomed joint working between commissioners (Clinical Commissioning Group) and providers (Sirona and the RUH).

The Panel commented that Urgent Care would be experiencing most of the pressure in winter.

Dominic Morgan explained that finance and workforce for winter months had been, and would continue to be, the biggest challenge for Urgent Care.

It was **RESOLVED** to note the report.

13 BRIEFING ON THE DEVELOPMENT ON THE VASCULAR SERVICE (ADULTS) MODEL OF CARE (20 MINUTES)

The Chairman invited Steve Sylvester (Head of special Commissioning) to introduce the report.

The Panel also had an opportunity to watch a video on YouTube, made by the NHS England, where Andy Weale, Consultant Vascular Surgeon at North Bristol NHS Trust, explained the proposed developments to specialised vascular services in Bath and Bristol.

The Chairman, on behalf of the Panel, felt that the proposals would be medically more efficient and also more financially effective.

It was **RESOLVED** to support Vascular Services (adults) proposals as printed.

14 HYDROTHERAPY SERVICES (15 MINUTES)

The Chairman invited Mike MacCallam (Joint Commissioning Manager for Learning Disabilities) to introduce the report.

Following the debate between Members of the Panel and officers it was **RESOLVED** that the Panel would receive a further update report with the following information:

- 1) Number of people currently benefiting from hydro-therapy services;
- 2) How would the service be managed; and
- 3) What would be the realistic cost of the Writhlington pool adaptation?

15 HOMECARE REVIEW 2010 UPDATE (30 MINUTES)

The Chairman invited Councillor Eleanor Jackson to introduce the report.

Councillor Jackson took the Panel through the report highlighting what had been happening with the Home Care since the review in 2010 and what her concerns were for some particular areas, as printed in the report.

Councillor Jackson and Clarke thanked officers and care providers who took part in this review and also who provided an up to date information for this report.

Councillor Jackson suggested that the Panel should revisit this matter in year 2017, just to keep a close eye on the issues which had been identified by this report and also by the CQC.

Councillor Bevan expressed her concerns that newly trained care staff might not be adequately prepared for clients with mental health issues, especially where there could be a case of language barrier.

Councillor Jackson said that the Task and Finish Group from 2010 did not look at issues around communication skills of clients who found it difficult to explain they had problems with stress, anxiety, etc. Some speakers of different languages were not getting the degree of care they needed. Councillor Jackson said that this was an area of concern for her.

Councillor Clarke said that domiciliary care service was in transition when the Task and Finish Group looked into this issue back in 2010. It now looks like a well-run service. Councillor Clarke also said that there had been a big turnover of people working in Domiciliary Care, though this is a national issue as these people are not the best paid workers in the country. Councillor Clarke summed up by saying that we were still getting good quality of staff and provide good service in this area

It was **RESOLVED** to note the report and to receive a further update in 3 years' time.

16 SOUTH WESTERN AMBULANCE SERVICE (NORTH AREA) JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE: COUNCILLOR MEMBERSHIP (5 MINUTES)

The Chairman introduced the report.

It was **RESOLVED** that Councillor Vic Pritchard will be the third member representative from B&NES on the South Western Ambulance Service (North Area) Joint Health Overview and Scrutiny Committee.

17 PANEL WORKPLAN

The meeting ended at 1.30 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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Cllr Simon Allen, Cabinet Member for WellBeing Key Issues Briefing Note

Wellbeing Policy Development & Scrutiny Panel – May 2014

1. PUBLIC ISSUES

B&NES NHS Health Check Programme update

The NHS Health Check is a local authority mandatory public health function, commissioned by the Public Health team and delivered by all GP surgeries in B&NES. The DH and Public Health England are very committed to this programme, and feel that it has an important role to play in improving lifestyles and reducing the burden of long term conditions on the NHS and on social care. However, there is a lively debate in public health circles as to the strength of the evidence base and whether it may widen rather than reduce health inequalities.

12,387 NHS Health Checks were offered to B&NES residents aged between 40 and 74 during 2013/14. Of these 6330 people took up the offer and had a Health Check. This represents a 51% take up which is a significant improvement in on 12/13 (45.6%) and represents nearly 1000 additional checks undertaken.

The NHS Health Check is for everyone aged between 40 and 74 who has not been diagnosed with heart disease, diabetes or kidney disease. People are invited once every five years by letter from their GP surgery. The NHS Health Check assesses a person's risk of developing heart disease, type 2 diabetes, kidney disease and stroke. It takes about 20 – 30 minutes and includes a simple blood test to check cholesterol levels. The Check helps identify potential risks early and provides a range of lifestyle advice to enable people to take action to prevent the onset of these conditions.

Workplace Wellbeing Charter

Promoting good health through workplace interventions has a lot of potential to improve both the physical and mental health of workers. Furthermore if we can release energy, enthusiasm and resources of the workplaces of BaNES we could make a small core council resource go a very long way.

Two local workplaces have recently been accredited with the Workplace Wellbeing Charter, a nationally developed framework to maintain and improve employee health, endorsed by Public Health England. Sirona Care and Health and Swallow have both been awarded the Charter which helps employers to take an holistic approach to common workplace problems such as stress and musculoskeletal problems and identify ways of reducing costs to the business of employee absenteeism and ill health. B&NES Council will be piloting use of the Charter across its directorates during 14/15.

“Fit For Life” Strategy Development

The draft Fit for Life strategy, which has been developed by members of the People and Communities and Place directorates sets out the Council's ambitions for

improving health and wellbeing and reducing health inequalities in Bath and North East Somerset through increasing physical activity levels. It seeks to find ways to make physical activity more central to people's lives through making explicit links to the Health and Wellbeing Strategy.

The strategy also considers the contribution sport and physical activity can make to the economy of the area, how they can help to enhance the area and communities through bringing people together and reducing social isolation. The strategy also seeks to make a contribution to improving the environment and supporting the sustainability agenda and so is a truly cross-cutting view of this important area of work.

Bath and North East Somerset Council would like to engage with local residents, communities and providers, on its draft Fit for Life Strategy and a consultation is now underway.

The Vision

The overarching vision for 'Fit for Life', agreed by all partners and delivery organisations is: To get more people, more active, more often, in a safe, sustainable environment leading to improved health and wellbeing for all.

The strategy has 4 key themes:

Theme 1 - Active Lifestyles

Active Lifestyles is about increasing opportunities for everyday activity, sport, recreation and preventing and treating ill health for all ages and abilities across the locality. We want to develop and support activities that start where people are, are fun and sociable and help to build and strengthen communities.

Theme 2 - Active Travel

Active Travel is about encouraging walking and cycling as a means of getting to school, work and getting around as part of everyday life.

Theme 3 - Active Design

Active Design is about developing planning policy and practice which supports an increase in physical activity and facilitates positive wellbeing for all residents.

Theme 4 - Active Environments (Facilities and outdoor space)

Active Environments is about maintaining and improving the standard and safety of our parks, play and leisure facilities, green spaces and access to the natural environment in order to encourage their use by local residents and visitors.

<http://www.bathnes.gov.uk/services/sport-leisure-and-parks/health-and-fitness/fit-life>

2. PERFORMANCE

Care Home Performance Update (January – March 2014)

Baseline Data

Page 2 of 10

At the time of writing there were 57 residential and nursing homes under contract in B&NES including those providing services to people with learning disabilities and people with mental illness.

As at 7th May 2014 1134 individuals were recorded as being 'permanently placed' in residential/nursing care, supported living or extra care settings although this figure also includes a number of individuals who are placed out of area i.e. not with a contracted provider in the B&NES local authority area. This is a decrease since the last report of 11 people.

Care Quality Commission Data

The Care Quality Commission came into being in April 2009 and required all adult social care and independent health care providers to register by October 2010. Part of the role of CQC is to carry out inspections of care homes and to assess compliance against twenty eight quality standards, known as the 'essential standards'.

In Bath and North East Somerset all homes under contract have been inspected by CQC, the performance for the January to March 2014 period is summarised in the table below.

All standards met	31 homes
One standard requiring improvement	3 homes (decrease of 5 since last period)
Two standards requiring improvement	4 homes (decrease of 3 since last period)
Three standards requiring improvement	0 homes (decrease of 3 since last period)

When one or more essential standards are not met and there are serious concerns regarding the quality of care provision in a home, CQC may issue compliance notices which require providers to respond within specific timescales, after which follow up inspections take place. At the time of writing 11 homes in B&NES were under compliance action, a decrease of 2 since the last period. The action was evidenced to have a minor impact to service users for 7 homes, a moderate impact to 2 homes and a mix of minor and moderate to 2 homes.

All homes with outstanding compliance issues are required to produce action plans setting out how, and in what timescales full compliance will be achieved. This information is utilised to inform the review B&NES schedule and to inform contract monitoring activity.

A report published by Age UK on 28th June 2012 suggests that around 73% of adult social care provision is fully compliant with CQC standards and this figure is corroborated by the analysis above which indicates that 72% of homes inspected in B&NES are fully complaint.

Service User & Stakeholder Feedback

Information regarding the quality of care homes is collected at each individual service user review and collated on a 'feedback database' by commissioners. The database is also used to store 'adverse incident' reports received from health colleagues. During the period January to March 2014 feedback relating to 7 care homes was received via the feedback database, these are summarised in the table below.

Nursing home	Costs of placement
Nursing home	Good communication
Residential home	Various quality issues
Nursing home	Pressure area care
Residential home	Attitude of staff
Residential Home	Staff Turnover and management oversight
Nursing home	Not adhering to other professional input into care planning

Commissioning & Contracts Review

Of the above homes 6 have been reviewed by Commissioning & Contracts Officers. A further 9 homes where no concerns were raised have been reviewed during the reporting period as part of the planned schedule of contract review activity. In addition 9 homes have received short reviews to follow up action plans from the full review process.

Six of the above homes have been recently inspected by CQC and five of these were found to be fully compliant whilst one has one outstanding compliance action.

Officers liaise closely with CQC and with health and social care colleagues to triangulate intelligence and to agree collaborative responses to all concerns identified. This information sharing process is relied on to prioritise inspection and review activity, thus making most effective use of limited capacity in the commissioning team.

Domiciliary Care Performance Update (March and April 2014)

Baseline data

There are four domiciliary care strategic partners under contract in B&NES and, at the time of reporting, four spot providers, plus a small number of 'one off agreements'. The contract with strategic partners is a framework agreement under which providers are paid quarterly in advance for a projected number of care hours they will deliver, then this amount is adjusted to reconcile with the actual number of care hours delivered.

During the reporting period the total number of care hours delivered by all contracted providers was between 4821 (25th of February 2014 to 537 service users) and 4838 care hours (30th of April 2014 to 552 service users). These hours are within projected demand limits.

The strategic partners are commissioned to accept the majority of all referrals for domiciliary care made by Sirona Care & Health as part of the statutory social care assessment and care management process. On the 6th May 2014 77% of all commissioned domiciliary care (4834) was being delivered by the strategic partners

with the remaining 23% being delivered by either a contracted spot provider or commissioned under a 'one off agreement'.

The 23% of hours commissioned outside of the strategic partnership contract are delivered equally through spot and one off agreement contracts.

Hours of Service Provided by Four Strategic Providers per Zone:

Zone	Number of Service Users	Number of Visits	Care Hours
Bath North	144	1527	1109
Bath South	159	1795	1370
NES (Keynsham)	94	1202	913
NES (Norton Radstock)	151	1998	1419
	548	6522	4811

Care Quality Commission Data

Three of the four domiciliary care strategic partners have been inspected by CQC since December 2013. Two have been found to be fully compliant with all essential standards being met. The third was judged to not be meeting the standard around supporting staff. The Inspection report states the following:

Staff we spoke with confirmed they had completed core skills training and records we looked at showed evidence of this training being completed. One care worker described the training available as "very good" and another told us "it was very worthwhile". Staff received good informal support however there was a failure to provide 1:1 supervision and yearly appraisals. We asked care workers about the support they received. All of the 10 care staff we spoke with were very positive about the informal support they received. Particularly the availability of supervisors and the response they received if they spoke to office staff. One care worker said the support was "very good" and another described it as "brilliant". A third care worker said they were "really impressed with the agency". However staff told us there was little one to one supervision available. We were told there was "no regular 1:1 supervision", "can't remember when I last had 1:1 and "have only ever had one 1:1 supervision. We looked at records for nine care staff. Of these there was evidence of 1:1 supervision for three, of the remainder there was no evidence of their having had 1:1 supervision. Staff we spoke with told us they had not received a yearly appraisal. The records we examined showed none had received an appraisal in 2013.

This was, however, judged by the Compliance Inspector to have a minor impact on people who use the services of this provider. The provider has produced an action plan to address this issue, which has been submitted to CQC and shared with Commissioners.

At the time of writing, the report for the fourth strategic domiciliary care provider (which was inspected on the 8th March 2014) had just been published. The service was judged to be fully compliant and stated the following:

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 February 2014, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service, talked with carers and / or family members and talked with staff.

People and their relatives and friends who responded to the questionnaires were satisfied with the care and treatment provided by the agency. The person we visited and their relative said the staff were good.

People told us their privacy and dignity was respected by the staff. We were told they had not experienced any form of discrimination from the staff.

People told us their care needs were reviewed and their care plans were updated following the reviews. Staff knew care plans directed them to meet people's needs consistently and guided them on their changing needs.

People felt safe with the staff. The staff received safeguarding adults training and knew the procedure for reporting suspicions of abuse. Staff knew it was their duty to report any poor practice they may witness from other staff.

Staff received essential training to meet the needs of people and their performance was monitored.

There was an effective system to gain the views of people about the agency. People's views about the service were taken seriously and used to improve the personal care delivered.

Two of the spot contract providers have also been inspected by CQC since the end of December 2013 and both have been judged as being fully compliant.

Service User & Stakeholder Feedback

Feedback about the quality of services received from the domiciliary care strategic partners and spot providers is sought by Sirona Care and Health staff when conducting service user reviews. Since the beginning of March 2014 four concerns have been shared with Commissioners and providers following reviews undertaken.

- Concerns relating to lack of clarity regarding whose responsibility it was to inform a client's family, social worker and partner support provider that a client was unwell, had been visited by paramedics and subsequently admitted to hospital. There was confusion surrounding whether this was the agency's or the ambulance crew's responsibility. This has been clarified with the care agency that the worker should have contacted the client's family and social worker to inform them client was unwell/refused GP. The client is known to refuse care. Also, an annual review had been dated incorrectly in the client's file. The agency has addressed this with the relevant staff member.
- One concern related to a client receiving lots of different carers on her evening calls, and some staff were unclear what they were supposed to do. The client is very happy with her morning support which is provided by a regular carer.

The agency has agreed for the evening carers to shadow the morning carer so they are clearer about what they have to do.

- One concern related to the agency sending a male care worker without informing the client's daughter (as requested by client/daughter) prior to the worker visiting. The client's daughter decided to end the contract with the agency after her mother nearly fell whilst getting ready for a shower. She had been waiting for the care worker who had been writing up some notes. The client's daughters have decided to take on the provision of care themselves.
- One concern related to late calls and lack of continuity relating to lots of different carers. This has been addressed with the agency.

There have been no concerns received regarding the service provided by the spot contractors.

Commissioning & Contracts Review

All strategic providers were reviewed in November and December 2013 by Commissioning and Contracts and no concerns were identified as part of this review process.

A Strategic Partnership Meeting was held on the 13th of March 2014. Providers presented feedback on their latest internal quality monitoring results and provided information on their staff recruitment and retention. All providers demonstrated a commitment to providing quality services and a willingness to address concerns.

During the last twelve months providers have introduced computer monitoring systems which allow for planning travel time between scheduled visits and continue to encourage staff to ring into their offices when they are running late so that contact can be made with the service users.

Commissioning and Contract Officers liaise closely with CQC and with health and social care colleagues to triangulate intelligence and to agree collaborative responses to any concerns identified. This information sharing process is relied on to prioritise inspection and review activity, thus making most effective use of limited capacity in the commissioning team.

3. SERVICE DEVELOPMENT UPDATES

School Food Plan

Good progress being made by staff from Catering Services, the DPH Award team and “Food in Educational settings” to support the implementation of the School Food Plan which includes the Universal roll out of free school meals for key stage 1 by September, and the increase in school meal uptake for key stage 2 and 3, We will also be introducing ‘Love Cooking’ in the Curriculum by September 2014. Lack of basic cooking skills is one of the major barriers to people taking control of their diet and eating more healthily within any budget.

Meetings with each infant school have been taking place and barriers in place being identified and practical solutions being created to support each individual school to meet the challenge.

Public health have invested additional money to increase capacity to support this work, in addition to the Government funding which has been allocated to schools via catering services.

The B&NES video is the first link on the national website as an example of ‘what works well’ <http://whatworkswell.schoolfoodplan.com/>
<http://www.schoolfoodplan.com/>

Wellbeing College Pilot

Bath & NE Somerset Council has successfully tendered the Wellbeing College Pilot Project, and the contract has been awarded to Sirona Care & Health as the lead body, with a range of affiliate partners from across the health and wellbeing sector. The Pilot is now being progressed.

The B&NES Wellbeing College will enable an increased number of people within the community to have easier, less stigmatised and more equitable access to a wide range of quality assured courses which address their wellbeing, help them develop healthy lifestyles, and manage their long term conditions.

A number of core objectives have been defined to ensure that this development of Mental Health and Wellbeing Services exploits the full potential of local Community Providers to enable safe, effective and value-for-money provision of services to be provided across B&NES. These are to:

- Ensure provision of a range of high quality and successful self-management and early intervention courses by wide-ranging health, social care and community organisations in Bath and North East Somerset under a college approach.
- Enable people, through this approach, to understand their conditions and the impacts upon daily life, share their experiences, learn ways to manage their conditions, build their skills, support one another and take control.
- Establish training and support for peer tutors and volunteers to deliver relevant courses within this educative model using a co-production, recovery focused approach.

Promote available courses and opportunities and provide an information, signposting and advice service to guide participants to courses/groups that will help to meet their health, social care and wellbeing needs.

Living Well Service

Commissioners have worked with Sirona Care & Health over the past 6 months to remodel the above two separate employment support services into a Living well Service. The aim of this service will be to establish networks of support within the community, with a paid support worker at the heart of each network, and a strong element of peer support and peer mentoring within and across the networks. St Mungo's Peer Mentoring Service will work closely with this service to train people as appropriate.

The Living Well Service will use a localised version of WRAP (Wellness, Recovery Action Plans) with people within each network, to act as a focal point for people's recovery and wellbeing, and also to make best use of the peer led support and shared experiences within the networks.

It is anticipated that these networks and people's WRAP plans will integrate with the Wellbeing College, the Social Prescribing Service, and Reablement Service. The Living Well Service is due to become operational in July 2014.

Homeless Patient Discharge Service (HPDS)

For vulnerable people at risk of rough sleeping

Funding has been obtained via the Avon and Somerset Rough Sleeper fund to pilot the Homeless Patient Discharge Service (HPDS) for 12 months from April 2014.

The work will target prevention of homelessness/rough sleeping and ensure planned move-on following admission across the RUH, with specific emphasis on three identified wards - Haygarth, Waterhouse and Parry.

The emphasis will be on holistic assessment, multi-agency working/co-ordination and positive client outcomes including reducing rough sleeping, reducing hospital re-admission, improved health and working within the No Second Night Out principles.

The HPDS is aiming to achieve the following outcomes:

- Decrease in rough sleeping as people are not discharged with No Fixed Abode, to a full hostel or B&NES Housing Options Team when there is not a case for Priority Need assessment or have no local connection.
- Decrease in the number of women who are admitted from attendance at A&E as other options are identified with both health and support needs met.
- Prioritising of women to remove the need to sleep rough and contribute to the NSNO B&NES target that "No woman needs to sleep rough on the streets of B&NES".
- Increase in the number of written Single Service Offers including reconnection.
- Reduced cost to critical services such as B&NES Housing Options with less presentation as housing options are given prior to discharge; and to the NHS through reduced bed days.

- Increased Health outcomes for individuals which will increase the exit time from a homeless lifestyle which includes rough sleeping.
- Early intervention enhancing planning processes which focus on appropriate discharge from the point of admission.

Briefing for Scrutiny Panel

Dr Simon Douglass to step down as Clinical Accountable Officer

The CCG's Clinical Accountable Officer, Dr Simon Douglass, announced on 30 April that he will be stepping down from his role at the end of June. He has been at the helm of the CCG since it started operating in shadow form in 2011 and successfully led the CCG through the authorisation process last year.

Simon has been instrumental in improving the system of urgent care based around the Royal United Hospital with the result that demand for services was much more effectively managed through the winter months of 2013/4. Part of this work included the development of the new Urgent Care Centre at the RUH.

The CCG is now taking this opportunity to review its leadership structure to ensure it is appropriate for the future needs of the organisation. Our GP members are being canvassed for their opinions and the results will be reported at the next GP Forum on 20 May.

Urgent Care Centre

Bath and North East Somerset Doctors Urgent Care (BDUC) launched the new integrated urgent care service commissioned by BaNES CCG on 1st April 2014. The service is comprised of four integrated elements:

- An urgent care centre (UCC) situated within the Emergency Department of the RUH which is open 24 hours a day for all presenting patients.
- GP Out-of-Hours which provides telephone assessment and advice, home visits and face to face consultations at the UCC and at Paulton Hospital Memorial Hospital for BaNES patients only.
- Medical cover to the Sulis Unit at St Martin's and to Paulton Memorial Hospital.
- The homeless healthcare service based at Julian House Hostel.

Overall, the new model has been working well over its first month and the RUH have told us that they are seeing a positive effect on waiting times at A&E as a result. We have had a lot of people around the country interested in our new model and lots of requests for people to come and visit.

Prime Minister's Challenge Fund

The 27 GP practices in BaNES, working together under the banner of BEMS+, submitted a joint bid to the Prime Minister's Challenge Fund setting out how they would use extra funding to pilot new ways of delivering GP services 7/7 and utilising new forms of technology to communicate with patients remotely. Only 20 bids across the country were awarded funding and unfortunately BEMS+ was not successful on this occasion.

The CCG is now working with NHS England (the commissioners of primary care in BaNES) to look at how we can support practices to adopt new ways of working and prepare themselves for the increasing demands upon primary care.

Referral Support Service

The CCG has agreed to pilot a new Referral Support Service in BaNES. The pilot will involve establishing a small call centre for six months which will be able to provide advice to patients on where they can access treatment following a referral from their GP.

The new service is intended to promote fully informed patient choice and increase the quality of the referral process for all users. The service will provide patients with help and advice to make choices about where they wish to be treated, at a place and time that is most convenient for them, whilst minimising their waiting times. In time, the service will provide data to support the development of improved pathways.

CCG Annual Report

The CCG is currently preparing its first Annual Report which will set out our achievements in 2013/14 and look ahead to our future challenges. The current draft is being assessed by our auditors and the final version will be made available to the public by Friday 13 June.

Update on 5 year strategy

The CCG is making the final adjustments to its 5 Year Plan which must be formally submitted to NHS England on 20 June. An updated version of the plan will be presented to the Health and Wellbeing Board on 4 June and the CCG Board on 5 June 2014.

Before then, the CCG is holding two further public engagement events on Tuesday 13 May to raise awareness of the plan. These include a meeting with the Health & Wellbeing Network, which we have organised jointly with Ronnie Wright from the Care Forum, and an evening event for the public at the Centurion Hotel in Midsomer Norton later that day.

Bath City Conference

The CCG was pleased to have a stall in the Consultation Café at the Bath City Conference on Wednesday 30 April. This helped to raise awareness of the CCG's work amongst local people and also provided a good opportunity to network with other organisations working across the BaNES area.

Your Health, Your Voice

The CCG now has over 40 people signed up as members of its Your Health, Your Voice network. The first meeting of the group is planned to take place in mid-June so that feedback can be provided to the CCG Board meeting in July.

The group contains a mix of people from across the BaNES area with a variety of ages, backgrounds and health interests. The Your Health, Your Voice group will play a key part in ensuring that the CCG puts patient and public voice at the heart of decision making and be a key partner in helping us deliver our five year plan.

360 Stakeholder Survey

All CCGs across the country have just received their results from the annual 360 Stakeholder Survey which was carried out by Ipsos-MORI. BaNES CCG had an overall response rate of 71% from the GPs, NHS providers, council partners and other organisations that were asked for their views about the CCG's performance over the year. Some of the key figures from the survey are:

- 90% of respondents said they had a very good or fairly good working relationship with the CCG
- 83% strongly agree or tend to agree that there is clear and visible leadership of the CCG
- 73% strongly agree or tend to agree that they have confidence in the CCG to commission high quality services for the local population

Bath & North East Somerset Council		
MEETING/ DECISION MAKER	Policy Development & Scrutiny Panel Committee	
MEETING/ DECISION DATE:	25 July 2014	
TITLE:	Healthwatch Bath and North East Somerset update	
WARD:	All	
AN OPEN PUBLIC ITEM LIKELY TO BE TAKEN IN EXEMPT SESSION		
<p>List of attachments to this report:</p> <p>Please list all the appendices here, clearly indicating any which are exempt and the reasons for exemption</p>		

1 THE ISSUE

1.1 Update report from Healthwatch Bath and North East Somerset

2 RECOMMENDATION

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

5 THE REPORT

Report to the Wellbeing Policy Development and Scrutiny Panel 25 July 2014

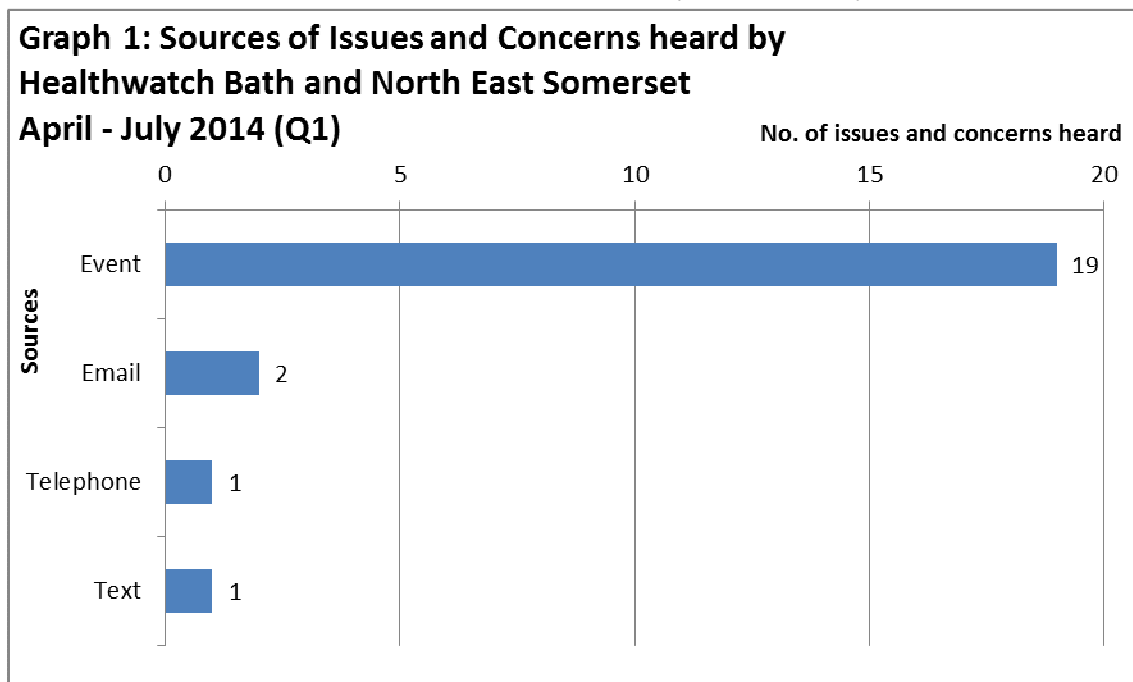
Healthwatch Bath and North East Somerset: Issues and Concerns

Healthwatch Bath and North East Somerset has heard 23 issues and concerns from health and social care service users, carers, family members, and service providers since April 2014.

This report considers the types of comments and the services they relate to, and the themes emerging from the issues and concerns heard between April and July 2014 (Q1).

Sources of Comments

Healthwatch Bath and North East Somerset uses several channels through which it hears issues and concerns about health and social care services from the public (see Graph 1).

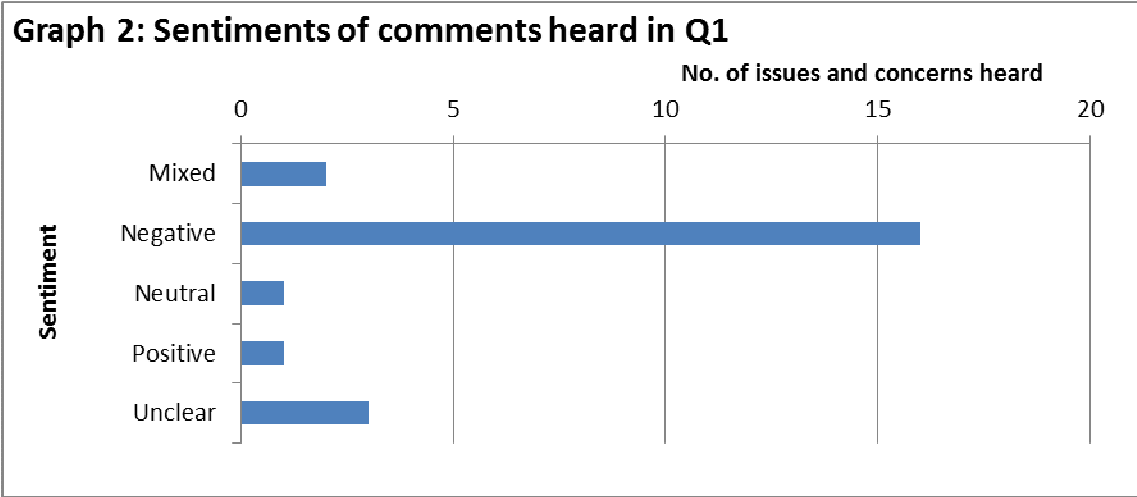


In Q1, the most commonly used method of capturing service users’ feedback was through a presence at events. The Healthwatch Development Worker, a Healthwatch Representative or Healthwatch Champion notes down any issues and concerns expressed by event attendees, and with the commentator’s consent, submits them for inclusion in the Healthwatch Bath and North East Somerset database. The second most utilised method of communicating issues and concerns was by email, and the other methods used were by telephone and by text message.

Sentiment of comments

The sentiments of the service feedback heard by Healthwatch Bath and North East Somerset are shown in Graph 2:

Graph 2: Sentiments of comments heard in Q1



Comment types

Graph 3 shows the issues and concerns heard by Healthwatch Bath and North East Somerset, according to the type of comment. Some stories could be categorised by more than 1 type of comment.

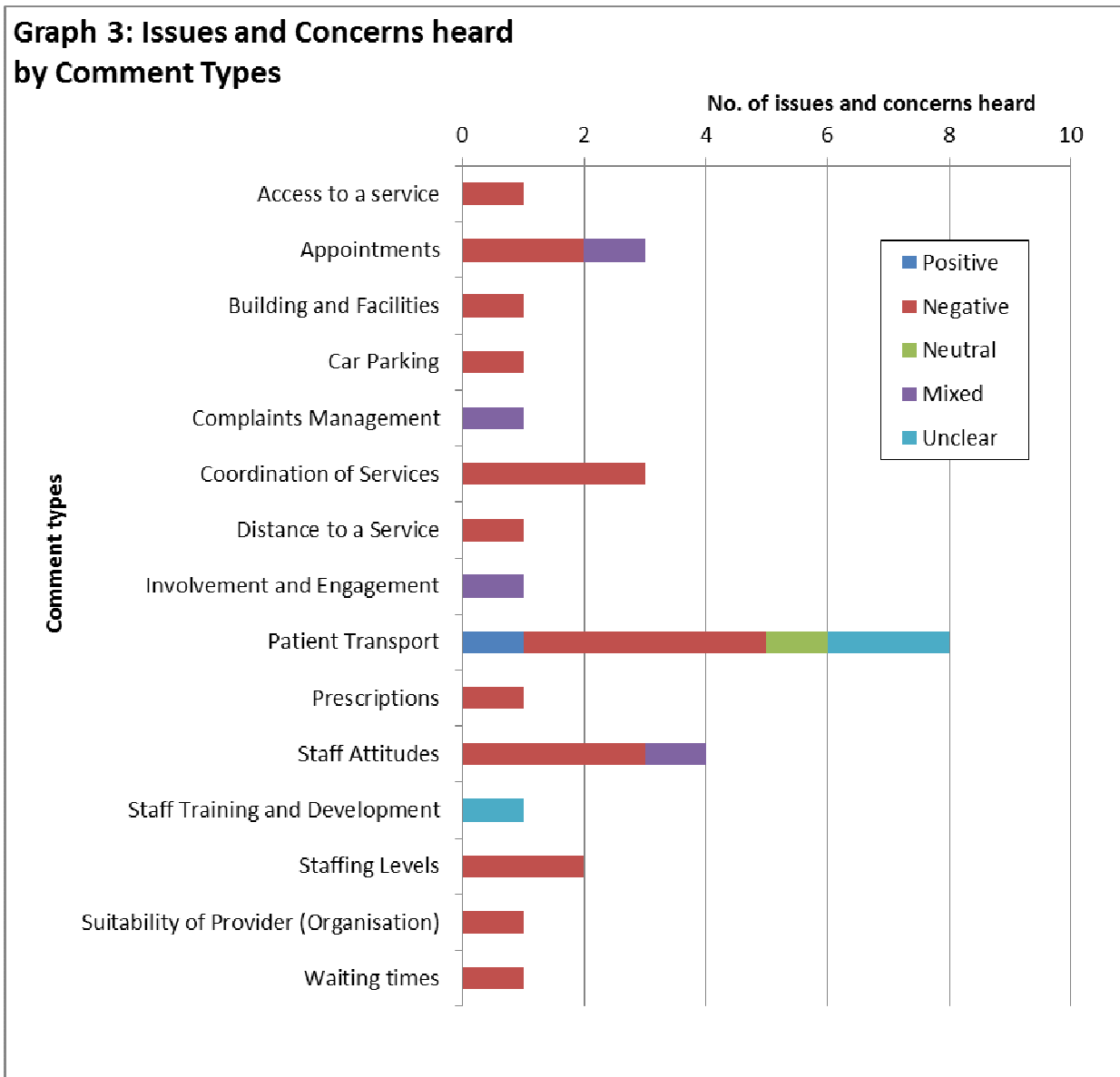
The most often-heard types of issue and concern in Q1 related to;

- Patient transport (8 in total: 1 positive, 4 negative and 1 neutral and 2 unclear)
- Staff attitudes (4 in total: 3 negative and 1 mixed)
- Appointments (3 in total: 2 negative, 1 mixed)
- Coordination of services (3 in total: 3 negative)

The positively-reported types of experience fed back related to patient transport (1 positive issue heard).

The most negatively-reported type of experience fed back also related to patient transport (4 negative issues/concerns heard).

Graph 3: Issues and Concerns heard by Comment Types



Examples of qualitative data expressing the most common types of issues and concerns heard in Q4 include;

- **Patient transport**

Community transport drivers are unable to park legally to accompany someone into the hospital, which is a concern if the patient is frail. The group reported that a couple of drivers have received parking tickets.

- **Staff attitudes**

Service user reported that when visiting their podiatrist they don't feel like they are being heard and that staff are rude.

- **Appointments**

Commentator had a routine mammogram and was told to arrive at the BRI for 2pm. Upon arrival she discovered it was a first come first served system so lots of people had turned up at 1pm to be at the front of the queue. Due to her position in the queue she wouldn't have been seen until 4.30pm, which meant she would be late to collect her children from school in Chew Valley. As a result she had to leave and was probably recorded as a no-show.

- **Coordination of services**

Commentator reported that in Bath and North East Somerset, packages of care from RUH include aftercare and transport, however if you go to Weston or Bristol for your care - which a lot of people in this area do - you get nothing.

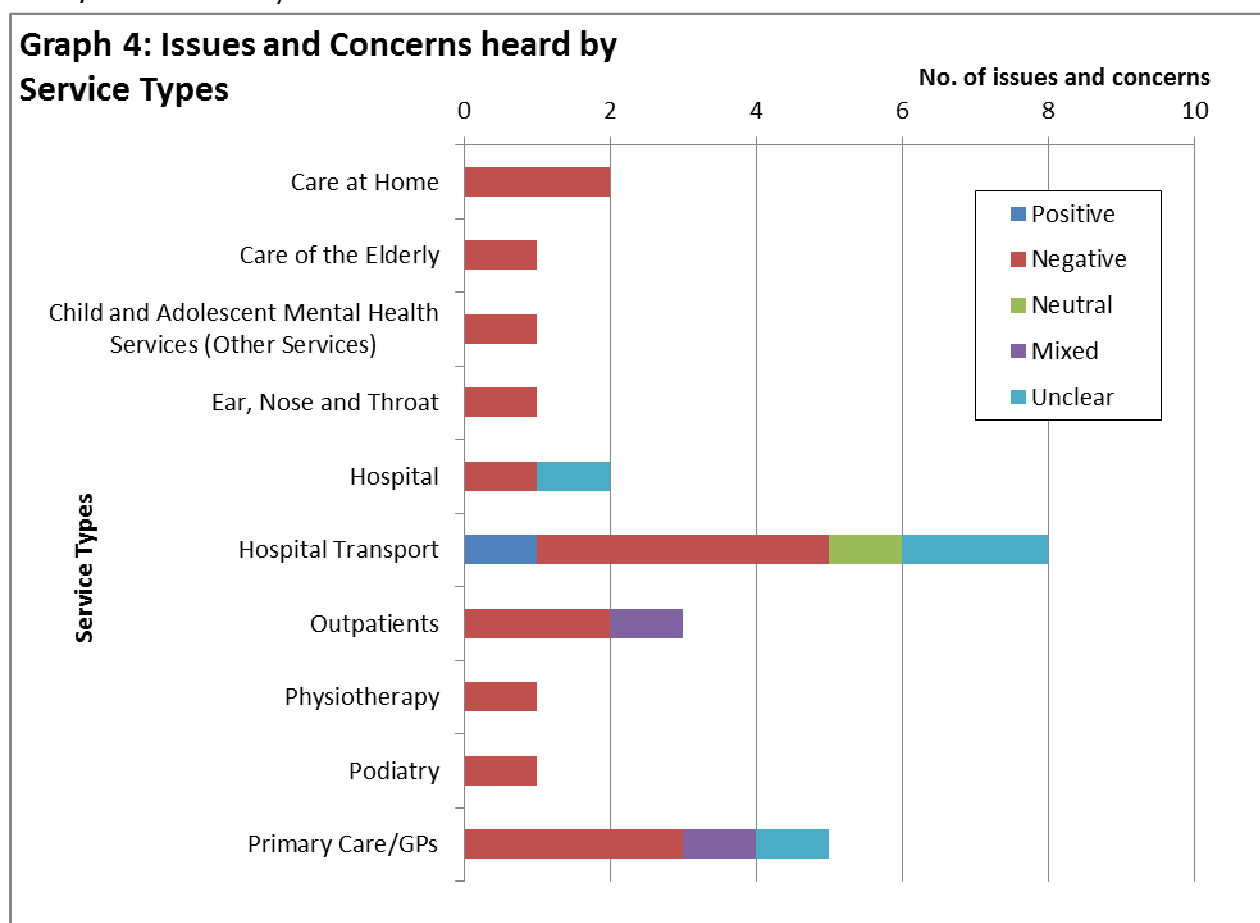
Service types

Graph 4 shows the issues and concerns heard by Healthwatch Bath and North East Somerset, according to the service they refer to. Some stories could be categorised by more than 1 type of service.

The three most common services referred to in issues and concerns heard in Q1 are;

- Hospital transport (8 in total: 1 positive, 4 negative, 1 neutral and 2 unclear)
- Primary Care/GPs (5 in total: 3 negative, 1 mixed and 1 unclear)
- Outpatients (3 in total: 2 negative, and 1 mixed)

The positively-reported types of service was hospital transport (1 positive issue heard), and the most negatively-reported type of service was also hospital transport, as detailed above (4 negative issues/concerns heard).



Examples of qualitative data relating to the most common services heard about in Q1 include;

- Hospital transport

Commentator reports that South Bristol Hospital have set up a system whereby community transport drivers can pass on their vehicle/registration details, enabling them to park 'legally' in non-emergency ambulance bays when dropping off patients. This allows them to accompany patients into the building, which is particularly useful when they are transporting frail patients.

- Primary care/GPs

Commentator has been using a painkiller that meets their needs, but their GP surgery has said that they won't continue to fund their prescription as it costs too much. The commentator has tried an alternative

but has found it ineffective. The GP has changed their offer to a cheaper alternative but again this has been ineffective so the commentator is fighting a case to remain on the same medication.

- **Outpatients**

The commentator wanted to feed back their negative experience of hospitals' block appointments booking systems, and the difficulty this can cause for patients who live a long way away, when appointments or operations are delayed or cancelled at short notice.

Themes

From analysis of the issues and concerns heard in Q1 of Year 2 of Healthwatch Bath and North East Somerset, no new or emerging themes have been identified. However, some of the data collected this quarter corroborates a theme identified in the first year of Healthwatch;

- **Care at Home:** commentators in Bath and North East Somerset have reported a poor quality of care, as a result of what they perceive to be contract constraints e.g. targets. Specifically, service users have commented on a lack of continuity in the care staff who come to their homes, and the difficulties/stress this can cause in having to re-explain their personal circumstances repeatedly.

Healthwatch Bath and North East Somerset will take this information to their partners, stakeholders, and to their Advisory Group, who will advise on any further work to be undertaken to investigate this theme further.

Individual issues that have been 'acute' or ongoing at the time they were fed back to Healthwatch Bath and North East Somerset, have been considered by the Project Coordinator, and remedial action taken where necessary/possible/appropriate. These issues are marked with an asterisk in a full record of the issues and concerns heard in Q1, which is available in Appendix 1.

They have been sorted by service type, as feedback has stipulated that this would be the most useful format for commissioners and service providers to access and use meaningfully in service planning and improvements.

Appendix:

Issues and Concerns by Service Type heard by Healthwatch Bath and North East Somerset
1/4/2014-30/6/2014 (Q1)

Care at Home

- Service user reported that they don't always have the same carer visit their home.
- Commentator raising concern about provision of home care to people in rural locations in BaNES. She reports erratic timings of visits, incontinuity of staff members and the impact these issues are having on service users who cannot plan their days and/or coordinate with other services e.g. Keynsham Dial a Ride, due to the erratic nature of care services. She believes that poor management is causing these issues, and increased isolation in service users, who don't complain in case they are seen as ungrateful. The commentator feels that care providers are not fulfilling their agreed duties.

Care of the Elderly

- Commentator expressed concerns about hospital provision and support for frail elderly patients - increasing support and help is being required from agencies; insufficient parking facilities; poor signage at hospital; waiting too long/appointments running behind.

Child and Adolescent Mental Health Services

- Commentator expressed concern about the lack of services for young people and mental health. She is a school governor at St. Brendan's Sixth Form College, Bristol and states that this is one of the biggest topics they have to discuss.

Ear, Nose and Throat

- Commentator recounted an issue that she witnessed recently at RUH Audiology - a patient was upset because she thought that was due to have an appointment at Audiology, however it appeared that she was registered with Sirona. It took a long time for the hospital staff to sort it out; at one stage there were 4 members of staff trying to help, which was very annoying for other people that needed to book in.

Hospitals (general)

- Commentator is deaf in one ear so people need to speak up when talking to him. If he can't hear what people are saying he tends to fill in the blanks himself, leading to misunderstanding, confusion and sometimes conflict. Health professionals have his notes but tend not to notice his hearing aid.
- Service user expressed frustration that staff are unfamiliar with their medical records.

Hospital Transport

- South Bristol Hospital have set up a system whereby community transport drivers can pass on their vehicle/ registration details, enabling them to park 'legally' in non-emergency ambulance bays when dropping off patients. This allows them to accompany patients into the building, particularly useful when transporting frail patients.
- Community transport drivers are unable to park legally to accompany someone into the hospital, which is a concern if the patient is frail. A couple of drivers have received parking tickets.
- The frailty of community transport passengers is increasing, and the commentator wants to know why they don't qualify for Arriva assistance. Volunteer community transport drivers increasingly have to accommodate wheelchair users, who if deemed vulnerable, need support once dropped off to access facilities. Volunteer drivers are not medically trained and are concerned about whether they should be transporting some patients, especially those who are very frail.
- Length of appointments and lack of information; when an appointment is expected to take 2 hours community transport drivers will often wait to bring patients home afterwards, usually due to the rural location of the patient's home. If the wait increases to 4 hours and waiting isn't practical drivers may have to leave, resulting in patients having to get a taxi home at their own expense. If community transport knew more they could time things better and enable drivers to share lifts.
- Commentator works with Keynsham Community Transport and has suggested that post-coded appointments would really help transport issues. It costs the same to transport 1 person as it does 10, so if there could be some coordination by the services they could help and it would be far more viable.
- Commentator expressed frustration with the lack of public transport to get to her GP, dentist and hospital appointments realistically. You may be able to get to your appointment, but then have to wait around all day in order to return home. Have to rely heavily on volunteer schemes. Commentator asked her GP Practice Manager about Arriva and they didn't know about it.

- Service user reported problems with public transport to and from their GP Surgery.

Outpatients

- The commentator's husband woke in the night bleeding. They called 999 and an ambulance arrived. Patient was taken to RUH A&E, treated quickly, offered clear advice and discharged. GP promptly referred him to a specialist and an appointment was made for the following week at Southmead, available at a variety of times. The appointment was kept and an operation was booked - a very positive experience so far. The couple made their way to Southmead for the operation (5am start to get there for 7.30am) only to be told that the operation had been moved to the afternoon. The hospital were unable to say when in the afternoon it would take place, and in the meantime the husband was nil by mouth. The couple were offered the option of going home to return later but they live too far away. The couple spoke to other patients there who had also had their appointments changed. Commentator queries why appointment times are so thoughtless for those that live a long way away, and why hospitals have block appointments.
- Commentator had a routine mammogram and was told to arrive at the BRI for 2pm. Upon arrival she discovered it was a first come first served system so lots of people had turned up at 1pm to be at the front of the queue. Due to her position in the queue she wouldn't have been seen until 4.30pm, which meant she would be late to collect her children from school in BaNES. As a result she had to leave and was probably recorded as a no-show.
- In B&NES packages of care from RUH include aftercare and transport, however if you go to Weston or Bristol for your care - which a lot of people in this area do - you get nothing.

Physiotherapy

- Commentator visited a physiotherapist in Bristol with a recurring back and hip problem. It didn't help and was probably something they couldn't do much about, but they made the commentator feel like he was wasting their time and pretty much implied that he shouldn't come back.

Podiatry

- Service user reported that when visiting their podiatrist they don't feel like they are being heard and that staff are rude.

Primary Care/GPs

- Commentator was under a Frenchay Hospital consultant for MS and has received a great service. Trying to find an effective painkiller has been very difficult, but for the last year she has found a method which has worked (1gm suppository of paracetamol). Harptree Surgery have said this approach is too expensive and won't let her have anymore. They suggested an alternative, which she has tried and found ineffective. The GP surgery have also tried to change her statin medication to a cheaper alternative, but again she has found this ineffective and has fought her case to remain on the same one.
- Service user was bitten by a dog and had a wounded hand. The GP surgery wouldn't allow him to wait in the waiting room in case he bled on the carpet and requested that he drive to the walk-in centre in Bath. The service user couldn't drive due to his injury and ended up waiting for 2 hours to be seen.

- Commentator raised a concern about their GP's handling of a serious complaint. A meeting was arranged to discuss the matter, but the GP didn't seem to know the circumstances, he wasn't aware that any concerns that had been raised (despite the commentator having written a letter) and didn't really listen. A second, more formal meeting was arranged including a rep from SEAP, the GP, a senior nurse and the Practice Manager. Again the commentator felt that the Practice representatives didn't listen, weren't prepared (they seemed unaware of the commentator's letter written, or the circumstances surrounding her husband's case), they didn't answer the commentator's concerns, repeated themselves, and argued with her. The commentator wrote a similar letter to RUH, who immediately apologised and have taken steps to improve. They wanted to listen and learn from the commentator's experiences and she felt very reassured that every effort would be made to make sure her experience wouldn't happen to other people. They showed her how they would use her experience to influence future care.

Pat Foster
 General Manager - Healthwatch
 The Care Forum

6 RATIONALE

7 OTHER OPTIONS CONSIDERED

8 CONSULTATION

9 RISK MANAGEMENT

9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

Contact person	Pat Foster – General Manager The Care Forum Tel: 0117 9589344 Email: patfoster@thecareforum.org.uk
Background papers	<i>List here any background papers not included with this report because they are already in the public domain, and where/how they are available for inspection.</i>
Please contact the report author if you need to access this report in an alternative format	

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Bath & North East Somerset Council		
MEETING:	Wellbeing Policy Development and Scrutiny Panel	
MEETING DATE:	July 2014	AGENDA ITEM NUMBER
TITLE:	Specialist Mental Health Services update	
WARD:	ALL	
AN OPEN PUBLIC ITEM		
<p>List of attachments to this report:</p> <p>Appendix 1 - Hope Guide Appendix 2 - Capita Options paper</p>		

THE ISSUE

- 1.1 This paper gives an updated progress report on local specialist, community and primary care mental health and talking therapy services.
- 1.2 The report also describes issues to be resolved relating to specialist acute mental health in-patient acute services delivered by the Avon and Wiltshire Mental Health Partnership Trust.

RECOMMENDATION

The Wellbeing Policy Development and Scrutiny Panel is asked to note:

- 1.2 Continued progress in implementing more service user led, recovery focused community support services.
- 1.3 The implementation of the “LIFT Psychology” Primary Care Talking Therapy service.
- 1.4 The issues and options to be considered by local stakeholders relating to specialist acute mental health in-patient services.

FINANCIAL IMPLICATIONS

Continuing re-design of mental health community and social care support services is taking place in the context of the overarching savings requirements of the Council as part of the Supporting People and Communities programme. Following sector reviews the final proposals for 2014-16 saw re-investment of monies into re-designed mental health services in line with members' requests.

The longer term financial revenue (CCG) and capital (AWP) implications of improving specialist acute mental health in-patient facilities will be quantified and assessed as part of an options appraisal and impact assessment process. This is to be reported back to the Policy Development and Scrutiny panel in the Autumn of 2014.

4 THE REPORT

4.1 Mental Health Community Support services update

During 2013-14, local commissioners and providers built upon our previously reported successes and re-emphasised our commitment to deliver more personalised, recovery focused mental health community services, with people able to improve their health through self-management of conditions and peer support and education.

Our aspirations above will be further realised during the next two years through the model of care and associated services outlined below:

- A continued increase in the development of peer support and service user/carer led activities through the Building Bridges to Wellbeing and Creative Arts projects as well as maintaining funding into Quartet grants.
- An increase in the self-management of long-term health and mental health conditions through piloting a Wellbeing College.
- The provision of an episode of mental health reablement normally for up to 6-8 weeks (or up to 12 weeks in a smaller number of cases) at the beginning of a pathway of care providing intensive support to resolve acute social care related issues that may be undermining mental wellbeing.
- The development of a short stay Respite facility attached to the reablement team for those who would benefit from short periods in a different environment.
- A remodelling of Sirona Care and Health floating support services, to staff an expanded reablement service and a Community Links service (previously Community Options).
- Supporting service users who have received long term support from Sirona Care and Health to access an alternative provider of floating support by October 2014 (or by January 2015 in exceptional circumstances).
- The establishment of a social prescribing service across B&NES.
- The provision of vocational and job retention employment service.

4.1.1 Peer support , arts and service user/carer led activities

This aspect of our commissioned model continues to develop very well through the support of our 3rd sector colleagues, for example: Creativity Works, St Mungos, Soundwell, MIND, Sirona Care and Health and Second Step.

This has been particularly evident in the success of:

- Our first World Mental Health Day “What Works” conference and follow up report and film.
- Service users recent arts collaboration with the Museums and Hillview Lodge.
- The continued impact of local carers in strengthening carers services and support in Avon and Wiltshire Mental Health Partnership Trust (AWP).
- The planning for the Wellbeing Festival held on July 18^t
- The ongoing success in delivering a range of support as advertised in the Hope Guide (Appendix 1).

Next steps: We aim to continue to strengthen peer support and facilitation across all services and St Mungo’s will be working with the Sirona Care and Health services to embed this approach. AWP, led by their Service User Involvement worker, will continue to increase its visibility and involvement in service user led events – evident in the increased staff presence and participation at the Wellbeing Festival – in order to aid the early engagement of service users in community activities. We have also received funding to employ a peer support worker on the Sycamore acute in-patient ward.

4.1.2 Wellbeing College

The Wellbeing College pilot is in its set up phase with Sirona Care and Health, supported by their associates, being successful in winning the tender. Work is underway to provide courses which help people manage their long term conditions and mental health, develop a healthy lifestyle and achieve wellbeing. The work of the College will be integrated with mainstream community activities and education in its broadest sense and will provide an umbrella concept for the delivery of many of our existing groups etc.

Through a "college" approach a range of educational courses and access to resources can be made available for people to understand their conditions, share their experiences, learn ways to manage their conditions, build their skills, support one another and take control. It is based on the premise that people can learn how to take care of themselves and others through education.

Next steps: To deliver courses, begin the evaluation processes alongside Talking Health and monitor with colleagues in Public Health, the development of the college.

4.1.3 Mental health reablement including respite bed pilot

The re-enablement service, delivered by Sirona Care and Health, works with residents who are experiencing mental health problems and who are eligible for social care under the terms of the local authority’s eligibility criteria.

The provision of an episode of mental health reablement normally for up to 6 -8 weeks (or up to 12 weeks in a smaller number of cases) at the beginning of the pathway of care to provide intensive support to resolve acute social care related issues that may be undermining mental wellbeing. The team works closely with AWP’s Specialist teams and enables people to avoid admission into hospital as well as leave hospital appropriately, safely and as promptly as possible.

This year the CCG has agreed to fund through the Council access to three respite beds to be attached to the reablement team. Whilst these are *not* for people who are in crisis the provision of respite and pre-crisis support is in line with the national Crisis Care Concordat 2013 that sets out a shared vision of the care a person should

receive in a mental health crisis. This emphasises the need for sufficient resources to be made available to enable choice and facilitate early intervention, pre-empting crises. It is intended that New Hope and peer support groups will also work out of and into the facility.

Next steps: To identify a suitable location for the respite beds. Train volunteers and peer supporters and open the beds in the autumn of 2014.

4.1.4 A remodeling of Sirona Care and Health floating support services to staff an expanded reablement service and a Community Links service (previously Community Options)

Social Care funded Floating Support services are provided both as part of Supported Living accommodation and within the community. This service is chargeable. In line with our previous report in September 2013 the Sirona team is in the process of supporting longstanding clients to access developing peer support networks and/or secure new floating support services using their personal budgets.

This will enable the team to combine with the previous community options team to operate as a new Community Links service, acting as village agents and building networks of support between services users, as well as provide slightly longer term reablement follow on. The service will therefore provide:

- Reablement support to service users who have been assessed as requiring an intervention for up to 12 weeks. As the reduction in floating support care packages progresses there will be a gradual increase in the number of reablement support hours available to be delivered by the Community Links service with the increase in capacity reaching its commissioned level by October 2014
- An expanded role in maintenance and facilitation of community groups such as the allotment and sports projects and co-produce further activities in conjunction with partners (e.g. St Mungos, Creativity Works and Bath Mind) and service users.
- A new role of developing community networks of support between service users.

Next steps: Implement the new model so that full transition is achieved by October 2014 in line with the other developments in the service and monitor its impact.

4.1.5 Work Development Team

This team will remain in its current format and will continue to build on the remit to support people to remain in employment by working with the individual and the employer.

Next steps: The links with the Employment Inclusion service within Sirona will be explored by commissioners over the next year to further develop this model.

4.2 Primary Care Talking Therapy service update

The new Primary Care Psychological Therapy service started on August 1st 2013. It is called "LIFT Psychology" and has now been running for almost a year. During that time it has established itself with every GP practice, advertises on the internet via its own website and provides written information and leaflets.

The service provides a range of psycho-educational courses (example screen shot below), individual therapies including those delivered by counsellors in the service

and access, in conjunction with partners such as the library, to other helping resources e.g. Books on Prescription.



Implementation of the new service has taken place in the context of complex TUPE and staff recruitment issues and the continued bedding in of the new model. The service has been, in the main, positively received by GPs in the area and teething problems have been dealt with promptly. With a new, permanent clinical lead for the service now in place and another recruitment drive for extra staff we expect these positive working relationships to bed down even more.

In line with the expanded service specification the team are working with many people who have long term conditions and it is intended that new courses will be developed specifically for people experiencing these range of conditions.

The team is also delivering primary care based groupwork for people in B&NES who have a personality disorder. Further development of the range of interventions will take place over the next two years.

A major innovation in B&NES is that the Talking Therapy service is now co-located with the Primary Care Mental Health Liaison service that also works directly into GP practices to assess, refer and provide short term interventions to people with mental health problems. This is the first step in providing a Single Point of Entry Primary Care Mental Health service.

Next steps: Fully develop a Single Point of Entry Primary Care Mental Health service and expand the range of courses and types of intervention available. Meet the national target of 15% of the prevalent population accessing services by the end of 2014-15.

4.3 Specialist Acute In-Patient Mental Health services

4.3.1 Background

a) Adult Acute Services (Functional conditions)

Adult acute mental health in-patient beds for B&NES are provided on Sycamore ward, within the Hillview Lodge building on the Royal United Hospital site in Bath. There are 23 beds providing in-patient services for people whose health needs require specialist mental health investigation, assessment and intervention.

Two inspection reports from the CQC, following visits to the ward in December 2013 and June 2014, have confirmed that there are major shortcomings with the accommodation that renders it unsuitable for the longer term care of patients with acute mental health problems. This view supported the discussions that had already taken place between staff, AWP management and commissioners.

Findings from the CQC report that relate to the building concerned:

- Privacy and dignity
- Facilities, condition and maintenance.

An immediate action plan is in place to address all of the issues identified which includes:

- reducing the bed base from 23 to 15 beds,
- stopping use of the beds by clients from out of area
- works to the building to improve line of sight
- Continuation of the review of options for developing better quality in-patient facilities.

b) Specialist dementia in-patient services

Currently, provision of in-patient assessment for (predominantly) later life service users with organic mental health problems within B&NES is based in Ward 4, on the St Martin's Hospital site. Over the past 6 years the numbers of these beds has reduced from 40 to the current 12 in a programme of re-design where released monies were reinvested in community services to good effect.

Whilst the ward does not have the same environmental limitations as Sycamore Ward, it was not purpose-built for the assessment and treatment of people with severe dementia. Its location also means that people have to be transferred to the RUH for investigations when they are acutely unwell. As the acuity and complexity of the clients increases these two elements are more difficult to manage.

c) Psychiatric Intensive Care

B&NES CCG currently purchases 1.6 beds under contract with AWP from a bed base shared with other commissioning CCGs. This capacity is long-standing under contract and has required us to purchase extra capacity annually (external and internal to AWP).

ACTIONS: During 2014-15 there is a review of this provision and the risk sharing arrangement with all the (six) CCG commissioners and AWP.

d) Whittucks Road Rehabilitation Unit

B&NES CCG purchases 5 beds delivering rehabilitation services in Whittucks Road community based in-patient unit in Hanham, South Gloucestershire; one of six rehabilitation units provided by AWP. The rehabilitation services work with a client group who experience long-term complex mental health problems, therefore the services are structured to offer an extended period of engagement to help individuals maximise their potential.

Recent quality and safeguarding concerns on the ward have been rigorously addressed by the Trust fully involving all commissioners and safeguarding teams.

ACTIONS: Work continues with B&NES clinicians from AWP and commissioners to ensure that this facility is used to its full capacity for B&NES clients.

e) Section 136 suite

A Section 136 suite for assessment of individuals with mental health needs picked up by the police, is currently provided at the Southmead Hospital site, the funding for which is provided jointly by B&NES and other CCG's across Bristol, North Somerset and South Gloucestershire.

ACTIONS: We have committed funding to this unit for a year whilst we assess the activity that goes through the unit for B&NES.

The work on the PICU, S136 and rehabilitation parts of the in-patient pathway is progressing as described above.

4.3.2 Review of longer term acute mental health in-patient provision

The current configuration of wards means B&NES has two stand-alone specialist acute Mental Health assessment units (Sycamore and Ward 4) so, whilst it is imperative to address the immediate environmental concerns on Sycamore Ward in Hillview Lodge, we also need to "future proof" capacity and provision to ensure we deliver high quality, skilled in-patient care to both our functional and dementia patients.

We therefore decided to widen our view to the whole of the local in-patient acute assessment and treatment provision and consider whether it was physically possible to co-locate the dementia beds and some community services into one building. As part of an initial information gathering exercise regarding future capacity and estates options AWP invested in two scoping reviews. This has resulted in:

- CAPITA being commissioned to produce a high level scoping paper for the improvement and/or re-provision of acute in-patient bed estate locally on the Hillview Lodge site (Appendix 2).

- Mental Health Strategies Group being commissioned to provide service and capacity modelling options based on actual and predicted usage of the in-patient services in relation to community provision. This will be completed by end July 2014.

4.3.3 In-patient re-design options

The initial estate options paper from Capita describes the background to the review, some demographic considerations, bed usage/activity information and high level capacity assumptions and service delivery options for the in-patient services. It has not been subjected to any in depth service and capacity modelling factoring-in the impact of community service change. It describes the estate options only.

4.3.4 Early engagement

The paper and the related high level options for moving forward have been discussed with clinical and managerial staff as well as stakeholders at the:

- Mental Health Project Board (29/04/14)
- B&NES CCG senior leadership team (29/05/14).
- Dementia Care pathway Group (26/06/14)
- Mental Health and Wellbeing Forum (01/07/14)

Initial soundings from these early discussions are that doing nothing is not an option, that having new purpose built facilities is a positive opportunity and that Commissioners and AWP should:

- Continue to investigate options for a rebuild/new build that *includes* the dementia assessment beds being on the same site as the acute functional mental health beds.
- Investigate the option to retain a presence on the RUH site but in another part of the site and maximise benefits of linking mental health with physical health facilities
- Explore an option of decanting, demolishing and rebuilding Hillview to accommodate extended in-patient (wider than B&NES basis) services and community teams
- Pursue a purpose built option, whether on the RUH or another site, as this offers the potential for developing new partnerships with other providers of complementary services.
- Consider whether new / remodelled accommodation in the B&NES locality could also include the potential for a Section 136 suite

4.3.5 Areas for further consideration

Whilst commissioners are at the very early stages of understanding the scope for improvement and the benefits and limitations of any developments the following issues have been identified for future consideration:

- Engagement with staff, service users, carers and stakeholders about what is wanted from mental health in-patient services and what works from their perspective in the building development stage is crucial.

- Given the aging population, possible under diagnosis of dementia and the national experience of struggling to find an acute mental health beds we may need to revise some of our assumptions regarding capacity.
- This may in turn mean we need close consideration of investment and financial planning assumptions ensuring all options have an AWP and CCG/LA financial impact assessment for implementation and ongoing service provision.
- If community services e.g. the intensive (crisis and home treatment) team are based with the wards we need to ensure this is not at the cost of their integration with primary care services.
- The integration of acute beds and dementia beds into a specialist unit needs to be in the context of further integration of mental health and mainstream community health and social care provision..
- B&NES CCG is an associate to the contract with AWP and as such, any commitment to a longer term contract for in-patient beds needs to be understood by and agreed with all other associate commissioners.

4.3.6 Next steps

- Review the options on the basis of the completed capacity and service modelling report from Mental Health Strategies.
- Implement a joint project plan to inform an options paper, impact assessment and the ongoing engagement processes that inform and refine our thinking with whole range of stakeholders (see 7.3).
- AWP to discuss site options with the RUH to see if there are any other on-site options available.

5 RISK MANAGEMENT

- 5.1** Risks associated with redesign of community services are being managed as part of the Supporting People and Communities implementation programmes. Risks associated with in-patient service redesign are being managed as part of the AWP risk management processes - Sycamore Ward is on the AWP risk register.

6 EQUALITIES

- 6.1** Equality impact assessments relating to the options for in-patient redesign will be included as part of the engagement and impact assessment processes to be presented to the Policy Development and Scrutiny panel in the Autumn of 2014.

7 CONSULTATION

- 7.1** All mental health community service developments are taking place in conjunction with the Mental Health Wellbeing Forum, service users and carers.

- 7.3** AWP and commissioners will engage with HealthWatch, Your Health, Your Voice (CCG participation group) stakeholders, clinicians, staff, service users and carers regarding in-patient provision in line with their public duty

requirements to involve the community under Section S244 of the NHS Act 2006 (as

amended).

7.4 No specific consultation has been undertaken on the contents of this update.

8 ISSUES TO CONSIDER IN REACHING THE DECISION

8.1 Social Inclusion; Customer Focus; Human Resources; Health & Safety; Impact on Staff

9 ADVICE SOUGHT

9.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report. The Strategic Director and Programme Director have had the opportunity to input to this report and have cleared it for publication.

Contact person	Andrea Morland, Senior Commissioning Manager, Mental Health and Substance Misuse Commissioning 01225 831513
Background papers	<p><i>Equity & Excellence: Liberating the NHS (DH 2010)</i>, sets out ambitions to make primary care the nexus of health care planning, commissioning and delivery, with acute/secondary care services restricted for those with the most severe conditions. Care close to home is emphasised, as is a focus on clinical outcomes and the patient experience.</p> <p><i>The Transforming Community Services (DH 2010)</i> program states that Community services are changing to provide better health outcomes for patients, families and communities and to become more efficient; by providing modern, personalised, and responsive care of a consistently high quality that is accessible to all.</p> <p><i>Bath and North East Somerset Joint Mental Health Commissioning Strategy 2008-2012 (currently under review for 2013-18)</i></p>
Please contact the report author if you need to access this report in an alternative format	

The Hope Guide

Support Groups and Activities in Bath & NE Somerset

May - Sep 2014: Edition 3

48 Groups & Activities

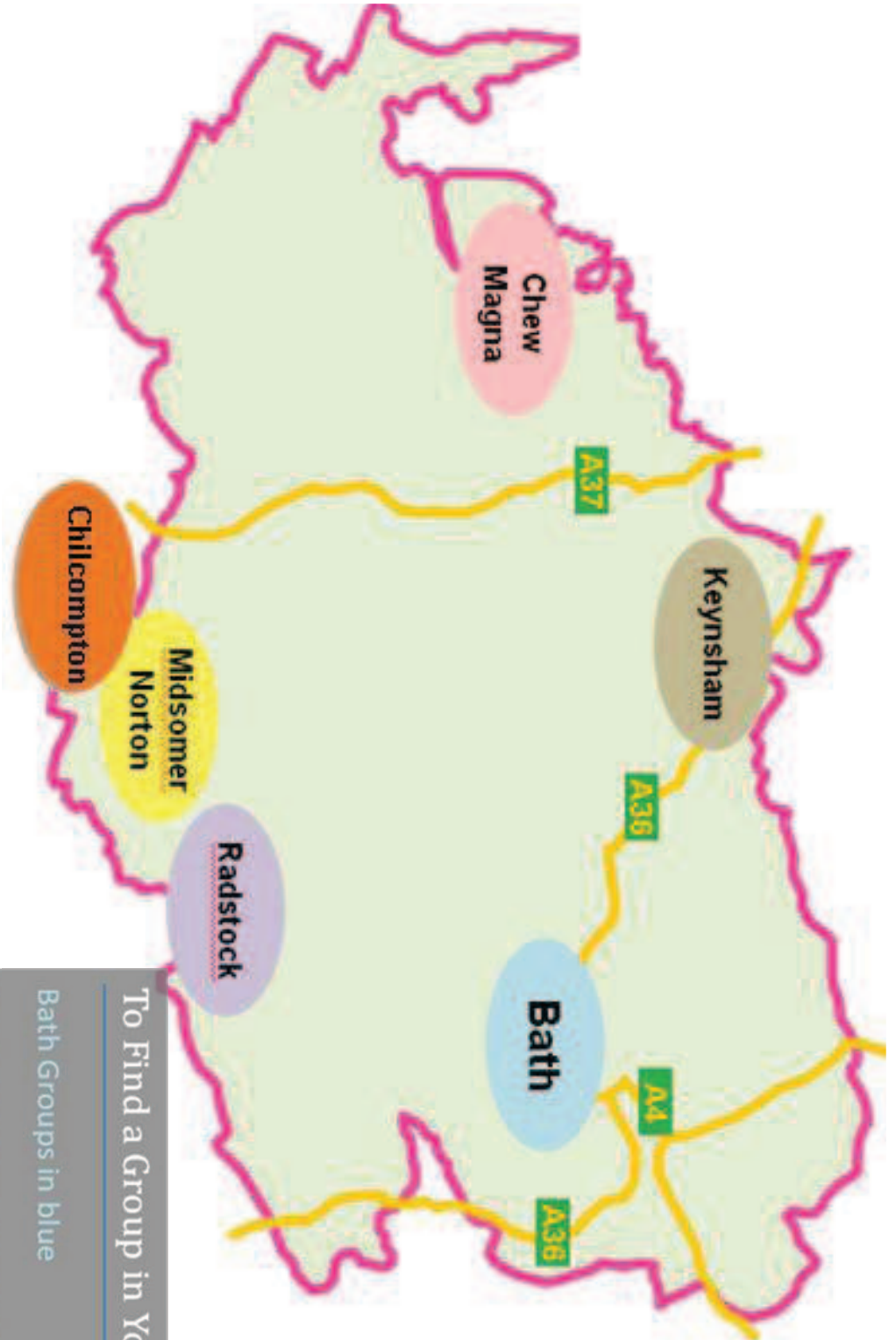
NEW

Now includes info on one-to-one info and Help in a Hurry!



The Hope Guide provides information on groups in Bath and NE Somerset that are run by volunteers, not for profit and statutory organisations.

These groups include people who are socially isolated, are affected by mental health issues, substance misuse or homelessness.



To Find a Group in Your Area

Bath Groups in blue

Radstock Groups in purple

Midsomer Norton Groups in yellow

Chew Magna Groups in pink

Keynsham Groups in tan

Index

Below is a list of groups and activities in B&NES grouped by day of the week, within the Guide they are in alphabetical order.

Date or Day to be Set	Run By	Where	Pg
Creative Writing for Beginners	Creativity Works	Bath	11
Music Support Groups (Carers)	Soundwell	Midsomer Norton	22
Facilitators Support Group	St Mungo's	Bath	30

Monday	Run By	Where	Pg
5-A-Side-Indoor Football	Sirona Care & Health	Bath	04
Collage Making	(Volunteer Led)	Bath	09
Computer – Drop In	Genesis Trust Life Skills	Bath	10
Fishing Group	Julian House	Bath	13
Greenlinks	Bath Mind and Sirona Care & Health	Bath	14
Life Skills Art Group	Genesis Trust Life Skills	Bath	18
Naad Yoga	Chris Smith	Bath	22
Singing Group	Julian House	Bath	25
Walking Group: Bath	(Peer led)	Bath	27

Tuesday	Run By	Where	Pg
Bike Maintenance	Julian House	Bath	06
Families Also Matter (FAM)	DHI	Midsomer Norton	13
Indoor 5 A Side Football	Julian House	Bath	15
IT Beginners Course	Julian House	Bath	16
Keep Safe, Keep Sane	Carer Support group	Bath	17
Social Group in Bath	Sirona Care & Health	Bath	25
Writing Space	(Peer led)	Bath	29
Yoga	Yoga teacher	Stratton-on-the Fosse	30

Wednesday	Run By	Where	Pg
50 Strong	Julian House	Bath	04
Allotment Group	Sirona Care & Health	Radstock	05
Art at The Gardener's Lodge	Holburne Museum	Bath	05
Bipolar UK (Includes New Evening Group)	(Peer led)	Bath	07
Employability Group	Genesis Trust Life skills	Bath	12
Grow it, Cook it, Share it	Bath City Farm	Bath	15
Make and Bake	Bath City Farm	Bath	18
Midsomer Norton Music Group	Soundwell	Midsomer Norton	20
Mosaic	Bath Mind	Bath	20
Mosaic Music Group	Soundwell	Bath	21

Wednesday	Run By	Where	Pg
Monthly Open Music Groups	Soundwell	Bath	21
Open Minds: Supporting Wellbeing In the Chew Valley	(Peer led)	Chew Magna	23
“Resilience”	Julian House	Bath	24
Tee Shirt Design and Screen Printing Group: Bath Museums	Bath Museums	Bath	26
Wednesday Walkers	Volunteers	Chilcompton	27
Women’s Crafts	Julian House	Bath	29

Thursday	Run By	Where	Pg
Auricular “Acupuncture”	Julian House	Bath	06
Central Bath Music Therapy	Soundwell	Bath	08
Creative Writing Workshop	Julian House	Bath	12
Families Also Matter (FAM)	DHI	Bath	13
Gardening Group	Mulberry House St Mungos	Bath	14
Grow It, Cook It, Share It	Bath City Farm	Bath	15
Kitchen Creations	Second Step & Creativity Works	Bath	17
Mendip Storytelling Circle	(Peer led)	Chilcompton	19
Open Music Group	Genesis Life Skills	Bath	23
Social Group	Sirona Care & Health	Bath	25
Voice Confidence Through Poetry and Shakespeare	(Peer led)	Bath	26
Weekly Music Therapy Group	Soundwell	Bath	28
Yoga	Yoga Teacher	Stratton-on-the Fosse	30

Friday	Run By	Where	Pg
Breathing Space	(Peer led)	Keynsham	08
Board Games Group	Bath Mind	Bath	07
Chilcompton Friday Club	(Peer led)	Chilcompton	09
Cookery Course	Julian House	Bath	10
Creative Writing	Genesis Trust	Bath	11
Greenlinks	Sirona Care & Health and Bath Mind	Bath	14
Inspirational Arts and Crafts	(Peer led)	Bath	16
Positive Futures	(Peer led)	Bath	24

Saturday	Run By	Where	Pg
Wheels for All	Wheels for All	Bath	28

Sunday	Run By	Where	Pg
Meditation	Bahai Group	Bath	19

Support for (Peer led) Groups	Table Colour	Pg
Grants Training Support		31

Organisations and groups in B&NES who run and support groups			Pg
Bath City Farm	Bath Mind		32
Bath Museums Community Project	Creativity Works		
DHI	Genesis Trust		33
Julian House	Keep Safe, Keep Sane		
Mulberry House (St Mungo's)	New Hope		34
Second Step's Floating Support	Sirona Care & Health		
Soundwell Music Therapy Trust	St Mungo's Bridges to Wellbeing		35
The Minerva Centre	Wheels for All		

One-to-one support	Pg
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Domestic Violence and Abuse	37
Community mental health	37
Employment related support (mental health)	38
Drug & Alcohol support	38
General support age (11 – 25)	38 - 39
Housing related support	39
Statutory mental health (AWP in B&NES)	39 - 40
Help in a Hurry	41

Well Aware

For more information on other organisations, groups and activities in B&NES

Well Aware is a **free** telephone and online health and wellbeing information directory for everyone in B&NES and the surrounding areas. Providing information on health, wellbeing and community groups, organisations, activities and services.

Four ways to use Well Aware

- Go online at www.wellaware.org.uk
- Ask the Well Aware team for help by telephoning (freephone): 0808 808 5252
- Email the Well Aware team at info@wellaware.org.uk
- Write to Well Aware, The Care Forum, The Vassall Centre, Gill Avenue, Bristol BS16 2QQ

To add your group or organisation contact info@wellaware.org.uk or call 0808 808 5252.

5-A-Side Indoor Football: Sirona Care & Health Community Options

Facilitators George Clack Support worker	Group/Course Overview 5-a-side indoor football.
Day/Date/Time Mondays 10.30-11.30am	Activity Details Come along and have some fun kicking a football around with likeminded people who enjoy football.
Location Bath Sports Centre	Who the Group is For Anyone who feels this activity will help towards their mental wellbeing and improve their physical health.
Cost £1 per session	How to Join Contact the office for referral information on 01225 396033.

50 Strong - Julian House

Facilitators Mike - support worker	Group/Course Overview A small friendly group specifically for people aged 50 plus which offers a variety of activities chosen and planned by the group, to enhance wellbeing and reduce isolation.
Day/Date/Time Wednesday 9.30 meet	Activity Detail Varied activities including; walks, bowling, cooking, outings, fishing & gardening.
Location Space 2 55 New King Street	Who the Group is For People who are 50 plus and are engaging with agencies in B&NES for support with homelessness, drugs or alcohol issues, mental health or an offending background.
Cost Free	How to Join Contact Claire Lawrence on 01225 354780, Email clairel@julianhouse.org.uk or ask your Support worker to refer you.

Allotment Group: Sirona Care & Health Community Options

Facilitators Grant Davis Support worker	Group/Course Overview Small friendly allotment site. Aimed for a small group of Adults who wish to have – a therapeutic, learning opportunity.
Day/Date/Time Wednesday 10am – 3pm	Activity Details An opportunity to learn new skills, Develop knowledge around nature and horticulture. Having fun!
Location Leigh House & Westfield Radstock	Who the Group is For Adults who feel isolated, but wish to experience outdoor life on the allotment site. A small friendly environment, with an opportunity to meet others who enjoy the same interest.
Cost Free	How to Join Contact Community Options Team 01225 396033

Art Group at The Gardener's Lodge: The Holburne Museum

Facilitators Louise Campion, Gillian McFarland Boyle, Mary Caron- Courtney and visiting artists	Group/Course Overview The Gardener's Lodge is a friendly and supportive space in which people can develop their arts skills, be creative and meet other people in a safe environment. We get involved art projects and exhibitions in Bath and the local area. We believe that the enjoyment of art can change people's lives!
Day/Date/Time Every Wednesday, 4.00 - 5.30pm	Activity Details A wide range of arts based activities often inspired by visiting exhibitions in the museum - sculpture, drawing, ceramics and much more! Tea and coffee is provided.
Location The Gardener's Lodge, Sydney Gardens (behind the Holburne Museum)	Who the Group is For Anyone who has been affected by homelessness, mental health issues or substance misuse. Age 18+.
Cost Free	How to Join Contact Louise Campion on 01225 388568, Email: l.campion@holburne.org or ask your support worker to refer you. Referrals can also be taken through the Genesis Trust, Julian House, DHI or St Mungos.

Auricular “Acupuncture” - Julian House

<table border="1"> <tr> <th style="background-color: #ADD8E6;">Facilitators</th> </tr> <tr> <td>Fully Trained Volunteers</td> </tr> </table>	Facilitators	Fully Trained Volunteers	<table border="1"> <tr> <th style="background-color: #ADD8E6;">Group/Course Overview</th> </tr> <tr> <td>An on-going course run by trained volunteers. Enjoy relaxing ear acupuncture which can be done with tiny pins or magnets along with a relaxation session to restore your sense of harmony, aid stress, anxiety, sleep and coping with drugs or alcohol issues.</td> </tr> </table>	Group/Course Overview	An on-going course run by trained volunteers. Enjoy relaxing ear acupuncture which can be done with tiny pins or magnets along with a relaxation session to restore your sense of harmony, aid stress, anxiety, sleep and coping with drugs or alcohol issues.
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Bike Maintenance: Julian House

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Bipolar UK: Bath Group

Facilitators	Group/Course Overview
Charlie, Jeni, Helen Volunteers	We are a peer support group that meets monthly, for anyone living and/or struggling with the symptoms of Bipolar.
Day/Date/Time	Activity Details
First Wed of month, 12:30pm 2:30pm. New Evening group starts 22 nd Jan 7pm – 9pm	Providing support, help, and information-sharing, in a friendly, informal setting. Includes social activities and a library of information. New evening support group starting 22nd Jan.
Location	Who the Group is For
In central Bath – call for more information	The group and monthly meetings are run by and for people affected by Bipolar. Family members, friends, and carers are all also welcome.
Cost	How to Join
£1 donation towards refreshments	Just call a group member on 07534 530340. If your call is not answered please leave a message For more information - www.Bipolaruk.org.uk

Board Games Group: Bath Mind

Facilitators	Group/Course Overview
Judy Ross Bath Mind	An activity based peer support group focused on playing a range of board games.
Day/Date/Time	Activity Details
Every Tuesday 1pm-4pm	
Location	Who the Group is For
Bath Mind, 13 Abbey Church Yard, Bath, BA1 1LY	Anyone who lives with mental distress and has an interest in board games.
Cost	How to Join
Free	Contact Judy Ross on 07539 302852.

Breathing Space

Facilitators	Group/Course Overview
Volunteers group members, visiting artists and volunteers	Breathing Space - a weekly arts and crafts project managed by group members and volunteer facilitator with visiting arts tutors.
Day/Date/Time	Activity Details
Fridays 2.30 - 4.30pm	A (Peer led) group offering support to members through sharing and learning new skills. Members bring ideas to the group and decide on themes and art approaches they would like to cover. A great opportunity make friends in a safe non-judgmental group.
Location	Who the Group is For
@One, Keynsham	A (Peer led) group designed to help people who have found themselves feeling lonely or disconnected and are having problems with anxiety and depression.
Cost	How to Join
£3 contribution per session	To book a place phone Philippa at Creativity Works on 01761 438852 or New Routes telephone on 0117 958 9303 or 0117 958 9309.

Central Bath Music Therapy Group: Soundwell

Facilitators	Group/Course Overview
Soundwell Cathy and Emma	Music Therapy Group.
Day/Date/Time	Activity Details
Weekly Thursdays 11.30 – 12.30	Music Therapy Group to help relieve stress, anxiety and depression – to share problems and difficulties in a safe space without the need to talk and to promote creativity, wellbeing, self-expression and a sense of belonging through the music created.
Location	Who the Group is For
Central United Reformed Church, Grove St, Bath, BA2 4BA Disabled access	Individuals living with any sort of mental distress including those with high mental health support needs, anxiety, stress, depression, unwanted thoughts.No musical experience needed.
Cost	How to Join
Donation towards tea and coffee	Contact Soundwell on 01225 862938 or 07743 714096 or email lisa.otter-barry@soundwell.org.uk .

Chilcompton Friday Club

Facilitators Volunteers	Group/Course Overview Coffee club.
Day/Date/Time Fridays 10.15 am.– 11.30am.	Activity Detail Coffee/tea and cake served at 10.15am. Members chat and later play cards.
Location Chilcompton village hall.	Who the Group is For Anyone can drop in.
Cost £1	How to Join Just come along or phone 01761 232774. grahamp@mypostoffice.co.uk

Collage Making

Facilitators Elizabeth Griffin and Afrel Pounds	Group/Course Overview Craft afternoon: cutting, sticking, pasting and origami. Making collages in preparation for 21 September 2014, United Nations Peace Day.
Day/Date/Time A weekly drop-in group Mondays 2pm – 3.30pm	Activity Detail Bring any lovely cards you have which you think can be added to the collection. No craft experience necessary. DVD which inspired this initiative will be available to watch on YouTube: www.peaceoneday.org/welcome .
Location Minerva Centre 8 Combe Park Bath BA1 3NP	Who the Group is For For all who want peace one day: for more info: www.peaceoneday.org/welcome .
Cost Free	How to Join Contact the Minerva Centre on 01225 315591 or Email: minervacentrebath@hotmail.com .

Computer Drop In: Genesis Trust Life Skills

<p>Facilitators Paul and John Volunteer IT Support</p>	<p>Group/Course Overview Opportunity to access computers and the internet for free, help given if/when you need it.</p>
<p>Day/Date/Time Mondays 2pm-4pm</p>	<p>Activity Details Access the internet for job searches, housing and benefit information or to hone your computer skills with friendly support.</p>
<p>Location Genesis Life Skills, 1-3 James Street, West, Bath. (Disabled Access)</p>	<p>Who the Group is For Vulnerable and marginalised clients who do not have access to the internet or who need support with application forms etc.</p>
<p>Cost Free</p>	<p>How to Join Just drop-in!</p>

Cookery Course: Julian House

<p>Facilitators Claire MO Led Vicky (Volunteer)</p>	<p>Group/Course Overview An 8 week course cooking fresh, seasonal, affordable food, learn about food hygiene, budgeting and healthy eating in a small friendly group.</p>
<p>Day/Date/Time Friday 11.30-13.30</p>	<p>Activity Details Recipes are chosen by the group who work together, sharing tasks to prepare and cook the meal which is then eaten together.</p>
<p>Location Space 2 55 New King Street Bath</p>	<p>Who the Group is For People who are engaging with agencies in B&NES for support with homelessness, drugs or alcohol issues, mental health or an offending background.</p>
<p>Cost Free</p>	<p>How to Join Contact; Claire Lawrence 01225 354780, clairel@julianhouse.org.uk or ask your Support worker to refer you.</p>

Creative Writing for Beginners: Creativity Works

<table border="1"> <tr><td>Facilitators</td></tr> <tr><td>TBC</td></tr> </table>	Facilitators	TBC	<table border="1"> <tr><td>Group/Course Overview</td></tr> <tr><td>A new creative writing project that provides a safe space to meet others and to share and learn creative writing skills.</td></tr> </table>	Group/Course Overview	A new creative writing project that provides a safe space to meet others and to share and learn creative writing skills.
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TBC					
Group/Course Overview					
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Cost					
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Creative Writing: Genesis Trust

<table border="1"> <tr><td>Facilitators</td></tr> <tr><td>Letti Thompson</td></tr> </table>	Facilitators	Letti Thompson	<table border="1"> <tr><td>Group/Course Overview</td></tr> <tr><td>Creative writing.</td></tr> </table>	Group/Course Overview	Creative writing.
Facilitators					
Letti Thompson					
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Cost					
Free					
How to Join					
Register a place with Carey or Denise on 01225 463549.					

Creative Writing Workshop: Julian House

Facilitators Gillian - Volunteer	Group/Course Overview A relaxing and informal group giving you the opportunity to explore ideas, discover the power of the written word, inspiring you to write, gaining confidence & self worth
Day/Date/Time Thursdays 1.30pm	Activity Detail Explore different ideas and types of writing within a friendly and supportive group
Location Space 2 55 New King Street	Who the Group is For Clients who are engaging with agencies in B&NES for support with homelessness, drugs or alcohol issues, mental health or an offending background
Cost Free	How to Join contact; Claire Lawrence 01225 354780, clairel@julianhouse.org.uk or ask your support worker to refer you

Employability Group: Genesis Life Skills

Facilitators Carey and Denise	Group/Course Overview Developing or improving skills to help employability.
Day/Date/Time Every Wednesday 1:30-3:30	Activity Detail Projects may change currently photography and editing your photos on computer.
Location Genesis Life Skills room, James Street West, Bath	Who the Group is For Vulnerable adults and anyone who experiences mental health issues.
Cost Varies depending on project, often Free.	How to Join Contact Denise or Carey Bath 01225 463549.

Families Also Matter (FAM): DHI

Facilitators	Group/Course Overview
DHI staff	A weekly group for families and individuals that are affected by someone else's drug use.
Day/Date/Time	Activity Details
Tuesdays 5.30pm to 6.30pm at Midsomer Norton , Thursdays 6.00pm - 7.00pm at Bath	The group enables people to share experiences, coping strategies and improve understandings of how they can positively support someone who is using substances.
Location	Who the Group is For
Midsomer Norton - The Recovery Hub, High Street, BA3 2DP Bath - Project 28, 28 Southgate Street, BA1 1TP	Anyone who is affected by the substance use of a friend, partner or family member to meet others in a similar situation.
Cost	How to Join
Free	To register for this group call 01225 310077 or 07717 853132.

Fishing Group: Julian House

Facilitators	Group/Course Overview
Vinney (Support worker)	Learn how to fish in a small supportive group.
Day/Date/Time	Activity Detail
Monday 9.30	Come along and enjoy some fresh air along the river and learn to fish.
Location	Who the Group is For
Widcombe lock	People who are engaging with agencies in B&NES for support with homelessness, drugs or alcohol issues, mental health or an offending background.
Cost	How to Join
Free	Contact; Claire Lawrence 01225 354780, clairel@julianhouse.org.uk or ask your support worker to refer you.

Gardening Group: Mulberry House (St Mungos)

Facilitators	Group/Course Overview
Pete Hayward & Robyn Williams	A chance to learn about gardening and meet new people at Mulberry and from the local community.
Day/Date/Time	Activity Details
Thursdays 11am-3pm	Learn new skills about garden maintenance and growing food in a relaxed environment.
Location	Who the Group is For
Mulberry House, Weston Park, BA1 4AN Disabled access: but not to all of garden	Anyone who has experienced mental health issues and has an interest in, or would like to learn more, about gardening.
Cost	How to Join
Free	Please contact Robyn Williams for information on referrals robyn.williams@mungos.org 01225 427 644.

Greenlinks: Bath Mind & Sirona Care & Health

Facilitators	Group/Course Overview
Claire, Grant & Amanda	Greenlinks – gardening for leisure and pleasure
Day/Date/Time	Activity Details
Monday and Friday 12.30pm - 3.30pm	Opportunities to develop knowledge around nature and horticulture, nurturing and harvesting produce, learning new skills. Benefits include: developing an interest in outdoor activities and nature to making friends and team working. A peaceful and attractive site with shared shed and poly – tunnel, an environmentally friendly toilet with disabled access.
Location	Who the Group is For
Monksdale Road Bath. BA2 2JF	Anyone affected by mental health issues Gardening Support workers will work with you to find out what you wish to achieve
Cost	How to Join
free	Contact Grant Davis the Support worker at the Community Options Team on 01225 396033.

Grow It, Cook it, Share It: Bath City Farm

Facilitators	Group/Course Overview
Helen Fisher	An environmental project where volunteers can get involved in activities such as animal care, green wood working, learning to cook with own grown produce, gardening on our large allotment, or sowing seeds and potting on in the poly tunnel.
Day/Date/Time	Activity Details
Every Wednesday from 10-12 and Thursdays 10 - 3pm	Friendly group for anyone looking to get involved with positive outdoor activities than help improve physical and mental health. The farm is a beautiful setting with amazing views and lovely gardens and animals.
Location	Who the Group is For
Bath City Farm Kelston View, BA2 1NW Disabled access	The project is for anyone who has suffered mental distress and we have activities to suit all abilities.
Cost	How to Join
Free	Contact Helen Fisher 01225 481269 or helen@bathcityfarm.org.uk www.bathcityfarm.org.uk

Indoor 5 A side Football: Julian House

Facilitators	Group/Course Overview
Vinney support worker	Ongoing 5-a side indoor football group.
Day/Date/Time	Activity Detail
Tuesday 5pm	Fun, fitness and 5-a-side matches with a qualified football coach. Work on your football skills and improve your fitness in this friendly group.
Location	Who the Group is For
Aquaterra, sports centre, North Parade, Bath	People who are engaging with agencies in B&NES for support with homelessness, drugs or alcohol issues, mental health or an offending background.
Cost	How to Join
£1 per session	Contact Claire Lawrence 01225 354780, clairel@julianhouse.org.uk for a referral form or ask your support worker to refer you.

Inspirational Arts and Crafts

Facilitators Tanya McEwan	Group/Course Overview A (Peer led) support group in which people, affected by mental health issues, can learn and socialise with others in the same position. Everybody within the group has a passion for art and helping each other to achieve our goals.
Day/Date/Time Fridays 11:30 to 14:30	Activity Details Group members take part in sketching, acrylic painting and any type of art work that they wish to do. We make calendars, Christmas cards, knitting and patchwork. We sometimes take part in art exhibitions and much more. We have a volunteer art teacher and, at times, we hire professionals. A friendly facilitator/volunteer will help you feel at ease. Come along and see what we're all about.
Location Southdown Methodist Church	Who the Group is For Anyone affected by mental health issues.
Cost £3 which includes refreshments.	How to Join Contact Christine Robinson on 07974004978

IT Beginners Course: Julian House

Facilitators Andy Casework led	Group/Course Overview If you think a "mouse" is an animal and a "keyboard" is a musical instrument then this is the IT course for you, learn the basics to access the things you need.
Day/Date/Time Tuesday 10.30	Activity Details Starting from scratch learn how to use a computer, set up an email, access the internet for benefits information. Home search bidding, job search or just for fun.
Location Space 2 55 New King Street	Who the Group is For People who are engaging with agencies in B&NES for support with homelessness, drugs or alcohol issues, mental health or an offending background.
Cost Free	How to Join Contact; Claire Lawrence 01225 354780, clairel@julianhouse.org.uk or ask your Support worker to refer you.

Keep Safe, Keep Sane: Carer Support Group

Facilitators	Group/Course Overview
Bev and Tanya are members of New Hope and working with St Mungos and the Carers Centre	Keep Safe, Keep Sane - we are a peer support group for carers of people with mental health difficulties.
Day/Date/Time	Activity Details
2 nd Tuesday of each month 7-9 pm	We offer peer support and access to training for carers. We aim to improve relationships and raise carer awareness with statutory mental health organisations.
Location	Who the Group is For
Bath Carers' Centre The Woodlands Lower Bristol Road Bath BA2 9ES	This is a group for any carer of someone with mental health difficulties. It is run by other carers who have an understanding of the challenges that carers face.
Cost	How to Join
Free	Contact us on: Phone number 07528 668040 Twitter: @keepsafekeepsane Website: www.keepsafekeepsane.org

Kitchen Creations: Second Step & Creativity Works

Facilitators	Group/Course Overview
Carol Kenward Debbie Carpenter	A creative group to encourage participants to devise own recipes by experimenting with fresh, local ingredients to create healthy, tasty meals.
Day/Date/Time	Activity detail
Thurs 2.30-4.30pm starting 27 th March 3 rd , 10 th , 24 th April, 8 th , 22 nd May, 5 th , 12 th , 26 th June, 10 th July	Identify tastes, select ingredients, devise recipes within a budget and work as part of a team to create exciting new dishes.
Location	Who the Group is For
St Andrews Community Church, Foxhill, Bath	Suitable for people who are experiencing or are in recovery from anxiety, depression and mental illness.
Cost	How to Join
Free	To book a place call Creativity Works on 01761 438852 or Second Step on 01225 750926

Life Skills Art Group: Genesis

Facilitators Denise Weikert Jaq Hough & Matt Prescott	Group/Course Overview The Genesis Life Skills Art Group aims to encourage and support people to have a go at art in a relaxed, playful and experimental way. We offer a range of art activities including gallery visits and workshops and the opportunity to take part in exhibitions.
Day/Date/Time Mondays 11am – 1pm	Activity Details We are a friendly and welcoming group who support each other in our creativity. There is a wide range of materials available and the opportunity to try out ideas and techniques.
Location Salvation Army James Street West, Bath Disabled access	Who the Group is For The group is for anyone who wants to have a try at doing some art and explore their creative side. We provide a safe and supportive space to meet new people and improve mental wellbeing and confidence. No experience needed, just the willingness to have a go.
Cost Free - Donations welcome	How to Join For more information and application form please contact Denise or Carey on 01225 463549

Make and Bake: Bath City Farm

Facilitators Sarah Neale	Group/Course Overview Volunteers will be supported to do a variety of craft activities such as making candles, spinning wool, baking, making chutneys and jams and much more. Made products go on sale through our farm shop and at craft fairs, farmers' markets and village fetes to fund the project.
Day/Date/Time Wednesdays 1pm - 4pm	Activity Details Relaxed social activity in beautiful surroundings. A friendly small group. A chance for volunteers to express their creativity, learn new skills, socialise with others and take pride in producing great gifts for the public to admire and purchase!
Location Bath City Farm Kelston View, Whiteway, BA2 1NW	Who the Group is For People suffering from mental distress or social isolation, particularly from the Southdown area. Ideal for volunteers with reduced mobility. Disabled access available.
Cost Free	How to Join For more information, to sign up, or to refer a client, contact: Sarah Tel: 01225 481269 e-mail: sarah@bathcityfarm.org.uk

Meditation

Facilitators	Group/Course Overview
Bahai Group	Meditation
Day/Date/Time	Activity Details
Monthly, Sundays 3pm- 4.30pm Mar 9, April 13, More dates tba	Lovely words with music. Come and find inner peace and tranquillity and enjoy the company of others!
Location	Who the Group is For
Minerva Centre, 8 Combe Park, Bath	No prior experience necessary just for those wanting to relax and become more centred in themselves
Cost	How to Join
Free	Contact: Jane O'Hara on 01225 341921

Mendip Storytelling Circle

Facilitators	Group/Course Overview
Martin Horler, Colin Emmett, Terence McCarthaigh,	All welcome to listen or tell a story; myths, legends, riddles, ballads, modern and ancient tales and more.
Day/Date/Time	Activity Detail
7.30 for a prompt start at 8.00 pm first Thursday of the month, Sept through to May	Please note the evening is an entertainment for adults. Special events including children's events are held at other times.
Location	Who the Group is For
The Court Hotel, Chilcompton, BA3 4SA	All welcome
Cost	How to Join
Free	Call 01761 471209 or e-mail mendipstorycircle@gmail.com

Midsomer Norton Music Group: Soundwell

Facilitators	Group/Course Overview
Helen and Bob	Music Therapy Group
Day/Date/Time	Activity Details
Fortnightly 1pm -2.30pm	Music Therapy Group using Song-writing improvisation and recording to help relieve stress, anxiety and depression – and to promote creativity, wellbeing, self-expression and a sense of belonging through the music created.
Location	Who the Group is For
The Old Town Hall, The Island, Midsomer Norton, BA3 2HQ Disabled access	Individuals living with any sort of mental distress, including those with high mental health support needs, anxiety, stress, depression, unwanted thoughts. No musical experience needed.
Cost	How to Join
Free	Contact Soundwell on 01225 862938, 07519 732612 or email lisa.otter-barry@soundwell.org.uk . This is a referral only group.

Mosaic: Bath Mind

Facilitators	Group/Course Overview
Jude King Bath Mind	A weekly social group for friendship and peer support. The focus is on social interaction and activity.
Day/Date/Time	Activity Detail
Every Wednesday 10am-3pm	Members are encouraged to run the group and take decisions around planned activities, trips out and preparing the midday meal.
Location	Who the Group is For
The Riverside Community Centre, York Place, Bath, BA1 6AE	Individuals living with mental distress and a background in any minority ethnic group. Disabled access available.
Cost	How to Join
Free (Optional lunch is £2.50)	Contact Jude King ON 01225 463525, 07553 184120 or Email mosaic@bathmind.org.uk .

Mosaic Music Group: Soundwell

Facilitators

Lisa and Helen

Group/Course Overview

Music Therapy Group.

Day/Date/Time

Once every 6 weeks on Wed, 11am -12 March 5th, April 2nd or 16th, t.b.c., May 28th, July 9th.

Activity Details

Music Therapy Group to help relieve stress, anxiety and depression – and to promote creativity, wellbeing, self-expression and a sense of belonging through the music we create together.

Location

The Riverside Community Centre, York Place, Bath, BA1 6AE

Who the Group is For

Individuals living with mental distress and a background in any minority ethnic group. No musical experience needed. Disabled access available.

Cost

Free

How to Join

Contact Soundwell on 01225 862938 or 0777 852 7954 or email lisa.otter-barry@soundwell.org.uk or Contact Jude King on 01225 463525, 07553 184120 or Email mosaic@bathmind.org.uk.

Monthly Open Music Groups: Soundwell

Facilitators

Helen and Bob

Group/Course Overview

Soundwell Monthly Open Music Groups.

Day/Date/Time

Wednesdays
March 19th, April 16th, May 14th, June 11th July 9th.

Activity Details

These groups are open to all in the community who are interested in using music to de-stress, to share a creative experience with others and to support their well-being. This is an opportunity to explore and make music together in a safe and creative space. No musical skills are necessary. There's a wide variety of easily accessible, good quality instruments. A creative approach to general wellbeing.

Location

Central United Reformed Church, Grove St Bath BA2 4BA (Disabled Access)

Who the Group is For

Adults over 18 living in B&NES or caring for a B&NES resident. No musical experience needed.

Cost

Donation of Choice

How to Join

Contact Soundwell on 01225 862938, 07519 732612 or Email lisa.otter-barry@soundwell.org.uk.

Music Support Groups (Carers): Soundwell

Facilitators	Group/Course Overview
Lisa and Bob	Soundwell Music Support Groups for Carers.
Day/Date/Time	Activity Details
Contact Lisa for the dates.	These groups are open to all carers who are interested in using music to de-stress, to share a creative experience with others and to support their well-being.
Location	Who the Group is For
The Old Town Hall, The Island, Midsomer Norton, BA3 2HQ Disabled access	Carers living in B&NES or caring for a B&NES resident. No musical experience needed.
Cost	How to Join
Donation Towards Tea and Coffee	Contact Soundwell on 01225 862938, 0777 852 7954 or Email lisa.otter-barry@soundwell.org.uk .

Naad Yoga

Facilitators	Group/Course Overview
Chris Smith	Naad Yoga
Day/Date/Time	Activity Detail
Monday 10am – 11.30am	A gentle drop in yoga class. No prior experience necessary just for those wanting to relax and become more centred in themselves.
Location	Who the Group is For
Minerva Centre 8 Combe Park Bath	Suitable for people who are experiencing or are in recovery from anxiety, depression and mental health illness in a relaxed and tranquil environment.
Cost	How to Join
£8	Contact Chris on 07721 670325.

Open Minds: Supporting Wellbeing In the Chew Valley

Facilitators	Group/course overview
Greyam Crowl, and Open Minds volunteers	Open Minds is a peer support group for adults with mental illness or who feel socially isolated in the Chew Valley, Radstock and Keynsham areas.
Day/Date/Time	Activity detail
Wednesday 1pm – 2,30pm	The aim the Group is to be Peer led and run by it's members with support from Sirona, with meetings remain relevant to those living in the Chew Valley and surrounding areas. The groups' meetings consist of time to socialise and activities. Including card making, painting and drawing, speakers, coaching, digital photography, healthy lifestyles, Tai Chi and mindfulness.
Location	Who is the group for
Millennium Hall High Street, Chew Magna	Open to all those encountering isolation or with mental health illness and their carers living in Chew Valley, Radstock or Keynsham areas. Including silent sufferer of depression, perhaps having been made redundant, gone through a divorce, recently had a baby and finding it tough or been bereaved. They are feeling isolated or have simply lost confidence.
Cost	How to join
Small charge for beverages	Helena on 07798 818772 Community Options Team 01225 396033

Open Music Group: Genesis Life Skills

Facilitators	Group/Course Overview
Matt	Opportunities to explore and make music together. No musical skills are necessary.
Day/Date/Time	Activity Detail
Every Thursday 3:30-4:30	
Location	Who the Group is For
Bath Abbey Crypt Lifeline	Vulnerable adults, people engaging with Lifeline having support with homelessness, drugs or alcohol issues.
Cost	How to Join
Free	Contact Denise at Life Skills 01225 463549.

Positive Futures

Facilitators	Group/Course Overview
Helena and Tony, both volunteers	Supporting parents with mental illness towards better mental health and happier parenting.
Day/Date/Time	Activity Detail
Friday mornings, 10am to 12 noon	The group is peer led and is therefore free to arrange the activities it is interested in. These include sessions, presentations and discussions concentrating on aspects of parenting and personal development including assertiveness, identity and self-belief. Social activities outside of the group sessions are also arranged for those who would like to join in. Telephone and face-to-face support is available to those who need help to attend, and transport can be arranged where possible.
Location	Who the Group is For
Weston Children's Centre, Penn Hill Road, Bath BA1 4EH	All parents who are affected by mental illness, whatever their background or current circumstances. Parents of children of all ages are welcome to attend the group.
Cost	How to Join
Free	Parents can self-refer to the group. Just contact Helena on 07798 818772, or contact us via the website: http://positivefutures.weebly.com (no www.)

“Resilience”: Julian House

Facilitators	Group/Course Overview
Becci- case work lead Mike - support worker	A 6 week course giving an opportunity to reflect on setbacks, learn more about yourself, develop skills & confidence to lead to a more fulfilling and happier life.
Day/Date/Time	Activity Detail
Wednesday 2pm starts 6/03/14	Various fun activities and discussions within a small supportive group.
Location	Who the Group is For
Training room 55 New King Street	People who are engaging with agencies in B&NES for support with homelessness, drugs or alcohol issues, mental health or an offending background.
Cost	How to Join
Free	Contact; Claire Lawrence 01225 354780, clairel@julianhouse.org.uk or ask your support worker to refer you.

Singing Group: Julian House

Facilitators	Group/Course Overview
Ashley (Volunteer)	A fun, relaxing and informal group giving you the opportunity to explore your musical talent.
Day/Date/Time	Activity Detail
Monday 5pm	Enjoy the opportunity to gain confidence & find your voice and enjoy singing a variety of songs in a friendly group of volunteers, staff and service users.
Location	Who the Group is For
Training room 55 New King Street	People who are engaging with agencies in B&NES for support with homelessness, drugs or alcohol issues, mental health or an offending background.
Cost	How to Join
Free	Contact Claire Lawrence 01225 354780, Email clairel@julianhouse.org.uk or ask your support worker to refer you.

Social Group in Bath: Sirona Care and Health

Facilitators	Group/Course Overview
Sue Hall Grant Davis Support workers	The Social group is very informal. It aims to bring people together who feel socially isolated. The group provides good social networking. We aim to provide a safe environment where people can come along to have a chat / read the papers/ or join in with activities.
Day/Date/Time	Activity Details
Tuesday and Thursday 10.30 am – 2.30pm	The group has regular social and learning opportunities, advice and activities such as quiz's and board games light snack lunches and beverages at low cost.
Location	Who the Group is For
Hayhill Baptist Church Fountain Buildings, Bath	The Group is aimed at Adults who have experienced or experiencing mental ill health ,alongside social isolation.
Cost	How to Join
Small cost for Light lunch / beverages.	Contact office for details and referral form, or ask your care coordinator or G.P. to refer to Community Options Team. Tel: 01225 396033.

Tee Shirt Design and Screen Printing Group: Bath Museums

Facilitators	Group/course overview
Hannah Carding Robyn Williams St Mungo's	Bath Museums are offering a brand new T shirt design and print project. The course is made up of 6 short and friendly two and half hour sessions at the museums.
Day/Date/Time	Activity detail
May 14 th , May 21 st May 28 th at the Holburne museum. June 4 th , June 11 th , June 18 th at the American museum 2.00pm – 4.30pm	Free tours of the museums, get inspired, let our professional artist and screen printer show you how to turn your ideas into great t-shirt designs and learn how to screen print them. Finish the course with your own t-shirt, and extra for your group to sell and make money from. No prior experience needed, you don't have to be an 'artist'. Just come along for fun and be amazed at what you will create. Transport is available for all dates and is free.
Location	Who is the group for
See above	Individual and small groups of service users from mental health groups and organisations in B&NES.
Cost	How to join
Free - Please apply before 20 th April	Please contact Robyn Williams at St Mungos. Email robyn.williams@mungos.org or phone 07739195388.

Voice Confidence Through Poetry and Shakespeare

Facilitators	Group/Course Overview
Lloyd Notice	Voice Confidence Through Poetry and Shakespeare.
Day/Date/Time	Activity Detail
Weekly Mondays 7pm – 9pm	This very experienced actor who has worked with special needs recovery, West End Lion King/RSC actor offers a unique experience for people to connect to their inner strengths and be able to express their creativity through their voice.
Location	Who the Group is For
Minerva Centre 8 Combe Park Bath BA1 3NP	Suitable for people who are experiencing or are in recovery from anxiety, depression and mental health issues and who want to make friends in a relaxed environment and non-judgemental group. Come and enjoy! No experience necessary.
Cost	How to Join
£8	Contact Lloyd on 07949 173034 or Email minervacentrebath@hotmail.com .

Walking Group: Bath

Facilitators	Group/Course Overview
David Woods volunteer	The walking group is made up of people who enjoy walking in a group in and around Bath. The group also travels to interesting places in the South West for walks. We walk between 2 and 4 miles each time.
Day/Date/Time	Activity Details
Mondays 10.30am	We are an informal group who support each other. The walks often finish in a cafe for a bite to eat. Come along and enjoy walking around the historic town of Bath.
Location	Who the Group is For
Outside The Forum, near job centre, Bath, BA1 1UG	Anyone wanting to improve their mental wellbeing, social network and physical health through walking with peers.
Cost	How to Join
Free	Come along on the first Monday of any month For more information Call David on 01225 312009. Call Sunday 6.30pm - 7.30pm to let me know if coming.

Wednesday Walkers

Facilitators	Group/Course Overview
Volunteers	Walking group run by volunteers.
Day/Date/Time	Activity Details
1 st and 3 rd Wednesday of the month. 10.30am	Up to a dozen people walk the footpaths around Chilcompton twice a month, taking an hour or two. On return to the village hall we have tea/coffee and biscuits. By talking as we walk and socialising over refreshments we have met new people and enjoyed their company. Strong shoes or boots are needed and raincoat for wet weather.
Location	Who the Group is For
Chilcompton Village Hall	For anyone who wants to walk 3 or 4 miles. Taking up to 2 hours.
Cost	How to Join
£1 for refreshments	Just turn up or phone first. Contact 01761 232774 or Email grahamp@mypostoffice.co.uk .

Weekly Music Therapy Group: Soundwell

Facilitators	Group/Course Overview
Cathy and Jo-Music Therapists	A weekly, referral only music therapy group.
Day/Date/Time	Activity Detail
Thursdays 11.30-12.30 (referral only)	There's a wide variety of easily accessible, good quality instruments available to explore and make music together as a group. No musical skills are needed. It's a creative approach to general wellbeing and supporting those with mental health issues.
Location	Who the Group is For
Central United Reformed Church, Grove St Bath BA2 4BA (Disabled Access)	Individuals living with any sort of mental distress, including those with high mental health support needs, anxiety, stress, depression, unwanted thoughts. No musical experience needed.
Cost	How to Join
Small donation	Contact Soundwell on 01225 862938, 07519 732612 or Email lisa.otter-barry@soundwell.org.uk .

Wheels for All

Facilitators	Group/course overview
Eugene Kertzman	Wheels for All.
Day/Date/Time	Activity detail
Saturday 11.30am	Inclusive cycling sessions after school and on Saturdays.
Location	Who is the group for
Odd Down Cycle Circuit, Bath	Children, young people and adults who cannot ride two wheel bikes due to disability, lack of confidence, health issues.
Cost	How to join
£3.00 pp with loan bike £2.00 with own bike £5.00 family rate	Contact wheelsforall@bathnes.gov.uk for registration details and to check bike availability

Women's Crafts: Julian House

Facilitators	Group/Course Overview
Claire- casework lead	A relaxing and supportive all females group who are exploring different crafts.
Day/Date/Time	Activity Detail
Wednesdays 1.30pm	Have a go at some different crafts chosen by the group such as sewing, card making and other crafts in a friendly and supportive environment.
Location	Who the Group is For
Space 2 55 New King Street	Clients who are engaging with agencies in B&NES for support with homelessness, drugs or alcohol issues, mental health or an offending background.
Cost	How to Join
Free	Contact Claire Lawrence on 01225 354780 or Email clairel@julianhouse.org.uk or ask your Support worker to refer you.

Writing Space

Facilitators	Group/Course Overview
Group members and artist David Davies and other writers	A creative writing and poetry group for people with experience of writing who would like to meet others to share ideas and mutual support in the writing process. Some sessions will be facilitated by a writer; others will be for the group to continue developing their ideas.
Day/Date/Time	Activity Details
Tuesday afternoons 1-4pm,	A (Peer led) group. These sessions are suitable for experience of writing. Members contribute to the ideas and running of the group. For details of beginners writing course contact Creativity Works (see below).
Location	Who the Group is For
Central Bath	Suitable for people who are experiencing or are in recovery from anxiety, depression and mental health illness.
Cost	How to Join
£2 donation	To book a place contact Philippa at Creativity Works on 01761 438852.

Yoga

Yoga	
Facilitators	Group/Course Overview
Yvonne La Bretoniere	Yoga. A friendly and welcoming group!
Day/Date/Time	Activity Detail
9.45am – 11am Tuesday	Mixed Ability Groups. I can adapt my yoga to suit your needs.
7.00pm – 8.15pm Thursday at Camerton Hall	
6.45pm – 8.00pm Tuesday at Camerton Hall	
	Who the Group is For
	Anyone.
Cost	How to Join
Concessions available	Contact Yvonne. 01761 472143

Facilitators Peer Support: St Mungos

Facilitators	Group/Course Overview
Ralph Lilywhite	Six support (reflective) sessions. One a month for six months, based on an Action Learning model
Day/Date/Time	Activity Details
Once a month	Action Learning is “Essentially facilitated peer-learning and problem solving using a discipline of uninterrupted presentation, open questioning and summary – effectively a form of group coaching”. (The Independent Theatre Council).
Location	Who the Group is For
Bath	Group facilitators who are not paid or paid per session.
Location of six sessions to be decided by group	
Cost	How to Join
Free	If you are interested in a place in the next group contact Ralph on 0782 511 5775 or e-mail rlillywhite@mungos.org .

Support for (Peer led) groups

B&NES Grants

B&NES Supporting Communities Fund - Provided by the B&NES Adult Care, Supporting People and Communities Team to enable local communities to tackle some of the causes of mental ill health, social isolation and distress, and to promote and improve people's mental wellbeing. Grants of between £200 and £2,000 are available for groups. Administered by Quartet www.quartetcf.org.uk.

Wellbeing Grant St Mungo's has been awarded a Health Inequalities Grant by B&NES Council Coming soon, for adults in B&NES, affected by mental health, isolation, homelessness or drug and alcohol issues, includes carers.

Apply for up to £70 to a panel made up of clients, carers and staff, you will need to evidence that the grant has had a positive impact on your wellbeing.

Contact Ralph at rillywhite@mungos.org or call 0782 511 5775.

To search for funding in B&NES - free facility

<http://bathnes.gov.uk/services/neighbourhoods-and-community-safety/community-grants-and-funding>.

Training

St Mungo's courses:

Facilitators course – (Contact re dates)

A six session course to provide volunteers & clients with the skills, knowledge and confidence to facilitate a group or meetings. Course includes:

Communicating with Confidence,	It's Ok to be Me – MBTI
Assertiveness	Open & closed questions

Safeguarding & Protection – Half day (4th June)

Includes: What is abuse The signs of abuse What to do if someone is at risk
Millennium Hall High Street, Chew Magna

Boundaries – Half day (11th June)

Includes: Different types of boundaries Effect of good & bad boundaries
Confidentiality Communicating effectively

Millennium Hall High Street, Chew Magna

First Aid contact re dates

To book or for more info - Ralph Lillywhite - rillywhite@mungos.org Tel: 0782 511 5775

Bath Mind:

Mental Health First Aid Training (two day course)

Teaches techniques to provide help to someone experiencing a mental health problem before professional help is obtained. The course will help participants to support family members, friends, neighbours, colleagues and clients who are experiencing mental distress. Provides participants with insight in to their own mental health and effective ways of maintaining their well-being.

£15 if unemployed or using mental health services, family members or friends who are carers. £180 staff, B&NES charities £90.

For information – Jude King: 01225 316199 or admin@bathmind.org.uk

Next course: 7th & 8th May - Bath, 3rd & 4th July 14 Midsomer Norton

Organisations and groups in B&NES who run and support groups

Bath City Farm

Our mission is to build a caring, healthy and cohesive community through the involvement of local people - especially those who are disadvantaged in the development and maintenance of a productive green space, where they are able to learn about sustainable farming and food growing, acquire new skills and develop new friendships.

Come and see the animals, eat at the Trough cafe kiosk, enjoy the view, hire the Crater our outdoor performance space www.bathcityfarm.org.uk info@bathcityfarm.org.uk 01225 481269

Bath Mind

We're Bath Mind, the mental health charity.

We're here to make sure anyone with a mental health problem has somewhere to turn for advice and support. We offer supported housing, advocacy, befriending, a social group and one to one support to people from black and ethnic communities and mental health first aid training www.bathmind.org.uk

Bath Museums Community Engagement Project

This Arts Council funded joint project between some of Bath's museums aims to reach non-traditional audiences by consulting and engaging with B&NES community groups on projects rooted in genuine community needs. The museums' collections and sites will be explored in creative, exciting and innovative ways. Long term, sustainable partnerships with community groups are a key objective. Partner museums:

- Bath Preservation Trust (No.1 Royal Crescent, Building of Bath Collection, Herschel Museum of Astronomy, Beckford's Tower)
- The Holburne Museum
- The American Museum

Contact: Polly Andrews, Project Co-ordinator, pandrews@bptrust.org.uk 01225 333895

Creativity Works

"Creativity Works believes that creativity can make a significant difference to people's lives: inspiring, empowering and supporting them to have fun, learn new transferable skills and improve their health and wellbeing. Working with professional artists, volunteers and wellbeing professionals, bespoke projects and courses are created that encourage positive personal and social change. We enable the set up of creative (Peer led) groups and encourage individuals to explore, develop and grow. Our work supports events, draws communities together and enables more people to access the arts and connect with community and culture" For more information phone 01761 438852 or philippa@creativityworks.org.uk www.creativityworks.org.uk

DHI

Developing Health and Independence (DHI) is a charity that provides a comprehensive range of services in the Bath area for people who are socially excluded for reasons such as homelessness, alcohol or drug issues, learning disabilities or emotional difficulties.

We help people to turn their lives around by tackling both the causes and consequences of social exclusion through practical and emotional support services such as information and advice, supported housing, counselling, activities, and employment/training opportunities.

To get in touch call 01225 329411 or visit our website www.dhi-online.org.uk

“Meeting the needs of the individual, making a difference in the community”.

Genesis Trust

Genesis Trust offers hope for a better future to vulnerable and homeless adults in Bath, providing practical, emotional and spiritual help. A Christian charity, whose core belief is that everyone is equally valuable before God, and deserving of an independent, secure and satisfying lifestyle. We run 9 projects across Bath, offering a progressive approach to helping people meet their needs.

Our 4 key projects, open 5 days a week, are:

- Lifeline Centre; a drop-in centre offering support
- Life Skills; free courses and activities primarily for vulnerable adults
- Wood Works; providing training

Furniture Project; selling donated furniture to those on low incomes

Julian House

Julian House offers services to homeless people in Bath, the refurbished day centre with 19 overnight spaces offering activities and support during the day, supported housing manage 5 houses offering support to clients until they move on into independent living, Henrietta street for clients with learning difficulties and Women’s Services support women who have experienced domestic abuse.

We also offer a range of meaningful activities, having a positive impact on self-confidence, independent living skills and health & wellbeing for clients who engage with support agencies for support with housing, drugs & alcohol, mental health issues or criminality. Contact 01225 354 650.

Keep Safe, Keep Sane

Keep Safe, Keep Sane is a peer support group for carers or supporters of people with mental health difficulties. We know that a lot of carers are left isolated and unsupported, dealing with some challenging situations. We offer:

- Support and training from people who understand
- Information on local mental health services
- A chance to get involved and improve the services within mental health

We meet the second Tuesday of the month, 7-9pm at the new Carers Centre, The Woodlands, Lower Bristol Road, Bath BA2 9ES. Come along have a coffee and chat, and find out more.

www.keepsafekeepsane.org twitter - @keepsafekeepsan tel - 07528 668040

Mulberry House (St Mungos)

Mulberry House (St Mungos) is a supported living service for people with complex mental health needs. We are based in a beautiful Georgian property on the edge of Weston Village, Bath, with gardens, a small orchard and allotment. The house has 8 bedrooms (some with their own kitchen facilities), and 5 self-contained flats. Staff are on duty 24 hours a day.

Clients work closely with individual Support workers based on Recovery Model principles. There are also regular group activities, and clients are encouraged to take part in our Social Enterprise scheme - growing and preparing fresh produce from our allotment.

New Hope

New Hope is for anyone affected by mental health issues. We give a voice to people with lived experience of mental health issues and carers, reducing stigma in mental health and improving services. We raise the issues that are important to service users and carers.

New Hope is a friendly, enthusiastic group of people swapping ideas, supporting each other and most of all making a difference. We work in partnership with and are supported by St Mungos and have worked closely with other organisations on achieving a festival, a what works conference and peer research. Tel – 01225 750 920, newhopeB&NES@gmail.com

Second Step's Floating Support

Second Step's Floating Support service works with people with mental health problems in Bath and North Somerset. We help people who are moving or having problems managing their current accommodation. We support people by focusing on their strengths and helping them grow in confidence and independence. We support people for up to two years and all support is based on the individual, their needs, hopes and aspirations. Our latest statistics show that 94% of people who use our housing support services feel more independent and need less support from us over time. **Call 01225 750926/7 for more information.**

Sirona Care & Health – Community Options

Sirona Care & Health – Community Options. Are a community interest company responsible for the provision of community health and social care services. A Community interest Company means all efforts and resources are used for the benefit of our service users. Community Options aim to offer a confidential and informal service, supporting people who wish to overcome personal and social barriers that they feel are holding them back from pursuing a meaningful and purposeful day. The service is for people who have mental health needs who wish to explore social and therapeutic opportunities within the community.

Soundwell Music Therapy Trust

Soundwell Music Therapy Trust is the only *specialist* adult mental health music therapy charity in the UK. We run music therapy and music support groups for mental health service users and unpaid carers in Wiltshire and B&NES. Our experienced therapists work with participants using music and sound to promote well-being, change and recovery.

Participants feedback: “...*order from chaos*...”

“the music therapy helps me relax...it soothes the soul and the complications of life”

“I felt less stressed which helped me cope with my personal problems”

“The drumming really released something... ..felt as if something was shifting”

www.soundwell.org

Registered Charity 1093992

The Minerva Centre

The Minerva Centre is a holistic centre which can be used for group meetings. Holistic therapy treats the whole person. Google Holistic Therapies Bath for further information. Minerva also offers 1 to 1 appointments in reflexology, aromatherapy and Indian Head Massage for a low cost which is negotiable. In the road of the RUH, forecourt parking for 5 cars.

Contact: Elizabeth: 01225 315591 www.minervacentrebath.co.uk

Email: minervacentrebath@hotmail.com

St Mungo's Building Bridges to Wellbeing

St Mungos Building Bridges to Well Being Works with people affected by low to moderate mental health needs in B&NES. Enabling people to have more independent & fulfilling lives, develop peer support networks & meaningful use of time.

- **Training** – Includes recovery star, safeguarding, boundaries, facilitation & mentoring
- **Grants** – Enabling (Peer led) groups to start and develop
- **Co-delivery of events with volunteers** – WMH festival & What Works Conference
- **Support for New Hope** – To reduce stigma and actively improving local services
- **Support** – One-to-one & group support to people setting up groups, activities

[www.mungos.org/services/where we work/building bridges wellbeing](http://www.mungos.org/services/where_we_work/building_bridges_wellbeing)

Wheels for All

deliver an essential service to a wide range of people who otherwise would have not opportunity to cycle or take exercise. It has built up a wealth of knowledge and expertise in filling the gap for many people who, despite wanting to enjoy cycling have been unable. We have trained and experienced staff and volunteers who help individuals and families enjoy being outdoors together and sharing time enjoying our range of specialist and adapted bikes. As well as the Saturday Club we run after school sessions and can design/run bespoke sessions for staff teams, groups and individuals.

One-2-One Support

Advocacy and Befriending

Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.

Befriending: Many people lose contact with and the support from family and friends. Bath Mind's befriending service aims to establish a one to one supportive relationship between a trained volunteer and someone feeling lonely and isolated.

Bath Mind

Overview: Bath Mind offers free confidential general advocacy for individuals across B&NES. We help with understanding your rights, contacting service partners, attend meetings and tribunals and getting the right information you need.

We also offer a 'listening ear' service with possible follow up to our befriending service.

How to access: Drop in at One Stop Shop on Tuesday and Wednesday mornings and at the Paulton Hub every fortnight. Call us on **01225 464656** or

Email: admin2@bathmind.org.uk Website: www.bathmind.org.uk

Complaints Procedure Advocacy

Overview: CPA provides information and support to people who want to make a formal complaint to Social Services. Support includes a self-help pack, information on how to make a complaint, help with drafting letters and attending meetings.

How to access: Freephone: **0808 808 5252**

e-mail: cpa@thecareforum.org.uk website: www.thecareforum.org

SEAP - advocacy for complaints about NHS care

Overview of service: Health Complaints Advocacy is a free, independent advocacy service that can help you make a complaint about any aspect of your NHS care or treatment.

How to ask for support: Contact us on **0330 4409000** e-mail: info@seap.org.uk website: www.seap.org.uk/services/nhs-complaints-advocacy/ for information on making a complaint.

SWAN Advocacy

Overview of service: SWAN advocates work alongside individuals to help them get the information and services they need in order to improve their own health and well-being. SWAN focus on aspects of mental health care and treatment. The service is free, confidential and independent.

Swan Advocacy also provides statutory advocacy support to people who lack capacity to make health and welfare decisions for themselves.

How to access: Please contact us on **03333 447 926** or email:

mail@swanadvocacy.org.uk

website: www.swanadvocacy.org.uk

Domestic Violence and Abuse - Confidential support

Southside Family Project

Support and advice for Girls, women and children affected by domestic abuse.

How to access: Meade House, Wedgewood Road, Twerton, Bath BA2 1QN,

Tel: **01225 331 243** 9am - 5pm, Monday to Friday

Victim Support

Telephone support - ALL victims of domestic violence and abuse – men, women, Help you assess the risk posed to you by your abuser and identify your initial support needs. Referrals to agencies who can help, or our volunteers provide you with emotional and practical support. Bristol, 8am - 8pm Mon to Fri

How to access: admin.bristol@victimsupport.org.uk Tel: **0845 45 66 099**

Social Services and Housing - Adult Duty Team

A responsive social work service dealing with urgent referrals and crisis situations. We are a 'first stop shop' for information, advice and signposting to a range of services available for people who are vulnerable to abuse due to age or mental/physical capacity.

How to access: www.bathnes.gov.uk Tel: **01225 477 000**

B&NES Council, Lewis House, Manvers Street, PO Box 3343, Bath BA1 2ZH

Out of hours: Emergency Duty Line: Tel: **01454 615 165** adult_duty@bathnes.gov.uk

Community mental health Support

'Get On And Do it!' DHI

A service to help people in recovery from mental ill health to access training and employment opportunities. Includes : funding for courses, travel costs, business consultancy, tools e.g. work boots and course materials, peer support.

How to access: Contact Helen on 07825 510948 or email - ses@dhi-online.org.uk

Rethink Mental illness

Tailored support to individual's needs. Including: assistance on debts, advice on home security, assistance to move to more appropriate accommodation, information to help avoid social isolation, supporting individuals and carers to develop coping strategies and crisis management plans.

How to access: 01225 767980

website: www.rethink.org

Employment Related Support

Mental Health Work Development Team - Sirona Care & Health

Vocational support service - helping people look at their vocational and employment needs. Vocational Action Plan developed with the service user, information, advice and guidance, support to achieve action plan goals.

Job Retention service - for people in employment and struggling to maintain their job or work life balance. We work with employees and employers to find successful solutions to return to work.

How to access: Tel 01225 396646

Mental Health Reablement Service.

Provide a short term, free service for up to 8 weeks for people in the community with mental health problems. We aim to increase independence and confidence and assist people in working towards their goals and recovery.

How to access: Tel 01225 396357

Referral via a health care professional, including your GP. However please call if you have a mental health need and require guidance and information on accessing appropriate support.

Drugs & Alcohol Support Overview

Support for all forms of legal and illegal drug use for adults and young people experiencing difficulties with their own or a close relative/friends drug or alcohol use.

Services include: advice and information, carers and family groups, education, training and employment support, housing and benefit advice, mutual aid (SMART), outreach, detoxification, BBV screening, testing and inoculations, needle exchange, counselling and group work, prescribing (shared care) etc.

How to access: DHI provides the single point of contact for anyone wishing to access any Adult drug/alcohol treatment service in B&NES.

The Beehive, Beehive Yard, Walcot Street, Bath, BA1 5BD (Mon – Fri 10am – 7pm. Sat 10am – 1pm) or Tel: 01225 329 411.

For young people - Project 28 (DHI) - Tel: 01225 463 344.

General support

New Routes

Enables primary care services to refer patients with social or emotional needs.

Coordinators signpost individuals to bespoke opportunities such as support groups, volunteering organisations, further education classes, library services and exercise groups. Outcomes include decreased social isolation, enhanced self-esteem, skill development, improved mental health and wellbeing.

How to access: 0117 958 9303 or 0117 958 9309 newroutes@thecareforum.org.uk

Off the Record

Provide free information, advice and guidance to young people aged 11 – 25 to help address any issue affecting their lives.

How to access: Any young person can access services by calling our friendly team
Tel: 01225 312481 e- mailing office@offtherecord-B&NES.co.uk Website
www.offtherecord-B&NES.co.uk

Housing related support

B&NES council, supporting people team, funds [housing related services](#) to prevent homelessness and support people to remain independent in their own homes. This includes accommodation and floating/visiting support services.

Go to www.housingsupportgatewaybathnes.org.uk to:

- complete an online support application
- find out about the support services (partners) available
- who can use the service

Emergency Duty Team

If you have had an emergency – you may be at Accident & Emergency, or need accommodation in the middle of the night, such as a Bed & Breakfast or refuge place, Mon - Thurs 5:00pm - 8:30am, Fri 4:30pm - Mon 8:30am, 24 hour Sat – Sun & Bank Holiday

www.bathnes.gov.uk

Minicom: **01454 618 966** Tel: **01454 615 165**

Libra Project - Women's Refuge

Safe and supported short-term accommodation for women and children experiencing domestic violence abuse. PO Box 3979, Bath, BA1 0DH Tel: **01225 354 661**

Next Link - Domestic Violence Services

Safe temporary accommodation for women and children who have experienced domestic abuse. PO Box 4128, Bath BA1 0FW Tel: **01225 466 989**

enquiries@nextlinkhousing.co.uk www.nextlinkhousing.co.uk

9am - 5pm Mon to Fri. In an emergency and out of hours, contact the Police who will contact us

Statutory Mental Health - Avon and Wiltshire Partnership (AWP) in B&NES

Accessing AWP services

This should be done through a health care professional, including your GP. If you have any questions please contact AWP's switchboard on 01225 325680

Primary Care Liaison Service (PCLS)

Provide specialist mental health advice and assessment following a request from a GP or other Health and Social Care professional. Following an assessment the person may be given advice on local services that may assist with their needs, or signposted to a secondary mental health team.

The team delivers some brief interventions; however, on-going work is delivered by other teams.

Based: Hill View Lodge, Royal United Hospital, Bath BA1 3NG (9am – 5pm)

Recovery Service

The Recovery Service provides specialist interventions and support for people with more complex needs and enduring mental health problems. It comprises of three 'Work Streams' or division. Your GP practice will be part of one of these work streams, which includes a dedicated consultant.

Based: Bath NHS House, Newbridge Hill Bath BA1 3QE (9am – 5pm)

Intensive Service

The Intensive Service operates 24/7 and provides emergency assessments (within 4 hours) for people in a mental health crisis /acute need following referral from a health or social care professional. The team provides intensive support and treatment for people in their home to try to prevent a hospital admission. The team also facilitates early discharges from mental health inpatient settings.

Based: Hill View Lodge, Royal United Hospital, Bath BA1 3NG

Early Intervention in Psychosis Team

Early intervention in psychosis team provides a comprehensive multidisciplinary service to help people from the age of 14 - 35 and their families as early as possible, giving them the best chance of preventing long term problems.

Based: Hill View Lodge, Royal United Hospital, Bath BA1 3NG (9am – 5pm)

Complex Intervention & Treatment Team (CITT)

Works primarily with older people with complex dementia and mental health needs and issues. The team also work with younger adults who have a diagnosis of dementia or a combination of mental health needs and complex physical health needs.

Based: Bath NHS House, Newbridge Hill Bath BA1 3QE

Acute Hospital Liaison

Following a referral from a health or social care professional, the team provides specialist mental health advice and assessment to people with mental health needs while in the Royal Unit Hospital.

Based: Hill View Lodge, Royal United Hospital, Bath BA1 3NG (9am – 5pm)

LIFT Psychology

Provides a wide range of support, from psycho-educational courses, to one-to-one's as everyone's needs and preferences are different. Visit the website for information about the types of support offered and how to access.

To access: <http://lift.awp.nhs.uk/B&NES/> Can be accessed directly and via your GP surgery

Patient Advice and Liaison Service (PALS):

To providing feedback or make a complaint about the service that you have received.

To access: Tel: 01249 468261 or 0800 0731778 (9am – 5pm) Email: pals@awp.nhs.uk

Address: AWP, Jenner House, Langley Park, Chippenham, Wiltshire SN15 1GG

Help in a Hurry

During Office Hour (9am-5pm Mon-Fri)

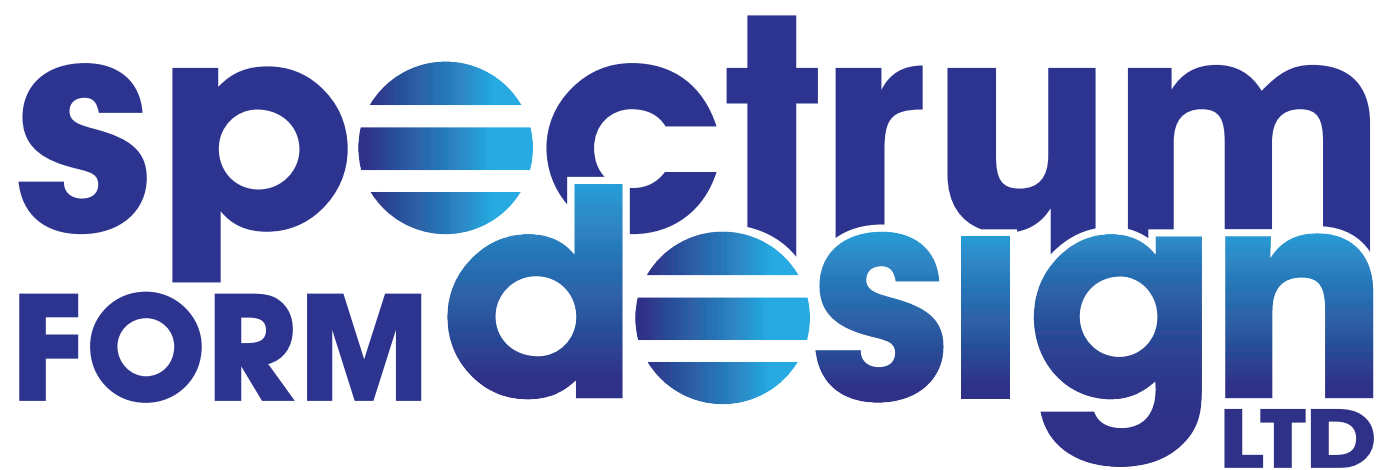
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National Drugs Helpline Call Frank 24hrs/7 days a week	0300 1236600
No panic 10am-10pm Helping you break the chains of anxiety disorders	0800 1388889
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property and infrastructure | health

Scoping Paper for BaNES Inpatient Bed Reprovision

March 2014

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Prepared by Eithne Burt

Checked by Lesley Powell

Authorised by David Short

Executive Summary

This document provides the initial findings from the scoping and feasibility exercise for ward 4 (St Martin's Hospital) and Sycamore ward at Hillview Lodge (Royal United Hospital).

The data used in this document has been taken from a range of sources both local (JSNA 2012 and AWP activity data) and nationally from the Office of National Statistics (ONS). A background review of the current issues and clinical requirements for improved service delivery have been incorporated into this document to provide an appraisal of the initial options for consideration by the Trust.

The ONS predicts that the local population is anticipated to increase by 12% by 2026. This increase is expected to mainly be in older age groups in the BaNES area. This combined with the local prevalence of reported Dementia which is currently below the national average will require detailed consideration of the wider care pathway with social care to ensure long term improved health and wellbeing of its patients and their families as part of any planned changes to inpatient care.

The scoping exercise is based on the current levels of activity for the BaNES Clinical Commissioning Group population for acute, frail vulnerable and dementia inpatient services based activity across Avon and Wiltshire Partnership. This has provided an indicative bed base based on current length of stay and does not incorporate any changes to the clinical pathway.

Providing mental health services from the Royal United Hospital (RUH) site provides a number of benefits of being part of the wider health care community on a health care site. The RUH currently has a dementia friendly medical ward (Combe ward) as well as the provision of scanning and support services it provides to the inpatient mental health services. In addition, the hospital liaison service is based in the emergency department and has close links to the intensive team. The current acute inpatient services also benefits from close working relations with physical health care colleagues which were considered important in the longer term planning of inpatient services in relation to an aging population and the implications for co morbidities in physical and mental health.

The interim provision of Section 136 facilities in Bristol have been identified as not ideal for BaNES in relation to accessibility for the local population and distance from local inpatient services. As the Bristol service opened in February 2014, an evaluation of the activity and benefits to service users has not been incorporated into this paper and will need to be considered in more detail as part of the project moving forward.

The scoping exercise has incorporated the inclusion of local Section 136 (place of safety) facilities, with office space for the Community Intensive Team and the Approved Mental Health Practitioner team (AMHP) which does indicate efficiencies can be achieved with reduced travel and integrated working of the teams through a local base alongside the Section 136 suite. Again, more detailed work will be required as part of the wider local pathway implementation and to inform the business case as staffing for the Section 136 is outside the remit of this scoping exercise.

This paper has set out a number of feasible options for consideration by the Trust which includes the development of the current site and the option of a new build on the Royal United Hospital Site (subject to agreement by both Trusts) or a new build on an alternative site.

1 | Introduction

1.1 Purpose of this paper

The purpose of this paper is to summarise the outcome of evaluation of various reports, interviews with staff and bed activity data for ward 4 at St Martin's Hospital and Sycamore ward at Hillview Lodge, RUH site. The conclusions from which are to inform and support a business case for the redesign of accommodation to a model which meets the indicated demand, aligns with the commissioned requirement and is facilitated within fit for purpose accommodation.

During the process to produce this paper, the issue of out of area (OOA) placements has been discussed to understand whether the research for this paper should consider a wider scope, with evaluation of the bed capacity and demand of neighbouring CCGs. It was concluded that, due to the time pressures of identifying a solution for the BaNES requirement, particularly in consideration of the current service delivery limitations of the accommodation at Hillview lodge, the paper should review OOA statistics only to inform required BaNES bed numbers but should not be delayed by more detailed debate or evaluation of the potential implications of demand issues of neighbouring CCGs.

1.2 Background

Currently, provision of adult acute inpatient beds for BaNES is accommodated within Sycamore ward, within the Hillview Lodge building on the Royal United Hospital site in Bath. There are 23 beds providing inpatient services for people whose health needs require specialist mental health investigation, assessment and intervention.

A report from the CQC, following a visit to the ward in December 2013, confirmed issues with the accommodation which had already been the subject of discussion within the Trust and with the Commissioners. The issues identified confirmed that the accommodation is no longer functionally suitable for the purpose, impacting on patient care and staff welfare.

Findings from the CQC contained within the report included **failing and action required** in all five standards assessed:

- ▶ Respecting and involving people who use services
- ▶ Meeting nutritional needs
- ▶ Safety and suitability of premises
- ▶ Staffing
- ▶ Records

'The provider was not meeting this standard. People who used the service were not protected against the risks of unsuitable premises.'

'We have judged that this has a moderate impact on people who use the service, and have told the provider to take action.'

The 2013 PLACE scores for Hillview Lodge are summarised as follows:

Category	Score	Benchmark
Cleanliness	87.27 %	below national average
Food	91.28 %	above national average
Privacy and dignity	82.96 %	below national average
Facilities, condition and maintenance	86.51 %	below national average

As background to the bed occupancy figures evaluated within section 2 of this report, the provision of adult acute inpatient beds by the Trust in Bristol, North Somerset and Wiltshire (including Swindon) are delivered from the following locations:

- ▶ Lime and Silver Birch Units, Callington Road Hospital (Bristol)
- ▶ Beechlydene Ward, Fountain Way, Salisbury (Wilts)
- ▶ Imber Ward, Green Lane Hospital, Devizes (Wilts)
- ▶ Sycamore Ward, Hillview Lodge, RUH, Bath
- ▶ Juniper Ward, Long Fox Unit, Weston-Super-Mare (North Somerset)
- ▶ Applewood Ward, Sandalwood Court, Swindon (Wilts)
- ▶ Oakwood Ward, Southmead Hospital, (Bristol)

Currently, provision of inpatient assessment for later life service users with organic mental health problems (dementia) within BaNES is accommodated within ward 4, on the St Martin's Hospital site in Bath. 12 beds are currently available.

A Section 136 suite is currently provided at the Southmead Hospital site, the funding for which is provided jointly by BaNES and other CCG's across Bristol, North Somerset and South Gloucestershire.

The requirement for new / remodelled accommodation in BaNES locality would be to include a Section 136 suite.

The findings from this paper will inform discussion to recommend the numbers of beds for the two areas of specialism and how these might be delivered most effectively. Following this, a business case will be developed which will explore the options for how and where the accommodation could be provided and the options for co-location.

1.3 Demographic considerations

The Bath and North East Somerset, *Joint Strategic Needs Assessment*, (JSNA) published in 2012 identified the following relevant data to support and inform this paper:

Population

There were 179,900 residents of Bath and North East Somerset (BaNES) in 2010, an increase of 1.1% (2000 people) since 2009, slightly greater than regional and national levels. There has been a 7.7% increase in the population between 1981 and 2009 (from 161,000 to the current figure). This is greater than the national, but lower than the regional increase. This increase has been largely experienced due to 'migration and other' factors. In particular, the number of students in the two Universities doubled between 1995 and 2009. The GP registered population is 192,913.

The age and sex profile remains largely consistent compared to previous years, with a 49%/51% male/female split. The age profile is largely consistent with the UK as a whole, except for the 20-24 age range, which represents the significant student population.

Demographic change

The Office of National Statistics (ONS) projects that the population of BaNES will increase by 12%, to 198,800, by 2026. This increase is expected to mainly be in older age groups; in particular the 80+ population is projected to increase by 40% from 9,900 in 2010 to 13,900 in 2026.

An aging population

The increase in life expectancy recorded at a national level will create significant changes to the local population. Although the older population is not significantly over represented in BaNES, the area will still be strongly impacted upon by this change. For example, in 1981, 7% of the local population was aged 75+ and by 2026 current projections suggest this will have increased to 11%. The 80+ population will have increased from 3% of the total population in 1981 to 7% in 2026 (5,600 – 13,900).

At present one in five houses have older residents, and as the population ages, the demand for appropriate housing will grow. Rates of medium or urgent housing need are much higher amongst older people with 18.5% of over 60s being in that category.

BaNES has a higher than average number of people aged 65 and over who are permanent residents of residential and nursing care homes (92 people per 10,000, 2009/10).

Mental Health

Estimates suggest that over 18,500 people aged 16-64 have a common mental disorder 2010/11 And 8,337 have 2 or more psychiatric disorders. There were 3735 adults accessing specialist NHS mental health services in 2009/10, and 2505 out of work benefit claimants with mental health (MH) as a primary diagnosis against 1380 clients with primary MH diagnosis receiving services by adult social services provided by the council in 10/11.

There are low hospital admissions generally, but these are high for elective admissions for adults and those who self-harm. There is varying identification and management of MH conditions in primary care. Outpatient attendances have been below national and regional averages in general since 2004, although child and adolescent psychiatry attendances have been above both national and regional averages in 2009/10 and 10/11.

Depression prevalence is high, with 12.8% for 2010/11 (national 11.2%). This means that there are nearly 1000 more people diagnosed with depression than we would expect from national rates. Psychosis in BaNES in 2010/11 (for all ages) is the same as the national average (0.8%).

The prevalence of reported Dementia in BaNES in 2010/11 (for all ages) is slightly lower (0.4%) than the national average (0.5%) and there is likely to be significant under-reporting. Dementia cases are expected to increase by 23% for females and 43% for males between 2010 and 2025. However, there are more dementia cases in women (1549 predicted to increase to 1916) compared with 853 predicted to increase to 1225 cases in men (2010-2025). The BaNES Care Network facilitated a focus group which highlighted the benefits for the carers and the person they care for of earlier diagnosis. Feedback from the LiNK survey (2009) suggested that Dementia and Alzheimer's were the specific conditions of most concern to the community.

People experiencing multiple conditions/needs (co-morbidity):

- ▶ People experiencing mental and physical disabilities are at risk of a wide range of associated disorders and conditions.
- ▶ 46% of people with a mental health problem also have a long term condition, and 30% of people with a long term condition also have a mental health problem. It is estimated that co-morbid mental health problems can raise costs by up to 45% per person. There is evidence that this cohort gain large benefits from inclusion in self-management support programmes and national research suggests a need for greater inter-agency co-operation with regards to these cases.
- ▶ Amongst people with moderate to profound learning disabilities, deaths from dementia are more common in men than women.

2 | Approach and Methodology

A request for information (RFI) process was established by Capita with key questions posed to invite response - **Appendix A** contains version 4 of the RFI.

2.1 Consultations and interviews

A kick off meeting to brief Capita, was held on 22 January 2014 attended by:

- ▶ Bill Bruce Jones, (BBJ) - AWP, Clinical Director
- ▶ Liz Richards, (LR) - AWP, Managing Director
- ▶ Sue Blackman (SBm) - CCG, project manager
- ▶ Sam Brinn (SB) – Central Southern CSU
- ▶ Hannah Smith (HS) - AWP (Estates) Project Manager
- ▶ Lesley Powell, (LP) - Capita

The meeting provided background to the project to inform Capita and established that the purpose of the engagement of Capita was to enlist support to establish the bed numbers required to accommodate the demand within BaNES.

A subsequent meeting took place with Capita and BBJ and LR on 30 January 2014 to provide more detail of the barriers of the existing service and the vision for its future provision.

A bed occupancy data clarification meeting took place between Capita and Toby Rickard on 20 February 2014.

2.2 Background Reading

The following documents informed the background reading for this paper:

- ▶ Bath and North East Somerset, Joint Strategic Needs Assessment
- ▶ BaNES Mental Health Modernisation Plan, June 2011
- ▶ '*Closing the gap: priorities for essential change in mental health*', Social Care, Local Government and Care Partnership Directorate, January 2014
- ▶ The NHS Outcomes Framework 2013-14SW1A, DoH, November 2012
- ▶ Mental Health Network factsheet, 3rd edition, Mental Health network NHS Confederation, Jan 2014
- ▶ CQC report, Hillview Lodge, Nov 2013
- ▶ Bedbased Pathway meeting minutes

2.3 Bed Activity Evaluation

Spreadsheets provided by the Trust, containing bed occupancy data, as follows, were evaluated:

- ▶ The Bath and North East Somerset PCT: Quarterly Activity Report, Inpatient Section, 2012-13 Q4
- ▶ Bed Occupancy 2013 -2014 M9

A clarification meeting was held by Capita with the Trust data analyst, Toby Rickard.

During the period April to December 2013, the 23 beds available within Sycamore, would have provided 6325 bed days of which occupancy by BaNES CCG was 5886 (93%). However during this period, the number of bed days occupied was 6279, as 393 bed days were taken up by OOA patients from Bristol, South Glos, N Somerset, Wilts and Swindon, resulting in a 99% occupancy.

During the period April to December 2013, the 12 beds available within Ward 4 would have provided 3300 bed days of which occupancy by BaNES CCG was 2222 (67.33%), However during this period, the number of bed days occupied was 2939, as 717 bed days were taken up by OOA patients from Bristol, South Glos, N Somerset, Wilts and Swindon, resulting in a 89% occupancy.

During this time, however, the following occupancy of beds by BaNES CCG service users took place outside of the BaNES area:

BaNES Occupancy of other CCG area beds (BaNES OOA)

Adult Acute	BaNES occupation - Bed days	'LL' Bed days	BaNES occupation – bed days
Lime	45	Aspen	287
Oakwood	25	Laurel	41
Silver	1	Cove	121
Imber	68	Dune	12
Beechlydene	261	Amblescroft N	183
Applewood	22	Amblescroft S	115
Juniper	247	Liddington	33
		Hodson	103
Totals	669		895

Adult acute activity

Of the total 6325 adult acute bed days available for BaNES, 5886 were occupied by BaNES CCG patients, with BaNES patients occupying 669 beds OOA, making a total of 6555 bed days required during the 9 months for BaNES patients. As Sycamore capacity over this time was 6325 bed days, to have provided for the full demand would have increased the bed day requirement by 230.

Interpolating over a 12 month period, $6555 / 9 \times 12$ months equals a 12 month demand of 8740 bed days, or 23.9 (**24**) beds for use by BaNES CCG patients.

Out of area activity

Out of area bed days are split between PICU and acute services. For the purpose of this report acute bed days only are used.

BaNES patients occupied 43 out of AWP area bed days up to month 10. $43/10 \times 12$ months equals 51.6 bed days = 0.14 beds

Dementia activity

Of the total 3300 Dementia (ward 4) bed days available for BaNES, 2222 were occupied by BaNES CCG patients, with BaNES patients occupying 895 beds OOA, making a total of 3117 bed days required during the 9 months for BaNES patients. As ward 4 capacity over this time was 3300 bed days, to have provided for the full demand would have decreased bed day requirement by 183.

Interpolating over a 12 month period, $3117 / 9 \times 12$ months equals a 12 month demand of 4156 bed days, or 11.38 (12) beds.

2.4 Delivery Programme

Following the CQC report the Trust determined a 2 phased approach recognising that a longer term redesign will take 12-18 months for redevelopment of a current site and a minimum of 18 months if a new build is considered:

- ▶ Short term solution for provision of services currently at HVL
- ▶ Long term solution for overall BaNES inpatient services

As an Interim solution whilst a business case is developed to determine the model for delivery for the future, the following was agreed:

- ▶ vacate all of Hillview Lodge except Sycamore ward
- ▶ relocate BaNES Lift staff from NHS House/Swallows to Cedar, HVL
- ▶ BaNES PCLS already in HVL – move to Cedar ward
- ▶ Use bookable rooms for clinical space
- ▶ Relocate corporate services in Cedar ward to Jenner/NHS House

It is the current assumption that if in the longer term it is agreed to redevelop the Hillview Lodge site, both PCLS and Lift staff will not be allocated space within any refurbishment of the site. The focus will be on the provision of collocation of inpatient services only as part of a wider clinical service delivery model.

A scoping paper is due to be presented at the CCG Mental Health Project Board in April.

Addressing areas of CQC non compliance

The CQC report detailed a number of areas that were non compliant with CQC standards. Assuming a refurbishment of the current facilities, this report will focus on two key areas in relation to environment to ensure that all future planning delivers the highest quality environmental standards.

The following areas are a summary of the CQC findings and will form part of all planning assumptions both short term and long term:

- ▶ Privacy and dignity
- ▶ Facilities, condition and maintenance

“Patients on the ward reported there was insufficient private space to meet with visitors or have a private conversation. At the time of the visit staff confirmed that patients were not allowed to meet visitors in their bedrooms and so they had to meet in communal rooms. Patients felt there were few places to go for quiet time. The small quiet room is disliked by patients because it had internal windows on three sides and was not therefore considered to be private. It was referred to on the ward as the 'goldfish bowl'. The family room was not on Sycamore Ward which restricted the practicality of its use for patients on the ward. “

The ward area will include a number of rooms that can be flexibly used to support quiet time, 1:1 engagement with patients and space for individuals to meet with family and carers away from communal areas.

“The outside space is used mainly by smokers which discouraged people who did not smoke from using the space. A small lounge accessed a small enclosed garden. At the time of the CQC visit it was noticed that the door to the garden was kept open for most of the day as people went in and out of the garden to smoke. As a consequence the room was cold and smelt of smoke.”

An effective use of outside space that is accessible, provides a recovery focused, safe environment. Separate smoking area will be incorporated that has the minimal impact on surrounding area.

“There was a separate garden off the ward which was used by occupational therapy for gardening groups and other activities which could be run outside. This was a more attractive area with a gazebo and a conservatory. This area however, could only be accessed by arrangement and, for detained patients, under supervision. Activity rooms also have restricted access. They are only available when the occupational therapist is available. By contract CQC had raised concern regarding the pool room, which did not have restricted access, with the risk of pool cues and balls being used as weapons. The current dining room is small and could not accommodate the 23 patients at one time.”

Proposals will consider communal areas that provide a safe and therapeutic environment as well as areas that require restricted access as part of a supervised approach to care but can be flexibly utilised by a range of staff. The dining area space will be increased.

“The CQC reported that the ward was secure and provided separate accommodation for men and women to ensure people's safety, privacy and dignity.

However the Care Quality Commission report stated the ward was considered a sterile and unwelcoming environment. The layout of the ward and it was described as "old-fashioned," the dining room is considered cold and unwelcoming and the ward does not have en-suite facilities in the bedrooms. "

The proposed environment will address the outdated layout of the ward, considering the psychological requirements for a recovery focused environment.

"There are separate shared toilets and bathrooms for men and women, including adapted bathrooms for people with limited mobility. Maintenance and general repair was noted as part of the CQC report. E.g. there were recorded patient complaints regarding the toilets and lukewarm showers, radiators in the women's lounge was not working"

All rooms will have on suite facilities and plans will include additional accessible facilities.

"There are four male bedrooms with windows on to the ward corridor. Although there were curtains to these windows, people often kept these open to let natural light into their rooms. The only other daylight came from a sky light. CQC concluded that this compromised people's privacy"

Architectural design will include placement of bedrooms within the building, natural light and privacy and dignity requirements of patients.

There was a laundry room on the ward where patients could do their own laundry. There were two washing machines and two driers, one of which had been out of order for "a week or two", according to staff.

Any new laundry facilities will be compliant with the latest infection control guidance for laundry facilities within a ward environment.

Provision of Inpatient Dementia Services

The design for an inpatient dementia ward will include the following key areas in line with best practice:

- ▶ Aids to support orientation including visual stimulation.
- ▶ Ability to have personalised bed area with familiar objects such as pictures, images and photos.
- ▶ Effective lighting (often of higher intensity than general ward areas) this should include lighting that is free of shadows and glare.
- ▶ Space that supports activity and stimulation; considering how communal areas can be designed that enable relatives and carers to be involved in care and activities. Evidence suggests that people with dementia often eat better in areas that reflect a dining room or cafe.
- ▶ Discreet, calming space away from busy communal areas that can be flexibly utilised.

- ▶ Doors are a key. Way finding doors for patients will have clear contrast to the walls whilst staff only doors should be the same colour as the walls.

Other clinical facilities to be co-located with inpatient services

The extra care area where de-escalation or seclusion may be necessary, will have designated facilities, these are existing and remain fit for purpose following a recent upgrade. Future planning will follow key principles in line with the Royal College of Psychiatry best practice.

- ▶ Allows clear observation;
- ▶ Is well insulated and ventilated;
- ▶ Has access to toilet/washing facilities;
- ▶ Is able to withstand attack/damage;
- ▶ Has a two-way communication system;
- ▶ Has a clock that patients can see.

Place of safety Section 136 is currently jointly commissioned and based in Bristol. A facility that is based in BaNES would reduce the number of patient transfers to Bristol and support the longer term development of local clinical pathways as part of the multi-agency operational policy for S135/136.

The place of safety will be an area separated from the ward but in close proximity. It will have direct external access, to receive patients with police escort and minimise the disruption to the inpatient area.

The facilities proposed will support the delivery of the locally agreed multi-agency operational policy for S135/136.

Clinical services co-locating on site

BaNES Community Intensive Team

The Community Intensive Team operates a 24 hour service to support individuals in severe mental health crisis providing acute care at home. The team provides planned and emergency visits as well as telephone contact as part of short term interventions (up to 6 weeks) in the community. This service is the point of contact for an inpatient admission in the BaNES locality.

Approved Mental Health Professionals (AMHP's)

The AMHP's service are responsible for coordinating Mental Health Act assessments in the community and ensuring a bed is available should an individual need to be detained under the mental health act. The service is provided Monday- Friday 9-5 and will be required to work closely with staff working in the intensive team and the section 136 suite.

Stakeholder Engagement

The options in this paper are based on the assumption that patient, carers and clinical staff will be involved in the detailed design of the rooms and space outlined. This will be essential to inspire creativity and generate ownership moving forward. The current proposals are based on information and feedback from a range of inpatient services and intended to inform the initial proposals.

Work with patients, carers and staff will inform design and planning of new facilities to retain the “cottage hospital” feel of ward 4.

Assumptions

The bed requirements are based on the current level of activity that maximise the use of beds across a wider range of conditions and therefore reduce reliance on placements across the wider AWP area due to clinical presentation.

The bed requirements are based on the assumptions that current length of stay will continue.

ECT will continue to be delivered at Green Lane Hospital, Devizes or Callington Road Bristol.

The Intensive Team will be the only community mental health team based at Hillview Lodge as part of co-location of inpatient services on this site.

Staffing and skill mix models sit outside this scoping exercise and would need to be considered alongside any detailed developments of proposals.

3 | Service Delivery Options

Option 1 | Redevelopment and co-location of dementia beds into HVL

Following the scoping exercise, Hillview Lodge could accommodate 23 acute inpatient beds and 4 frail vulnerable beds aligned with 12 dementia beds. This would be a modular design that groups beds in clusters to enable flexible use of space based on clinical need.

Benefits

- ▶ Reduce the feeling of isolation by co-locating wards in a single environment.
- ▶ Retained close working with acute services on the RUH site, with a reduction in time spent transferring dementia patients for scans to RUH from current site.
- ▶ Integration of inpatient services will support flexible working due to improved proximity of wards.
- ▶ Section 136, Intensive Team and AMHP's on the same site would enable an effective inpatient pathway without the need for transfer from one site to another.
- ▶ Improved central front entrance to clinical areas
- ▶ The design would enable a separate entrance and dedicated local provision of Section 136 suite, reducing the associated travel to the current facility in Bristol.
- ▶ Based on the RUH site would retain the benefits of being part of the wider health community linking mental health with physical health.

Issues

- ▶ The extensive refurbishment of the site will require an interim decant of the current acute ward
- ▶ Initial scoping suggests 23 acute beds could be accommodated on the current site. Initial scoping suggests 24 acute beds would be the ideal requirement based on current activity.
- ▶ All bedrooms will have external windows but some bedrooms will overlook gardens based on initial scoping. Further work will be required to address privacy issues as part of the detailed planning.
- ▶ There may be some resistance from the local community, family and carers to a proposal that aligns dementia care directly with acute mental health and away from the community model associated with St Martin's. This will need to be balanced against the benefits of alignment with an acute physical health setting and an assurance that the internal environment will retain the benefits of the current environment whilst improving patient and carer experience in other areas of care.

Option 2 | New build

A new build would provide a number of options for AWP to consider:

- ▶ A co-location of the acute and dementia beds on an alternative plot on the RUH site in line with option 1 of this paper.
- ▶ A co-location of acute and dementia beds (in line with option 1) and the inclusion of a range of community services currently delivered from Bath NHS House, preferably on an alternative RUH site.
- ▶ An extensive build that includes a range of AWP services with additional services from other providers (e.g. Oxford Health, The Priory).

Option 2.1 | New Build RUH Site

This option will deliver a purpose built design that supports an ageless service across acute and dementia care on a single site. This option will require more detailed business planning and evaluation of available sites and feasibility to meet the service delivery model. Consideration will need to be given to timescales for delivery.

The option of a different plot on the RUH site has been discussed. This would need to fit with the wider estate strategy for the RUH. Initial response from the trust is mixed suggesting that the RUH may be interested in Hillview Lodge site and possibly Bath NHS House in exchange for an alternative site for development. Capita continues to explore a number of options with the RUH senior team.

Benefits

- ▶ A new build would offer more flexibility for space that could accommodate 24 acute beds achieving the goal of a total of 36 beds. It would provide an option to consider a wider range services within a purpose built environment.
- ▶ Section 136, Intensive Team and AMHP's on the same site would enable an effective inpatient pathway without the need for transfer from one site to another.
- ▶ The development of a larger site would provide a business opportunity to work in partnership with another provider or as a lease of facilities from current/ future AWP estate.
- ▶ A new build may release additional rental charges from across the RUH estate if an economical alternative is developed on site.
- ▶ A new build option on the RUH site will not require an interim decant in order to undertake the work (subject to RUH approval).
- ▶ A new build on the RUH site would retain the benefits from being part of the wider health community linking mental health with physical health and the improvements for dementia care reducing time spent transferring from one site to another.

Issues

- ▶ A new build option would be subject a detailed business case, agreement on optimal site and may be subject to planning permission.
- ▶ There would need to be a short term maintenance solution to the current inpatient acute ward to address the issues raised by CQC prior to a move to a new site, which would have additional costs.

Option 2.2 | New Build- New Site

A new build site off the grounds of the RUH would require further scoping in relation to geographical location, accessibility and feasibility with planners.

The agreement of a suitable site in BaNES, design and planning permission implications will need to be considered which may add to the timescales for delivery depending on the preferred site.

Benefits

- ▶ A new build would offer more flexibility for space that could accommodate 24 acute beds achieving the goal of a total of 36 beds. It would provide an option to consider a wider range services within a purpose built environment.
- ▶ Section 136, Intensive Team and AMHP's on the same site would enable an effective inpatient pathway without the need for transfer from one site to another.
- ▶ The development of a larger site would provide a business opportunity to work in partnership with another provider or as a lease of facilities from current/ future AWP estate.
- ▶ A new build may release additional rental charges from across the RUH estate if an economical alternative is developed on site.
- ▶ A new build option will not necessarily require an interim decant in order to undertake the work.

Issues

- ▶ A new build option would be subject a detailed business case, agreement on optimal site and be subject to planning permission which may impact on project timescales.
- ▶ There would need to be a short term maintenance solution to the current inpatient acute ward to address the issues raised by CQC prior to a move to a new site, which would have additional costs.
- ▶ A new build away from the RUH would have implications for clinical pathways with wider mental health and physical health communities, e.g. links to Psychiatric Liaison within the Emergency Department with Intensive Team and Section 136. Transferring patients for scans as part of the dementia pathway.

Option 3 | Redevelopment of HVL for acute care only

This site could be redeveloped to support delivery of acute mental health services only. Dementia services would stay on ward 4 in the short term. Consideration will need to be given to the longer term alternative re-provision of this site with the option of working with social care providers on a joint venture to co-locate acute dementia inpatient services with residential dementia beds as part of a community model.

There could be an option to work with other mental health providers (e.g. Oxford Health is currently interested in scoping the feasibility of co-locating adolescent beds with other acute mental health beds in the AWP area). The additional beds could generate income to the Trust and provide closer working across the adolescent and adult pathway.

This option would still need to include accommodation for the Intensive Team and AMHP's service.

Benefits

- ▶ Acute inpatient care would enable shared facilities on a single site for adolescent and adult care.
- ▶ This option would allow the Trust to consider income generation for inpatient services in the short term and longer term strategic options for delivery if services subject to tender in the future.
- ▶ Section 136, Intensive Team and AMHP's on the same site would enable an effective inpatient pathway without the need for transfer from one site to another.
- ▶ The design would enable a separate entrance and dedicated local provision of Section 136 suite reducing the associated travel to the current facility in Bristol
- ▶ Based on the RUH site would retain the benefits of being part of the wider health community linking mental health with physical health.

Issues

- ▶ The current issue of staff isolation, patient transfers to the RUH from ward 4 for scans will not be resolved. Consideration will need to be given to the changing demographics and the longer term impact on the delivery of dementia services within the current ward environment.
- ▶ Further detailed feasibility work would be required with Oxford Health or any other potential provider if this option is to be fully appraised.
- ▶ This option would require an integrated approach for staff working from different providers to maximise the space utilisation across the site.
- ▶ The extensive refurbishment of the site will require an interim decant of the current acute ward (23 beds).
- ▶ There is a risk that once a detailed scoping and design exercise is complete the space available does not meet the needs of other provider.

4 | Financial implications

- ▶ Indicative financial assessment of potential cost is based on the redevelopment of the current Hillview site
- ▶ The current existing area equates to 3118m²
- ▶ Proposed reduction in site to 2598M² would equate to an approximate cost of £2,000 per square metre (based on option 1 initial feasibility).
- ▶ A new build would cost in the region of £4,000 per square metre (based on option 2.1 feasibility)
- ▶ Estimates exclude any associated cost for land and equipment requirements for the building or other costs relating to decanting and transferring services.

5 | Conclusions

The scoping exercise and report has considered the future service delivery model for provision of the services currently provided at Hillview Lodge (Sycamore) and ward 4 St Martin's and concluded that an improved service would be facilitated by co locating them as the preferred option (option 1 and 2). The scoping exercise has concluded that clinical inpatient services could be delivered from the current Hill View site. This would require more detailed design and service user and carer consultation to understand the implications of the modifications from refurbishment of an established building. Initial indications are that the space would achieve a significantly improved patient environment that would address the requirements for CQC in relation to the current Sycamore ward. The space for dementia beds can be accommodated but further work would be required to ensure this space maintains the positive elements that support dementia care on ward 4 (St Martin's).

The immediate benefits are less clearly indicated to provide acute services only on the Hillview Lodge site based on the current AWP BaNES activity unless further work is done. Additional inpatient space could potentially be considered within BaNES where local health care need is identified. For example:

- ▶ Treatment Resistant Psychosis
- ▶ Personality Disorder

The scoping of the current bed usage would suggest an optimal bed base of 36, subject to local pathway delivery agreements to optimise length of stay and occupancy levels for each clinical pathway. This would provide flexibility around the configuration of the beds.

The inpatient requirements are identified as:

- ▶ Acute inpatient: 20 beds
- ▶ Dementia: 12 beds
- ▶ Functional frail: 4 beds
- ▶ Intensive Team
- ▶ Section 136 suite
- ▶ Extra Care Area.

The demographics for BaNES suggest the demand for complex health care for older people will increase by 2026. The pathways that support inpatient care will be key and the scoping exercise would recommend further work is required to ensure a robust health and social care pathway into residential and nursing homes as part of any re-provision of inpatient dementia beds. The flexible use of the beds will be essential to support both frail and vulnerable adults of all ages as well as older fit people with dementia.

This scoping exercise has not specifically included these areas, consideration of inpatient space has been such to enable flexibility of the ward environment to maximise its use over the coming years as part of a longer term strategy.

The initial scoping of the Hillview Lodge site has initially indicated that it would support 35 inpatient beds. This would include a reduction in the existing floor space from 3118M² to 2598M², this would accommodate an improved centralised front entrance, additional outdoor garden space and improved delivery access as well as drop off and parking access to the main entrance within the current foot print. An indicative floor plan layout is included within Appendix B

The scoping exercise of physical space on the Hillview site would support

- ▶ Acute inpatient: 19 beds (7 and 12 clustered individual bedrooms).
- ▶ Functional frail/ vulnerable: 4 beds
- ▶ Dementia: 12 beds

The initial scoping of space is based on individual rooms with on-suite bathrooms. The plan includes an allocation of space for lounge and dining areas and ward office space. However the detail of this space and location will need to form part of the detailed design and business planning phase of the project and may come with the associated compromises in space associated with a refurbishment that would be less of an issue for a new build.

Appendices

Appendix A | RFI V4

Appendix B | Indicative floor plan layout – HVL

CAPITA

We | Listen Create Deliver

Bath office

Pinesgate (West Building) | Lower Bristol Road | Bath | BA2 3DP

01225 476 340

Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	Policy Development & Scrutiny Panel
MEETING	25th July 2014
TITLE:	Connecting Families - update
WARD:	All
AN OPEN PUBLIC ITEM	
<p>List of attachments to this report:</p> <p>None- although Connecting Families web site can be found via www.bathnes.gov.uk/connectingfamilies which has a variety of useful information. The Connecting Families latest newsletter is available here as well.</p>	

1 THE ISSUE

1.1. To note progress being made with Connecting Families Team.

1.2. To give an update about phase 2 (a new five year programme 2015 to 2020) and brief the panel about the suggested new criteria, especially those linked to health.

2 RECOMMENDATION

2.1 For information only

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

3.1 There are no resource implications from this report. Funding is provided by the Troubled Families Unit for all Local Authorities, initially for 3 years to 2015 and now extended to 2020.

3.2 The funding model is primarily based on a tapered and payment by results methodology. For each family identified it is anticipated that £10,000 will be spent on that family: consisting of £6,000 of Council resources and up to an additional £4,000 from the Troubled Families Unit for each family identified to work with (an 'attachment fee'). Each year for the 3 years of the programme, Local Authorities are required to submit the number of families they will be working with. For these identified families an attachment fee is paid Attachment fees can only be claimed for 5/6th of the total number of families worked with an taper for 80% in the first year (£3,200 in 2012/13) to 40% (£1,600 in 2015/16). Bath and NE Somerset connecting family's team have claimed for the maximum number of families

that we are likely to work with in the first two years of the programme, leaving a very small number of claims to be made at the lower (40%) level.

3.3 Additional funding can be claimed for results achieved against the three national outcomes (employment, reducing crime and anti-social behaviour and improving attendance at school).

3.4 Financial risks to the Council have been mitigated by having only a small core team funded from the Family Intervention Project and direct funding from the Troubled Families Unit. Beyond this core team all resources directed to the Connecting Families Initiative are from existing Council and Partner resources. Although no confirmation Re: the amount of funding for 2015 to 2020 has been announced to date.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

4.1 Central Government's Troubled Families Initiative is fully supported by Bath and North East Somerset Council. All of the Connecting Families work is voluntary however, we work with key partners to enforce statutory duties required e.g. Social Care/YOT/Social Housing Landlords/The Police.

5 THE REPORT

5.1 Please see the attached presentation for the main body of the report.

5.2 This programme of service transformation is running hand in hand with Central Government's Troubled Families Initiative, which the Council fully supports. Connecting Families will streamline services that are working with families, by co coordinating the services they are receiving and compiling information to give a full assessment of needs so the right services are involved with the family. This approach maximises resources and avoids duplication.

5.3 The Connecting Families approach is underpinned by a conviction that families can change, and people must take responsibility for their lives and all people are worth persevering with.

5.4 Five key strategies have been identified as being crucial to the success of the new way of working and these are the foundation of the work with the families: -

A. Named workers to named families – each family will have a dedicated worker. The relationship will be based on honesty, authority and an assertive working style.

B. Persistence backed up by sanction – key workers will not give up. They will be straight with families about the consequences of their continued behaviour patterns and they will follow through.

C. Understanding families as a whole – not just looking at each issue in isolation.

D. One family action plan with clear outcomes that are SMART and agreed with the family at the outset.

E. Practical hands on support - rolling up sleeves and working alongside the family members to achieve agreed goals.

5.5 What we have learnt one year on is that the relationships are crucial, time to listen and respond to need, intensive support with regular contact in the family home helps the families to achieve set outcomes.

5.6 263 families have been identified, to date.

5.7 The core staff team have worked intensively with 55 Families in their 1st Year of operation.

6 RATIONALE

6.1 Details of the rationale for preferring the recommendations made above including details of other options considered and reasons for rejecting them, if applicable.

7 OTHER OPTIONS CONSIDERED

7.1 None

8 CONSULTATION

8.1 During the initial phase all aspects of this programme have been widely consulted on with a range of workshops for wider partners and Council Staff.

8.2 Now the team focus on family feedback via an evaluation & monitoring process.

8.3 100% of families asked said that they felt listened to and that the key workers kept them informed and up to date. We asked the families to score the worker out of 10, the average score was 9.5

8.4 Examples of family quotes:

I have found it very useful- in the past I told people stuff but they didn't write it down then it gets forgotten or not done, with my worker he got everything in the profile/action plan so it won't get missed.

The key worker has a down to earth approach; she makes me feel relaxed and comfortable. She does not judge, my son has taken to her and he doesn't take too many.

The key worker's relaxed approach, sense of humour, fits in well. All round dude, accepting e.g. the washing. He challenges in a non-judgemental way.

8.5 An Operational Group was established, made up of key partners. This group has met every 3 months over the last year and attendance to date has been very good. The team have consulted this group on its approach and feedback learning and results to date.

Connecting Families regularly seek input from the families we provide intensive support to, informally via their family key worker and more formally via team leads at Team

Around the family meetings. We review this feedback quarterly at a Managers meeting and discuss changes that we may need to make to improve etc.

9 RISK MANAGEMENT

9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

9.2 As Connecting Families is grant funded from Government and 50% of the funding is via a Payment by Result method the team is regularly audited to ensure that all the processes and procedures are high quality and meet Government and Council's standards. We therefore have an additional risk report to support this process

Contact person	<i>Paula Bromley – Connecting Families Manager Tel :01225396984</i>
Background papers	<i>None</i>
Please contact the report author if you need to access this report in an alternative format	

Case Study of the (Novak) Family
(Name changed for confidentiality)

Keyworker Name	Marie Porter	Date	23/06/2014
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Family composition (example below, change as required)			
Mum	Age 41	Daughter BN	Age 21
Daughter AN	Age 15		

Presenting Concerns / Issues

- 15 year old daughter AN is on the edge of care; subject to Child Protection plan under the category of Neglect;
- AN's poor school attendance. Further dropping to around 23% following a serious sexual assault.
- AN's self harming behaviours.
- Extremely poor home conditions and overcrowding; tenancy at risk and relevant to CP concerns.
- Non engagement and avoidance of professionals by Mother and AN
- Mother's poorly managed mental and physical health - depression, anxiety and psychosis.
- BN's unmet need for supported accomodation
- No family income for 6 months+ following benefits sanction.

Interventions / Actions

- Close working relationship with SW and other professionals .
- Identification of underlying family difficulties: mental ill health.
- Motivational Interviewing to support change from the family's own concerns and values.
- High level of weekly and daily visits to support Mother to increase her motivation to change, firstly to address her MH issues, then enage with agencies to ensure family income, and then to improve home conditions. This will go on to work to increase guidance and boundaries.
- Enable family to participate with SEN and ed psych to ensure AN is allocated appropriate education placement that is able to meet her emotional needs and eduactional needs.
- Support BN through processes of applications for Supported Accomodation and re-diagnosis of learning disability.

Outcomes/ Payment by Result/ Impact

- BN is off ESA and in employment.
- AN has engaged with the process of SEN assessment for allocation of appropriate education placement for Sept. This has included AN meeting with Ed Psych. AN describes herself as a young person who wants to be in education.
- Home conditions are improving which reduces CP concerns about the conditions of the home as well reducing risk of eviction and marginalisation.
- Mother has engaged with benefits agency to ensure family income
- Mother is attending regular GP appointments to assess and reduce the effects of her mental ill health.

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Bath & North East Somerset Council	
MEETING/ DECISION MAKER:	Wellbeing Policy Development & Scrutiny Panel
MEETING/ DECISION DATE:	25th July 2014
TITLE:	Sexual Health (HIV)
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: No attachments	

1 THE ISSUE

- 1.1 To update the Wellbeing Policy Development and Scrutiny Panel on the prevalence of, and related issues to, HIV infection in Bath and North East Somerset and detail actions the local authority is taking in support of the national *Halve It* campaign.

2 RECOMMENDATION

- 2.1 Proposal 1: that the Wellbeing Policy Development and Scrutiny Panel discuss and consider the contents of this report.
- 2.2 Proposal 2: that the Wellbeing Policy Development and Scrutiny Panel support the actions being undertaken as detailed in point 6.4 of this report.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 3.1 There are no additional resource implications identified by the actions detailed.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

- 4.1 Human Immunodeficiency Virus (HIV) is an infection, which, without treatment, can result in progressive increase in illness and premature death. The main routes of transmission of HIV are via sex without a condom, using contaminated injecting equipment and from transmission from mother to baby during pregnancy, birth or breastfeeding. Around 25% of people living with HIV are not yet aware they are infected. Symptoms following infection do not always occur and can be general, meaning there is potential for infected people to transmit the virus unknowingly to others.
- 4.2 The public health department is responsible for detailing progress against a range of public health indicators as defined in the *Public Health Outcomes Framework*. The actions detailed in this report will support progress towards the reducing late HIV diagnoses indicator defined in the *Public Health Outcomes Framework* in addition to improving the wider sexual health and wellbeing of our diverse communities.

5 THE REPORT

- 5.1 At the end of 2011, there were almost 100,000 people estimated to be living with HIV in the UK. As a result of advancement in drug therapies people diagnosed with HIV are increasingly “living with” the infection, rather than dying as a result of it. Just under half (49.7%) of those newly diagnosed with HIV in England were diagnosed late – defined as having a CD4 count below 350 cells/mm³ within 90 days of diagnosis. People diagnosed late have a eleven-fold increased risk of death within one year of HIV diagnosis compared to those diagnosed promptly (3.8% vs. 0.35%).
- 5.2 HIV infections that are diagnosed earlier can therefore lead to better health outcomes for individuals and lower costs to local authorities in terms of health and social care. The *Public Health Outcomes Framework* recognises these issues and has set a target to reduce the proportion of people with HIV who are diagnosed late.
- 5.3 *Halve It* is a group working with government and the NHS to reduce the proportion of people undiagnosed, and diagnosed late, with HIV through policy reform and good practice. Its membership includes the All Party Parliamentary Group on HIV and AIDS, the British Association of Sexual Health and HIV (BASHH), The Royal College of Physicians (RCP), National AIDS Trust (NAT), Terrence Higgins Trust (THT), and Gilead.
- 5.4 *Halve It* has the following two goals:
- To halve the proportion of people diagnosed late with HIV (defined as having a CD4 count < 350mm³ within three months of diagnosis) by 2015
 - To halve the proportion of people living with undiagnosed HIV by 2015
- 5.5 In addition, *Halve It* is asking for the following actions to be taken:

- For National Institute for Health and Care Excellent (NICE) public health guidance on HIV testing to be implemented
- To ensure that local health organisations understand the importance and benefits of early HIV detection by supporting the *Public Health Outcomes Framework* indicator on HIV
- To offer incentives to test for HIV in a range of healthcare settings To ensure those diagnosed with HIV have access to anti-retroviral therapy (ART) to prevent onwards transmission of HIV
- To ensure quality assured self-testing kits for HIV, when available, are integrated into local HIV testing strategies

6 RATIONALE

- 6.1 In 2012 there were approximately 70 people living in Bath and North East Somerset (BaNES) diagnosed with HIV and receiving treatment and/or care. This makes our diagnosed HIV prevalence per 1,000 population aged 15-59 a rate of 0.6. This rate is one of the lowest in the country, with just 10 local authorities having a lower rate.
- 6.2 If we assume a similar level of those undiagnosed but living with HIV to the national average, we can expect the total cohort of those living with HIV in BaNES to be approximately 88 people.
- 6.3 Between 2010 and 2012 approximately 50% of persons diagnosed with HIV in BaNES were diagnosed late. This is similar to the South West average of 49.3% and the England average of 49.7%.
- 6.4 Although BaNES is a low prevalence area for HIV we are undertaking a range of actions to help local implementation of the *Halve It* programme, specifically:
- The local Sexual Health Board has recently been re-established and will support the undertaking of a rapid sexual health needs assessment ensuring its key focus is on making progress against the *Public Health Outcomes Framework* targets. This will include measures to reduce the numbers of people diagnosed late with HIV.
 - The local Sexual Health Board is in the process of developing a local strategy to increase the uptake of HIV testing particularly amongst the most vulnerable groups such as men who have sex with men (MSM), This will include analysing data from current service providers, working with local voluntary sector providers and taking the views of those within the cohort to help meet need
 - Our service specifications have been revised to ensure that HIV testing is now offered as a core intervention from mainstream sexual health services commissioned by the council. Currently 88% of BaNES residents who access a sexual health service are offered a HIV test with 76% subsequently accepting that test, compared to a South West regional average of 80% and 62% respectively (PHE 2013); we are seeking to increase this rate during 2014/15

- We are examining ways in which we can roll out point of care (PoC) HIV testing in collaboration with voluntary sector providers to enable self-testing. This measure will complement existing HIV testing already in place
- We are working with colleagues from BaNES Clinical Commissioning Group (CCG) during 2014/15 to examine opportunities to increase the level of HIV testing delivered through primary care settings, in addition to PoC testing as detailed above
- We are working with colleagues from NHS England who commission HIV treatment and care services to review and ensure there is consistent access to anti-retroviral therapy (ART) for those diagnosed with HIV. This will include clinical audit of CD4 and viral load counts and a review of local HIV pathways, to ensure local services are fully in line with British HIV Association (BHIVA) guidance
- Our specialist providers will be supporting the *It Starts With Me* targeted campaign by HIV Prevention England that will focus on groups at higher risk of HIV, such as men who have sex with men (MSM), by increasing awareness of the benefits of reducing HIV infection risk, commencing in Summer 2014

7 OTHER OPTIONS CONSIDERED

7.1 None

8 CONSULTATION

8.1 We have based these actions in accordance with national guidance, good practice and the needs expressed by service users. As part of the development of our local sexual health strategy we will further seek the views of service users and clinicians to examine what other actions we can undertake. Our recently reformed Sexual Health Board features all key clinicians and commissioners involved with HIV services, and will be a key driver to reduce late HIV diagnoses in Bath and North East Somerset.

9 RISK MANAGEMENT

9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

Contact person	Paul Sheehan, Public Health Development and Commissioning Manager Public Health Team People and Communities Department
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	<p>paul_sheehan@bathnes.gov.uk; 01225 394065</p> <p>Dr. Bruce Lawrence Director of Public Health Public Health Team People and Communities Department</p> <p>Bruce_lawrence@bathnes.gov.uk</p>
<p>Background papers</p>	<p>DH (2013), <i>Public Health Outcomes Framework</i>, Department of Health, London; available at: https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency</p> <p>Halve It Coalition (2013), <i>Early Testing Saves Lives</i>, Halve It Coalition, London available at: www.bhiva.org/documents/Publications/Halve_it_Position_Paper.pdf</p> <p>NAT (2012), <i>HIV: A Strategy for Success</i>, National AIDS Trust, London; available at: www.nat.org.uk/media/Files/Publications/Oct-2012-HIV-a-strategy-for-success.pdf</p> <p>PHE (2013), <i>Sexual Health Quarterly Outcome Indicator Report</i>, Public Health England, Bristol; NB: as this report contains patient identifiable data it is not available in the public domain</p>
<p>Please contact the report author if you need to access this report in an alternative format</p>	

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Wellbeing Policy Development and Scrutiny (PDS) Panel

Friday 25th July 2014

Risk Assessment for Item 12: Sexual Health (HIV)

Proposed recommendation(s) of report:

- The local Sexual Health Board has recently been re-established and will support the undertaking of a rapid sexual health needs assessment ensuring its key focus is on making progress against the *Public Health Outcomes Framework* targets. This will include measures to reduce the numbers of people diagnosed late with HIV.
- The local Sexual Health Board is in the process of developing a local strategy to increase the uptake of HIV testing particularly amongst the most vulnerable groups such as men who have sex with men (MSM), This will include analysing data from current service providers, working with local voluntary sector providers and taking the views of those within the cohort to help meet need
- Our service specifications have been revised to ensure that HIV testing is now offered as a core intervention from mainstream sexual health services commissioned by the council. Currently 88% of BaNES residents who access a sexual health service are offered a HIV test with 76% subsequently accepting that test, compared to a South West regional average of 80% and 62% respectively (PHE 2013); we are seeking to increase this rate during 2014/15
- We are examining ways in which we can roll out point of care (PoC) HIV testing in collaboration with voluntary sector providers to enable self-testing. This measure will complement existing HIV testing already in place
- We are working with colleagues from BaNES Clinical Commissioning Group (CCG) during 2014/15 to examine opportunities to increase the level of HIV testing delivered through primary care settings, in addition to PoC testing as detailed above
- We are working with colleagues from NHS England who commission HIV treatment and care services to review and ensure there is consistent access to anti-retroviral therapy (ART) for those

diagnosed with HIV. This will include clinical audit of CD4 and viral load counts and a review of local HIV pathways, to ensure local services are fully in line with British HIV Association (BHIVA) guidance

- Our specialist providers will be supporting the *It Starts With Me* targeted campaign by HIV Prevention England that will focus on groups at higher risk of HIV, such as men who have sex with men (MSM), by increasing awareness of the benefits of reducing HIV infection risk, commencing in Summer 2014

Risks relating to proposed recommendation(s)

No significant risks identified

Risks of not taking proposed recommendation(s)

The risks of not taking the proposed recommendations are that B&NES Council will lack a coherent strategy in attempting to reduce the number of people diagnosed late with HIV.

Without monitoring our service contracts for HIV testing we will be unable to understand the level of HIV testing being offered in sexual health services.

Without working with BaNES Clinical Commissioning Group we will be unable to join up potential opportunities to develop HIV testing in a range of settings

NHS England commissions HIV treatment and care services for the population of BaNES. With working with this organisation we run the risk of not enabling those diagnosed with HIV to access anti-retroviral treatment

With the proportion of late HIV diagnoses being high, not enabling local service providers to take part in targeted campaigns will mean we are less able to target group at higher risk of HIV

Actions to manage risks of not taking proposed recommendation(s)

The development of a new sexual health strategy will happen regardless as there are wider sexual health issues beyond HIV that also require a coordinated, strategic response

The monitoring of service contracts is a normal part of the contractual monitoring process so will happen regardless

Our sexual health board includes partners who represent BaNES Clinical Commissioning Group and NHS England and can be a vehicle to support HIV testing and treatment

Contact person	Paul Sheehan, Public Health Development and Commissioning Manager Public Health Team People and Communities Department paul_sheehan@bathnes.gov.uk ; 01225 394065
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WELLBEING PDS FORWARD PLAN

This Forward Plan lists all the items coming to the Panel over the next few months.

Inevitably, some of the published information may change; Government guidance recognises that the plan is a best assessment, at the time of publication, of anticipated decision making. The online Forward Plan is updated regularly and can be seen on the Council's website at:

<http://democracy.bathnes.gov.uk/mgPlansHome.aspx?bcr=1>

The Forward Plan demonstrates the Council's commitment to openness and participation in decision making. It assists the Panel in planning their input to policy formulation and development, and in reviewing the work of the Cabinet.

Should you wish to make representations, please contact the report author or Jack Latkovic, Democratic Services (01225 394452). A formal agenda will be issued 5 clear working days before the meeting.

Agenda papers can be inspected on the Council's website and at the Guildhall (Bath), Hollies (Midsomer Norton), Riverside (Keynsham) and at Bath Central, Keynsham and Midsomer Norton public libraries.

Wellbeing PDS Forward Plan

Bath & North East Somerset Council

Anticipated business at future Panel meetings

Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead
WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL; 25TH JULY 2014				
25 Jul 2014	Wellbeing PDS	Mental Health services update (20 minutes)	Andrea Morland	
25 Jul 2014	Wellbeing PDS	Connecting Families - Health (20 minutes)	Paula Bromley Tel: 01225 396984	
25 Jul 2014	Wellbeing PDS	Sexual Health (HIV) (20 minutes)	Paul Sheehan	
WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL; 19TH SEPTEMBER 2014				
19 Sep 2014	Wellbeing PDS	Update from the RNHRD	Kirsty Matthews and James Scott	
19 Sep 2014	Wellbeing PDS	Update on Dementia		
19 Sep 2014	Wellbeing PDS	NHS 111 update	Clinical Commissioning Group	

Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead
19 Sep 2014	Wellbeing PDS	Non-Emergency Patient Services update	Clinical Commissioning Group	
WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL; 28TH NOVEMBER 2014				
FUTURE ITEMS				
	Wellbeing PDS	Dentistry	To be confirmed	
	Wellbeing PDS	CQC update (not before March 2015)		
	Wellbeing PDS	Teenage Pregnancy		
	Wellbeing PDS	NHS Healthchecks		
	Wellbeing PDS	Homecare Review update (for May 2017)		
<p>The Forward Plan is administered by DEMOCRATIC SERVICES: Jack Latkovic 01225 394452 Democratic_Services@bathnes.gov.uk</p>				

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