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

Wellbeing Policy Development & Scrutiny Panel – March 2015

Introduction

I would like to take this opportunity in this, my final Cabinet Member briefing, to reflect on key achievements during my time as the Cabinet Member for Wellbeing, which are drawn from my briefings to this Panel over the past four years. These achievements, which appear in chronological order, have been delivered through a range of partnerships, which have often transcended organisational, sector and professional boundaries and any particular political affiliation demonstrating the local commitment to achieving the best possible outcomes for the people and communities of Bath and North East Somerset.

Sirona Care & Health Community Interest Company

The creation of Sirona Care & Health Community Interest Company (CIC) as an integrated health and social care provider operating as a form of social enterprise in October 2011 is a huge achievement and one of which we are very proud – it was only possible because of the very close working relationship between the Council and the local NHS and is one of the very few independent organisations in the country to include both health and social care professionals.

Sirona provides a wide range of publicly-funded care and support services, including community healthcare, children's healthcare, public health services and adult social care services.

Nursing Home Local Enhanced Service

Highlighted nationally as an example of best practice, this service, which was implemented in January 2012, is provided by local GPs and seeks to:

- Deliver pro-active health care based on a minimum of weekly routing visits to the care home;
- Provide high quality care in the care home setting, working in partnership with staff in the care home and other health and social care providers to prevent inappropriate admissions to hospital; and
- Enhance the quality of medical cover for the residents of the care home.

Specialist Social Work Service for adults with Autism Spectrum Condition

A specialist social work service was established as part of the Sirona Complex Health Needs team. This key development in April 2012 recognised the need to ensure that the assessment and care management of adults with ASC is undertaken by staff who have a

good understanding and awareness of the needs of people with ASC, and an ability to commission quality services from skilled providers to meet the individual's needs.

The Independent Living Service

In January 2013, the Independent Living Service (ILS) commissioned by the Council and provided by Curo was named national winner of the National Housing Federation's Community Impact Awards. For many the Independent Living Service, which has been operating since January 2011, has been an alternative to residential care through simple adjustments that make life easier – from home adaptations and shopping deliveries to money advice. Awards' judge Claire Bailey-Jones said "The scheme has a positive impact upon family, friends and neighbours of those who use the service. It can be used as a template for housing associations across the UK to help people stay in their own homes for longer. Absolutely fantastic and cannot be commended enough!"

Intensive Community Detoxification

In May 2012 it was confirmed that the first three clients had successfully completed an Intensive Community Detoxification programme at a specialist supported living scheme run by DHI in Bath. The service, commissioned by the Council and delivered in partnership with DHI and the Specialist Drug and Alcohol Service, (SDAS) and was set up in November 2011. As well as the detox unit, the supported living scheme provides a further 10 'Dry house Units' and another 6 continue to be delivered in an established supported living scheme also run by DHI. By remodelling and integrating the supported houses fully into treatment provision, this redesigned service model aims to offer a sufficiently robust structured package of support to those wishing to become drug and alcohol free. More people will be given an opportunity to detoxify and experience rehabilitation and this is of particular value to offenders returning to the community homeless, and other homeless people who wish to become abstinent.

Adult Safeguarding

An internal audit undertaken by the Council's Audit & Risk team was reported, in May 2013, to have found the overall framework of control for adult safeguarding to be "excellent" (an Audit Rating Level 5, which is the maximum available on a range 1 (poor) to 5 (excellent)).

The audit focused on the following six key objectives:

- An up to date Safeguarding Policy is in place with clear procedures documented and disseminated to the appropriate agencies/organisations.
- Assurance is obtained from organisations commissioned by the Council to support and protect vulnerable adults, which confirms appropriate safeguarding training is provided.
- The role and responsibilities of the Local Safeguarding Adults Board is clearly defined.
- Procedures are in place to ensure all alerts are correctly recorded and the 'Procedure for Safeguarding Adults' is effectively and accurately applied in all cases.
- Procedures are in place to identify reoccurring alerts/ themes by service user and agency/ organisation, and action taken where appropriate.
- Procedures are in place to monitor alerts in respect of clients who are receiving services commissioned outside the authority.

Annual Learning Disabilities Partnership Conference

About 245 people came to all or part of the Partnership Conference in 2013 – more than 100 people at the Conference had a learning disability. There were also more than 25 family members as well as professionals, support staff, providers and officers and staff of the Council and Sirona.

The Conference opened with local good news stories. Some were very personal to the people telling the story and some were about group or organisational achievements. These included:

- Brian and Alex shared some really exciting images of work that Action on Hearing Loss had created during a project called Transient Graffiti. This was a community arts project and working with local artists the group created images to project onto Bath Abbey at the start of the Christmas Market.
- There was a short film of Simon at Somer FM – where he is a DJ twice a week. Simon then shared with the conference his love of music and how he had always wanted to be a radio DJ. With support from Dimensions Simon now has a show twice a week on Somer FM.

Approximately 220 people recently attended the Bath and North East Somerset annual Learning Disabilities Partnership conference in 2014, of whom more than 100 were people with learning disabilities and more than 30 family members also attended. The theme for this year's conference was one of Partnership and how people with learning disabilities have worked with other agencies, particularly around keeping safe and being healthy. Amongst the highlights were presentations from Avon and Somerset Police about a new Safe Places scheme; Aquaterra and the Active Sports and Lifestyles team who presented information about an innovative 'Sports Buddy' scheme to support people to take exercise and use the local leisure facilities. Plus Bath University who have supported students to volunteer at the Bath Bistro, and a monthly restaurant night run by and staffed by people with learning disabilities.

Health and Wellbeing Board

The Health and Wellbeing Board was established in April 2013 and is committed to extending and further developing joint working arrangements to ensure best use of public funds and optimal outcomes for local people.

The Council Cabinet Member for Wellbeing chairs the Board and the Chair of the CCG is the vice chair. Healthwatch has two seats on the Board. Prior to the Health and Wellbeing Board a Health and Wellbeing Partnership Board provided the leadership and political support for local health and social care integration.

Joint Health and Wellbeing themes and priorities

Theme one: Helping people to stay healthy

- Helping children to be a healthy weight
- Improved support for families with complex needs
- Reduce the rates of alcohol misuse
- Create healthy and sustainable places

Theme two: Improving the quality of people's lives

- Improved support for people with long term health conditions
- Promote mental wellbeing and support recovery
- Enhanced quality of life for people with dementia

- Improved services for older people which support and encourage independent living and dying well

Theme three: Fairer life chances

- Improve skills, education and employment
- Reduce the health and wellbeing consequences of domestic abuse
- Increase the resilience of people and communities including action on loneliness.

"Fit For Life" Strategy

The Fit for Life Strategy, developed during 2014 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.

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.

Homeless Patient Discharge Service (HPDS)

For vulnerable people at risk of rough sleeping

In May 2014, it was confirmed that funding had 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 is 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 aims 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.

Integrated Reablement Expansion and Adult Social Care Pathway Redesign

The overarching aim of the expanded and extended integrated reablement service and the adult social care pathway redesign is to deliver an integrated service that will support and safeguard older and vulnerable people to remain independent through timely interventions that contain, stabilise, decrease and/or de-escalate emerging risks, care and support needs. This will involve a shift in focus and of resources to the ‘front end’ of the social care pathway to place greater emphasis on prevention and early intervention.

For those who appear to be in need of social care services, within the current eligibility framework, a short-term, intensive period of integrated reablement to reduce or delay the need for a long term package of care and support will be offered. This significant expansion of the reablement service, which has been commissioned by the Council and is being provided by Sirona Care & Health working together with Domiciliary Care Partners, went live from 1st July 2014.

For those with the most complex needs the new adult social care service model will focus on in depth assessment, support planning and regular review to avoid the need for hospital/residential admission or escalation of need

In facilitating these fundamental changes in the adult social care pathway, the key objectives are to:

- Enhance opportunities for co-producing solutions with potential service users and carers
- Be explicit about the intended outcomes of interventions, placing a stronger emphasis on the achievement of independence
- Prioritise the development of enabling approaches, in the broadest sense, as well as specific service interventions to support recovery
- Challenge the assumption that services will always continue at the same level for relatively long periods of time
- Promote a culture within adult social care that engenders independence and community inclusion
- Empower people to remain in control of their own lives by extending self-directed support and direct payments

Winterbourne View Update – Improving Lives Reviews

As an action from the Winterbourne View Concordat of Action, which is overseen by a national Joint Improvement Programme, the Improving Lives team was commissioned to undertake reviews of the ex-patients of Winterbourne View plus a number of other cases of concern. A total of 44 reviews were undertaken by the Improving Lives Team. These reviews were completed during the spring/summer of 2014, and included two people funded by Bath and North East Somerset.

The three primary themes of the review were to look at:

1) Are people safe now?
2) What do people think of their current support?
3) What are the plans for the future?

Members of the Improving Lives Team visited Bath and North East Somerset and met with the individuals concerned, their advocate and members of staff. A report was then compiled detailing their findings and conclusions.

It was reported in September 2014 that feedback from the two reviews completed for people supported by Bath and North East Somerset were excellent, with recognition of the very positive support that both people receive from their support staff, the life that each person is now building in their own community and the optimism for a successful future. To quote the Improving Lives lead – *“all professionals involved in the individuals care need to be praised for supporting this person to lead such an independent life”.*

Our vision for integrated care and support, as articulated in the Better Care Plan, which was agreed by Health and Wellbeing Board in September 2014, is to provide care and support to the people of Bath & North East Somerset (B&NES), in their homes and in their communities, with services that support people to take control of their lives and reach their potential and are characterised by:

- Empowered individuals, carers and communities who are supported, confident and able to:
  - take increasing responsibility for their own health and wellbeing;
  - manage their long term conditions;
  - be part of designing health and social care services that work for the people that use them.

- Enhanced and integrated primary, community and mental health services, support and expertise working 24/7 with clusters of populations in order to respond to health and wellbeing needs close to home and ensure that hospital admissions are driven by the need for specialist and emergency treatments

- Innovative and widely integrated and utilised pathways of care understood for each long term condition and including self-management, transition, urgent and contingency planning elements as routine

- A focus on the most vulnerable, at risk, frail or excluded citizens as a matter of priority regardless of age

- Local people of all ages who have worked with clinicians and practitioners to design, inform and then have access to information that enables them to be confident in the quality and safety of services and, where they are not confident, to voice and raise concerns easily

- Integrated information and care record systems that facilitate the delivery of integrated health and care services

- Services that represent excellent value for money, measure by quality and effectiveness of outcomes as experienced by the people who use them.

The BCF will support a number of components of our integrated system and safeguard key services including: -

- 7 Day working
- Protection of Social Care
- Increased capacity in Approved Mental Health Practitioner and DOLS
- Increased capacity in the Learning Disabilities Social Work Service
- Support for Integrated reablement
- Social care pathway redesign
- Expansion of Social prescribing
- Mental health reablement beds pilot
- Hospital discharge initiatives
- Intensive home from hospital support

- Step down accommodation
- Support for carers
- Disabled Facilities Grants

Bath and North East Somerset's Better Care Fund Plan 2015/16-2018/19 has been identified by the Better Care Fund Task Force, comprising Department of Communities & Local Government; Local Government Association; NHS England and the Department of Health as an example of best practice. The full plan can be viewed by following this link: http://www.bathandnortheastsomersetccg.nhs.uk/sites/default/files/BCF%20BNES%20Submission%20Part%201%20Nov%202014_0.pdf

Wellbeing College Pilot

The Council and Clinical Commissioning Group (CCG) have agreed to jointly fund the development of a Wellbeing College for two years. It is an idea led by a sub-group of the Mental Health Wellbeing Forum, made up of mental health commissioners, organisations providing services for people with mental health needs and service user and carer representative groups.

The emphasis of the Wellbeing College will be on early intervention, prevention and self-management of long term conditions across the wellbeing spectrum, involving both physical and mental health.

The funding will enable:

- The setting up of a small scale college as a pilot using existing and new courses provided by Sirona Care & Health, Avon & Wiltshire Mental Health NHS Partnership Trust (AWP) and Council funded community providers including Second Step, St Mungos and Creativity Works;
- Independent evaluation by an organisation called *Talking Health* of the effectiveness of the courses and the approach, citizen experience and outcomes against agreed criteria;
- Develop the business case for future development;

The idea of a wellbeing college is an expansion of the notion of (mental health) Recovery Colleges and seeks to shift care pathways to prevention, wellbeing, resilience and social inclusion on a long term basis. The College will offer an educative, co-produced or peer-led supportive course led approach to early intervention and self-management. Subject to evaluation, evidence from mental health Recovery Colleges suggests that the following benefits are likely to be achieved: improved quality of life through improved support for people with long-term conditions; reduced rates of mental ill-health in the longer term; improved skills, education and employment; and increased resilience of people and communities, including reduced loneliness and social isolation.

The launch took place in January 2015 and the full range of courses can be seen on the website: www.wellbeingcolleagebanes.co.uk.

Mental Health Respite Beds

B&NES Better Care Fund Plan identifies funding for the development of Respite Beds (with a community and therapeutic approach) as an additional resource offered through the Sirona Care & Health Mental Health Reablement Service, to help avoid admission to hospital and to prevent crises from occurring.

B&NES has one of only two adult of working age mental health reablement services in the country and the addition of three beds in a community setting would enhance their ability to intervene early without escalation into secondary services.

Learning from other respite facilities has informed the development of the local service. Important factors that these exisiting facilities share are: peer support, a homely welcoming feel and approach, availability of raparative therapies and communal activities and a recovery focus. The recruitment and training of volunteers and peers to work within this facility is being progressed.

Social Prescribing Service

Following a pilot in 3 GP practices in Keynsham, the Social Prescribing Service has been extended across the whole of B&NES with funding from the BCF. This service has the potential to affect both health services usage and outcomes as well as social inclusion and social care outcomes and so the funding has been made available through the joint commissioning arrangements.

Briefly, the aim of the service is to enable clinicians and health workers to redirect suitable patients away from the NHS and towards opportunities in their local community which can support their needs. People referred to the service may have mental health problems, long term conditions, or other practical issues which affect their mental and physical wellbeing, and they may lack support mechanisms in their lives (e.g. friends, family etc). Priority will be given to people who are identified by GPs as frequent attendees, although non-medical support will also be provided to other people where it is assessed that the involvement of the service may reduce future GP / health service attendance.

The new authority-wide service, provided by Developing Health & Independence (DHI) went live in January 2015.

Community Links Service

Two Sirona Care & Health provided mental health social care services, the Floating Support and Building Bridges Services, have merged to form a Community Links Service. The aim of the remodelled service is to help establish and develop community networks across B&NES, which are linked by participants' geography or shared interests. These will be peer led networks of support for people with mental health issues living independently in the community, and will incorporate strong elements of social prescribing, peer support and mentoring, with skilled, paid Sirona staff acting as a resource at the heart of the networks, and to help prevent people's mental health deteriorating if this is seen to occur.

To complement the networks, and as a means of preventing crises and maintaining people's mental wellbeing, the Service is currently looking at establishing 'pop-up hubs' in a range of community venues across B&NES. These will provide a drop in facility for people who need advice, information and practical help on issues which may affect their mental wellbeing, without them having to enter a 'service'.

The main focus over the next few months will be the further development of the peer mentoring approach and establishment of peer led community groups and networks.

And finally…

It has not been possible, in this, my final briefing as Cabinet Member for Wellbeing, to list all the developments of the past four years but I hope that this does give a flavour of some of the outstanding achievements. These achievements have been delivered by a diverse range of partners; all with a shared commitment to working ever closer together to meet the needs of our local community. I would like to extend my sincere thanks to all those partners.