your care
your way

Appendix 2

The story so far...
Phase One report

Let's plan community services together

Contents

1. Introduction

Your care, your way **is a bold and ambitious review of community health and care services being carried out jointly by NHS Bath and North East Somerset Clinical Commissioning Group (BaNES CCG) and Bath & North East Somerset Council.**

Our vision is to provide excellent health and care services in the community and enable people to live happier and healthier lives. We want the community health and care system to provide timely intervention to prevent or delay ill health, reduce social isolation and tackle inequalities. We will place people at the heart of services so they receive the right support at the right time to meet their needs and enable them to live happy and healthy lives.

Phase One of the review ran from 29 January to 30 April 2015. The main aim of this phase was to raise awareness of the review with as many people and organisations as possible to collect their feedback and ideas about the way community health and care services could be provided in the future.
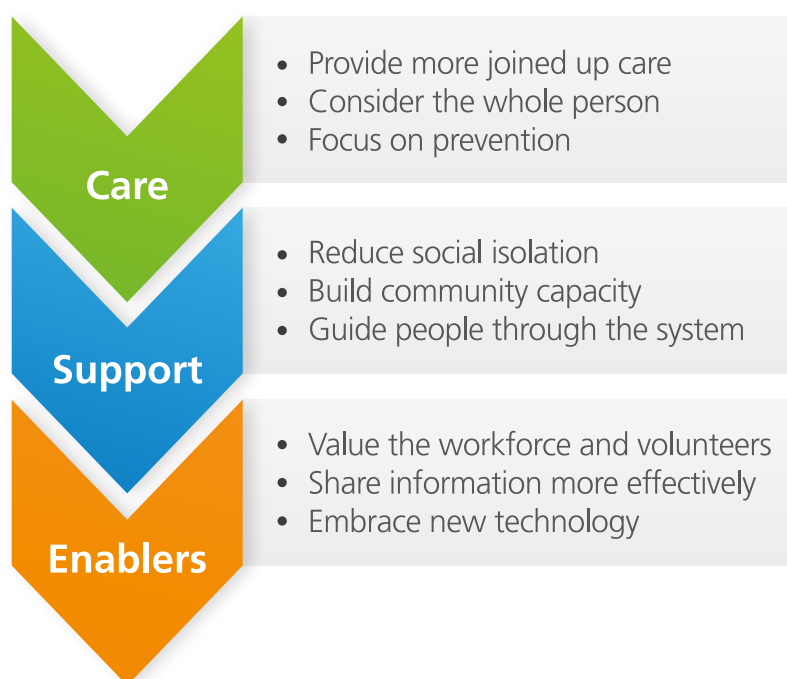
Over 30 engagement events were held across Bath and North East Somerset with patients, service users, carers, volunteers, health and care professionals, service providers and community organisations with direct involvement or interest in the provision of community services.

We also encouraged people to engage with the project online through the ***your care, your way*** website (www.yourcareyourway.org), the ***your care, your way*** Facebook page and posting comments on Twitter using the hashtag #ycywbanes.

Having identified these key demographic groups we then mapped out the key organisations and professionals that are involved in the provision of community services and could help us reach these groups. We are aware that there will be some organisations that do not appear on this list and we encourage you to contact us if you know of any other organisations that you believe should be involved in the review.

Key themes

Nine key themes emerged from the feedback received in Phase One

Care
- Provide more joined up care
- Consider the whole person
- Focus on prevention

Support
- Reduce social isolation
- Build community capacity
- Guide people through the system

Enablers
- Value the workforce and volunteers
- Share information more effectively
- Embrace new technology

priority older access enable integrated capacity
embrace care/services
planning technology preventive involve life isolation
equality
joined-up signposting simplify pathways community
holistic systems communications early accessibility hubs navigate
mental/spiritual person respect care better approach equal interventions
social choice rural learning workers empowering handover
support key SMART assistive sustainable continuity
integrated easy good independence organisations physical
mental communities voluntary forward open needs
services chances neighbourhood learning maps
areas funding centred intervention
preventative

People simply want
their needs met and
don't want to fight
the system to make
that possible

Include pastoral care
and spiritual needs
in planning

Everyone needs to
be able to access
information about
a person through
a single portal

Listen to service
users and red flag
any advance
directives

It's really important
to talk and it helps
if you can talk to
someone who has
been through a
similar situation

Navigators don't have
to be a clinician or
specialist as long as
they can access the
right information

Provide
trusted, responsive
and coordinated
services which
respect personal choice
whilst maximising
the resources
available

We all know about
recycling services.
Why don't we
have the same
publicity for
health services?

Join up:
● the money
● the working
● the information

Phase One In Numbers

Over **30** engagement events between January and April 2015

Over **500** face to face contacts

Over **800** website visits, social media interactions and emails

Next Steps

Phase Two of the review will run from the start of May to the end of October 2015 and will include the following activities:

- A survey of the health and care workforce
- A survey tailored specifically for children and young people
- A day of design workshops at Bath Racecourse on 21 May
- Workshops based around specific conditions or health and care needs
- Outreach events to involve seldom heard groups
- A formal consultation in September and October to seek support from local people to take the proposed new model(s) forward to Phase Three.

2. Engagement timeline

The *your care, your way* review consists of four distinct phases with stakeholder engagement playing a vital part in every stage of the process.

Phase 1 - Analysis and Planning (Winter 2014 – Spring 2015)

- Extensive needs and assets assessment using existing demographic and service delivery data
- Development and delivery of full communications and engagement strategy
- Initial fact-finding engagement with stakeholders to inform design.

Phase 2 - Design and Specify (Spring 2015 – Autumn 2015)

- Development of a range of options for future service provision
- Obtain agreement with stakeholders on the preferred option(s)
- Outcome-based service specifications developed with stakeholders.

Phase 3 - Service Model Development (Autumn 2015 – Summer 2016)

- Development and submission of service models by providers
- Full qualitative and quantitative assessment by stakeholders of those models
- Selection of preferred provider(s).

Phase 4 – Implementation and Delivery (Summer 2016 – Spring 2017)

- Final contract award
- Full mobilisation of new service model with selected provider(s)
- New service model to be in operation from 1st April 2017.

3. Methodology

Your care, your way **was launched at the Bath Assembly Rooms on 29 January 2015. Over 200 members of the public, service providers and commissioners were brought together at the launch event to share their thoughts on how to deliver truly integrated services and support people to live healthier and more independent lives.**

Following the launch, a wider programme of outreach and engagement events was organised across Bath and North East Somerset to encourage feedback from a range of key stakeholders including patients, service users and carers along with health and care professionals and service providers. We asked them to share their experiences of community services and provide their ideas and suggestions on how to deliver more integrated community services in the future.

Stakeholder Mapping

The CCG and the Council have identified a range of stakeholders that could be affected by or have an opinion on the review of community services. This process began by breaking down the local population into specific categories in order to tailor our engagement methods in the most effective way and to ensure that seldom heard groups were not excluded from participating in the review and sharing their valuable experiences. These categories are as follows:

- Children and young people
- Parents and working age adults
- Older people
- People with long-term conditions
- People with physical and sensory impairments
- People with mental health conditions
- People with learning disabilities and autism

- Carers
- Black and minority ethnic (BME) communities
- Faith groups
- LGBT groups
- Gypsies/travellers/boat-dwellers
- People who are homeless
- People who misuse substances

Having identified these key demographic groups we then mapped out the key organisations and professionals that are involved in the provision of community services and could help us reach these groups. We are aware that there will be some organisations that do not appear on this list and we encourage you to contact us if you know of any other organisations that you believe should be involved in the review.

- CCG staff
- Council Staff
- Councillors and MPs
- Health and Wellbeing Board
- Wellbeing Policy Development and Scrutiny Panel
- Community Area Forums and Parish Councils
- GPs and Practice Managers
- Pharmacists
- NHS England
- B&NES Healthwatch
- Neighbouring CCGs and Local Authorities
- Media (Press/Radio/TV)
- Major employers and business networks
- Preschools and nurseries
- Schools and academies
- Colleges and universities

- Avon and Wiltshire Mental Health Partnership NHS Trust
- B&NES Doctors Urgent Care (BDUC)
- B&NES Enhanced Medical Services (BEMS+)
- B&NES Health and Wellbeing Network
- B&NES Children and Young People's Network
- Dementia Care Pathway Group
- Domiciliary Care Strategic Partners
- Dorothy House Hospice
- Housing Associations
- Mental Health and Wellbeing Network
- Oxford Health NHS Foundation Trust (Child and Adolescent Mental Health Services)
- Royal United Hospitals NHS Foundation Trust
- Sirona Care and Health
- Voluntary and Community Sector

Event Organisation

All stakeholders received an invitation to take part in the consultation process. It was explained that Phase One of the review was seeking feedback on current service provision with ideas welcomed on how improvements could be made in the future. It was stressed that the CCG and the Council were keen to encourage input from a wide group of participants including the wider community, service users, volunteers and carers as well as professional, clinical and administrative staff. Participation was invited in Phase One with the hope that groups would be willing to continue to engage as part of the ongoing process to influence positive change.

Stakeholders were encouraged to visit **www.yourcareyourway.org** to discover more detailed information on the review, dates of forthcoming events and summary reports from all of the engagement events that have taken place to date.

Engagement Events

Engagement events were held in towns and villages across Bath and North East Somerset. Where possible activities were timetabled to fit in with existing meetings which groups already had planned, but where this was not possible special meetings were held.

In addition to meeting with groups focussing on specific conditions (e.g. the Stroke Association) or specific age groups (e.g. Age UK B&NES) there were also meetings with a broader reach including the Council's three Community Area Forums. The Forums include local councillors, public service providers (police, fire service etc.) along with representatives of community groups and local residents. Other engagement events included briefings for staff in community health and social care teams as well as service users and volunteers from a wide range of public, private and voluntary sector organisations.

Event	Main Audience	Date	Venue	Attendees (approx.)
Launch Event	All	29 January 2015	Bath Assembly Rooms	200
BaNES GP Forum	Workforce	11 February 2015	Saltford Golf Club	50
Chew Valley Area Forum	Community	12 February 2015	The Wellsway, West Harptree	20
Keynsham Area Forum	Community	18 February 2015	Community Space, Keynsham	35
Somer Valley Area Forum	Community	19 February 2015	Midsomer Norton Town Hall	25
Mental Health & Wellbeing Forum	Workforce	3 March 2015	Southdown Methodist Church, Bath	20
Developing Health and Independence	Workforce	12 March 2015	The Beehive, Bath	30
Sirona Service User Panel	Community	16 March 2015	St Martin's Hospital, Bath	5
Sexual Health Board	Workforce	17 March 2015	St Martin's Hospital, Bath	10
Adult Social Care Team Briefing	Workforce	18 March 2015	St Martin's Hospital, Bath	10
Healthwatch fieldwork	Community	w/c 23 March 2015	RUH, Bath	100
Stroke Association	Community	23 March 2015	Bath Bowling Club	20
Domiciliary Care BANES	Workforce	24 March 2015	Fry's Conference Centre, Keynsham	20
Carer's Centre Staff Meeting	Workforce	1 April 2015	Carer's Centre, Bath	10
Breathe Easy Group, Bath	Community	2 April 2015	Combe Down Surgery, Bath	10
Village Agents – Chew Valley	Community	14 April 2015	The Conygre Hall, Timsbury	18
Health and Wellbeing Network	Workforce	15 April 2015	Folly Farm, Pensford	27
Pharmacists meeting	Workforce	15 April 2015	St Martin's Hospital, Bath	5
Young People's Equalities summit	Community	17 April 2015	Bath Spa University	100+
People and Communities Staff Briefings	Workforce	21, 29 and 30 April 2015	Various	3 x 15
Practice Managers meeting	Workforce	21 April 2015	Elm Hayes Surgery, Paulton	20
Age UK Hub in a Pub	Community	21 April 2015	The Stoke Inn, Chew Stoke	4
Dorothy House Hospice	Workforce	22 April 2015	Dorothy House Hospice, Bath	5
BANES Carer's Centre, Radstock	Community	22 April 2015	Radstock	10
Dementia Care Pathway group	Workforce	23 April 2015	St Martin's Hospital, Bath	10
End of Life group	Workforce	29 April 2015	St Martin's Hospital, Bath	10

Collecting Feedback

Each engagement event began with a presentation on the purpose and principles, phases and timing of the **your care, your way** review followed by a Q&A session.

More detailed feedback was then encouraged through verbal discussions at the meetings, either in facilitated workshops or smaller group sessions. The following three questions were commonly used across all engagement events in order to focus the feedback.

1. What works well at the moment?

2. What are the opportunities and how do we seize them?

3. What are the barriers and how do we overcome them?

Case Studies

In order to encourage more people-focused feedback, a number of case studies were prepared. These represented nine individuals all facing different issues or life events and with a wide range of options or pathways to take in terms of their engagement with and support from community services.

Participants were invited to consider social, health and environmental impacts, potential for change and the best way to provide any required support in the immediate and long term. The nine case studies will be used throughout all four phases of the review to enable further analysis of issues and to assess how service delivery options might work in relation to some 'real life' scenarios.

Raising Awareness

We recognised from an early stage in the project that engaging effectively with such a wide range of stakeholders would require a large amount of financial and human resource. As a result, our engagement strategy was built on the principle of identifying and working with partners who could help us to raise awareness of the review and disseminate our key messages through their network of members and staff.

As a result, a number of key networks such as Connecting Capacity (the voluntary, community and social enterprise network), Business West (the regional business network), Bath Mums and the University of the Third Age posted information on their own websites and emailed out to their membership, pointing them to the **your care, your way** website as a resource for further information and as a means of providing feedback.

In addition, everyone who attended an engagement event was provided with hard copies of the **your care, your way** leaflet and overview document. They were encouraged to spread the word about the project and pass on the details of the **your care, your way** website to colleagues, service users, friends and relatives.

The launch event on 29 January also attracted media attention with a full page article in the Bath Chronicle and a live interview on BBC Radio Bristol. Generating more media coverage will be a key part of ensuring that we reach as many people as possible in Phase Two.

A double page spread about **your care, your way** featured in the March edition of the Council's Connect magazine, encouraging people to get in touch to share their feedback. 76,000 copies of the magazine are distributed to households across the Bath and North East Somerset area with copies also available in Council public access points like libraries and Council Connect Offices.

Online Engagement

The **your care, your way** website attracted 883 unique visits by 28 April 2015 with people spending an average of 3 mins 56 seconds on the site. 681 visits were from a desktop computer, 103 from a tablet device and 93 from a smartphone. Just under 50% of people viewing the website have followed a link from the CCG or Council website and the remainder from searching on Google or another search engine. The Overview Document has been downloaded 57 times.

We have had varying success on Twitter where we used the hashtag #ycywbanes to join together people's views about community services. This worked very effectively at the launch event with questions being raised through Twitter and a number of delegates tweeting to their followers throughout the afternoon. Since then, there have only been a limited number of tweets and we are yet to generate the level of online debate we would like to see. Similarly, the **your care, your way** Facebook page quickly gathered 54 followers but there has been very little interaction on the page since then. Generating more discussion on social media will be a key part of Phase Two as we encourage people to use their experience and expertise to influence the evolving service models.

4. Key themes: problems and solutions

Phase One has given us an enormous amount of qualitative feedback about the way community services are performing now and ideas for delivering improvements in the future.

In order to use this large amount of information effectively, the feedback has been structured into nine key themes as set out in the introduction. This section provides more detail about each theme; highlighting the problems faced and the suggestions for improvement.

Provide more joined up care

Consider the whole person

Focus on prevention

Reduce social isolation

Build community capacity

Guide people through the system

Value the workforce and volunteers

Share information more effectively

Embrace new technology

1. Provide more joined up care

Problems	Solutions
• Lack of communication and integration between agencies and departments often leads to fragmented services	• Multi-agency service hubs
• Continuity of care and support is sometimes lacking	• Multi-disciplinary teams
• Too many boundaries between services	• Whole systems approach
• Need to avoid a "silo" approach, creating barriers and preventing care across the pathways.	• Continuity of care could be improved by moving towards a more co-ordinated approach
• Handover of care	• Review existing contracting methods between services to avoid "silos" developing
• Integration between service providers/partnership working	• Embrace technological advances
• Lack of co-ordinated approach	• Encourage professionals to think about the services they would wantxa to *receive* themselves as well as approaching the subject from a provider perspective.
• Not sustainable	• More flexibility for community service staff to enable them to deliver care across pathways
• There is a need for greater integration between service providers and more consideration of ways to improve partnership working	• Carers have a key role joining up formal and informal care
• Competition for contracts and funding can reduce or prevent joined up working of voluntary and community sector services	• Bring together services users and members and give them a chance to have their say
• Mental health services inadequate and difficult to access/work alongside – referral criteria too high or inadequate funding?	• Future workshops that show good practice and compare what is being offered in other areas of the country
• Need for more services to be offered during early stages of dementia – lots of people get lost between NHS and Social Services	• Move away from a time and task based approach and manage in a more sustainable way e.g. commission and provide on an 'outcomes based' approach
• Good services are out there but these need to be dovetailed together better.	• Parity of esteem between partners in the system is key to reduce hierarchies and build a sense of trust.

2. Consider the whole person

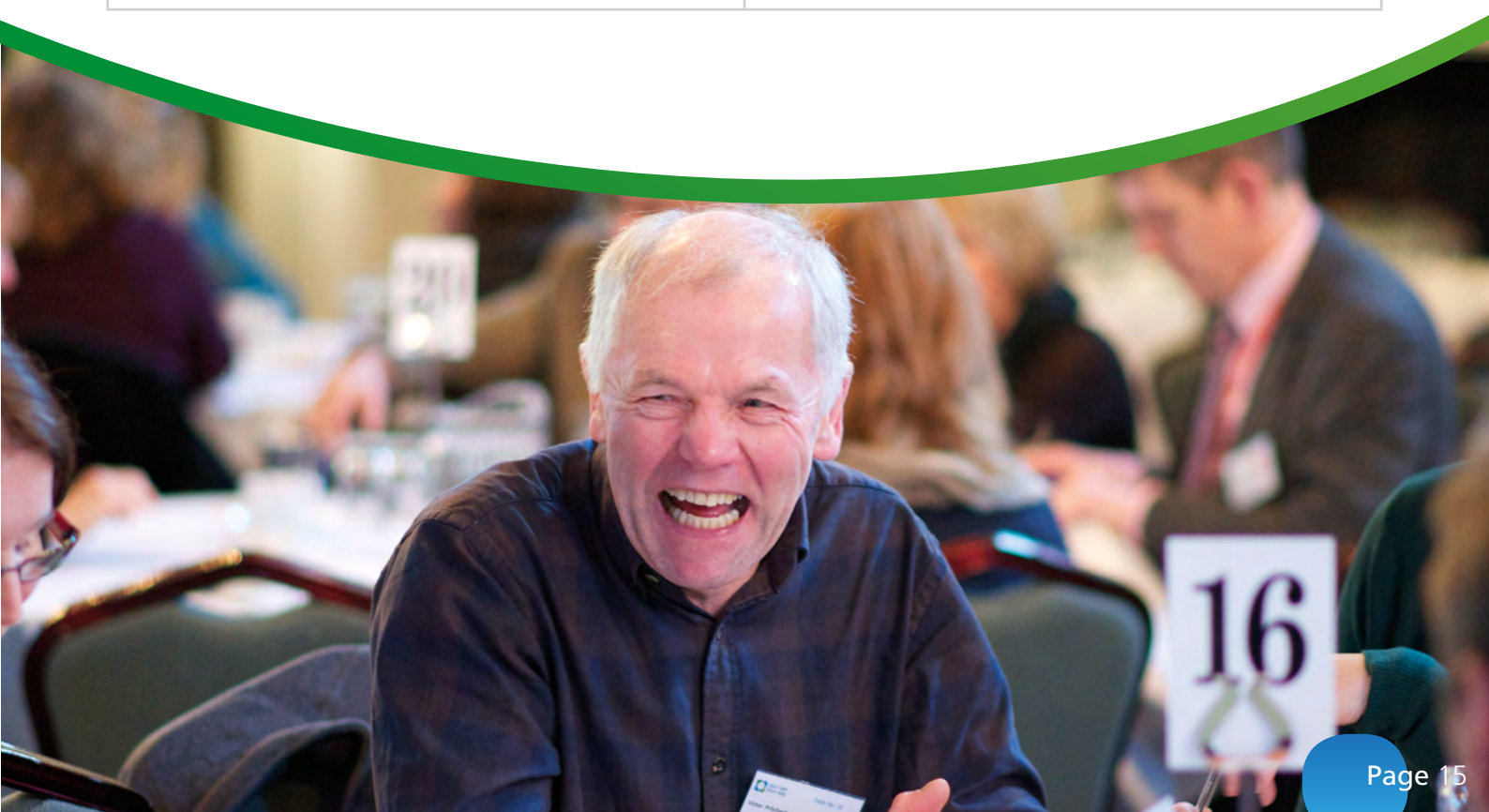| Problems	Solutions
• Need a more holistic approach – equal priority for mental/spiritual as well as physical needs • Need to empower and enable independence • Not enough support for individual or for carers • How to support clients with complex needs.	• Offer more choice – right time, right place • Work on more individualised care and support • Focus on person centred/family centred needs • Services need to be more flexible to meet individual needs • Encourage peer support – those best able to support are individuals who understand what the other person is going through • Services supported by pooled budgets allowing the focus on person-centred needs being met • Shift the skill-set and mind-set to promoting greater independence rather than doing things for patients • Listen to the service user when forming a plan • Patients need a 'promise' of what to expect and easier means of raising issues if things go wrong • The word "patient" suggests someone who has had something done to them – we need to treat people as "people" not just patients or service users.

3. Focus on prevention

Problems	Solutions
• Equality of access is an issue • Need more accessibility / to simplify access • Need to be more responsive • Not timely enough • People wait until crisis point to access services which mans they require more intensive support • People are not prepared by their employers for retirement and go from leading an active life to sitting at home • Lack of early intervention especially around mental health post diagnosis – if not picked up early results in full blown mental health issues • People are treated too often as a single acute intervention – clinicians deal with the reason for presenting and think they have done the job.	• More SMART/early interventions • Offer more support to older people • Encourage greater individual responsibility • Promote and encourage general wellbeing services • Empower individuals via 'self service' options Education and courses eg diabetes • Consider an individual's current lifestyle, history and situation – monitoring to prevent illness getting worse • Don't treat people as a single acute intervention • Communicate with the patient – follow up and feedback on outcomes • Enhance links with education • Provide tailored care packages Each practice should have a patient representative for each long term condition • Personal Health Budgets – encourage people to make individualized choices • Need printed information on release from hospital in case something goes wrong at home.

4. Reduce social isolation

Problems	Solutions
• Think about strategies for supporting rural and isolated communities where lack of community services is an issue. Practical concerns such as transport as well as clearer signposting of services available within the community.	• Learn from the success of the Village Agents
• Social isolation is a big issue and not just in rural areas	• Introduce more mobile services
• Demographics tend to focus on the elderly in rural areas – younger people can be overlooked	• Consider 'buddy' services to reduce social isolation
• Recognition that carers need support	• Clearer signposting and promotion of services and social networks available within the community/" social prescribing"
• Need access to care and support regardless of geographical location	• Encourage greater community involvement/local 'hubs'
• People living on their own are disconnected – won't attend support groups unless they receive a personal invite	• Provide key functions: Community Matrons, District Nurses and Health Visitors
• Accessibility of buildings/transport prevents people getting out and about	• Improve public transport links/dial-a-ride
• Access to care services and travel times – care agencies in the Chew Valley in particular hard to access or locate	• Upskill local volunteers eg arrange local first aid courses to build community confidence
• Lack of emotional support services	• Encourage volunteer networks
• If you don't fit into specific categories you fall between the gaps	• Provide good venues in accessible locations with no steps and good parking
• Older people in particular can be very independent not wanting to ask for help or admit they might need it	• More training and cluster working for GP services ref dementia and available day services.
• Domiciliary care contracts and coverage of area do not include sufficient travel time	
• If people don't leave the house they need someone to reach out to them	
• GPs in Bath need training in LGBT.	

5. Build community capacity

Problems	Solutions
• Need to build more community capacity – lack of community services or support • Support and community groups need individuals with energy and ability to run them • Being bold with new developments within the commissioning process is very difficult when planning finances in a charitable organisation.	• Make more of local community centres/facilities for sharing of information/'hubs' • Encourage community leadership • Involve voluntary organisations • Focussed care-centres in areas of greatest need • Ability to get x-rays in a community setting as opposed to hospital • Community cluster teams • Community physio, pharmacies, diabetes service etc • A community consultant who can coordinate all the services a patient requires • Welfare officers attached to surgeries to help plan care • Need more involvement of homecare staff in discharge of patient • Better partnership working eg Tesco and Diabetes UK – involves dietician, dietary plans and lunch clubs • Local pharmacies offering free delivery.

6. Guide people through the system

Problems	Solutions
• Equality of access is an issue • Need more accessibility / to simplify access • Need to be more responsive • Not timely enough • Need access to care regardless of geographical location • Multiplicity of services and professionals – service users are not sure how to access or navigate the system • People expected to attend multiple appointments for diagnostic tests especially difficult for elderly or working people • Separate health and care budgets make it very confusing • Different generations access services in different ways – not "one size fits all" • Assessment process – can be a barrier and paperwork complex • Social care assessments are still a hold-up in moving people through the system • Services can be too rigid for people who are vulnerable and chaotic • Availability of accessible and flexible mental health services needs to be addressed.	• More SMART/early interventions • Offer more support to older people • Encourage greater individual responsibility • Simplify access to care and seek to integrate and connect care records • There needs to be better planning for end of life care • Consider a named, single point of contact • Pharmacists working in GP practices and care homes • Longer and weekend opening hours of services • Carry out more diagnostics locally and offer results by phone • A crisis can occur at any time – appropriate community services need to be available outside the normal 9-5 window • Need access points throughout the system for information • Family Information Services Helpline – a great system combining helpline and database • Funding by Councils to provide resilience if circumstances change • Make services more flexible to individual needs • Having people with mental health qualifications embedded in the service would help.

7. Value the workforce and volunteers

Problems	Solutions
• Difficulty recruiting and retaining staff • Expectations are not high with regards to career progression/opportunities • Skills needs - workforce capacity and capability needs to develop in line with any new model of care • More choice and variety of contracts • Better access to training/sharing of training facilities • Need to overcome the negative image in the media of social care • Conditions and pressures of work for home care workers.	• Encourage more peer support • Build trust and assign responsibility • Encourage a learning environment • Better training/sharing of training opportunities • Offer free coaching and development support for carers and nurses • Build on willingness of staff to always 'go an extra step' for their patients • Take a joined up approach with Occupational Health/ Learning & Development to ensure all new staff are healthy, safe to work and given essential training asap • Carers and volunteers need more recognition, reward, training and support in their own health • GP receptionists – more understanding and asking the right questions • Provide respite and support for carers/ free carers personal care • Consider apprenticeships for young carers coming out of school • 'Skills for Care' qualification is positive to motivate and recognise the role care staff play. • Need a clearer career path within social care and the caring professions.

8. Share information more effectively

Problems	Solutions
• Signposting is key – people need to know what services are available and where • Confused or contradictory messages • Insufficient signposting especially to local services • Not always easy to find or navigate through information provided • There needs to be more sharing of information between and within agencies • Seek to change behavioural and cultural barriers around information sharing • Lack of communication between primary and secondary care • Behavioural and cultural barriers around information sharing • Confidentiality – DOH principle that sharing information can be as important as withholding it • Volume of schemes/initiatives – makes it almost impossible to know all that is happening.	• Clearer pathways/roadmaps • Effective and clearer communcations • Better dissemination of knowledge of services available • Voluntary and third sector providers can play an important role in signposting • Village agents play an important role in signpposting local people to useful information and services, particularly those new to the area • Needs to be better communications and information between all parties especially on borders where some care services are split between BANES and neighbouring authorities • Clear and unambiguous communications are needed – avoid using healthcare jargon when presenting to patient groups • Promote and advertise courses and initiatives better • Make better use of technology • Consider a 'link agent' in GP practices to help identify what is available • Introduce something along the lines of 'First Contact' scheme in South Gloucestershire • Have leaflets and information you can hand out at clubs, schools etc • Deliver an annual leaflet to homes including group listings, etc.

9. Embrace new technology

Problems	Solutions
• Need improved connectivity/broadband especially in rural areas • Separate websites for different agencies can make it hard to know where to go for information.	• Embrace technology – encourage patients to interact via apps and mobile platforms • Integrate and connect care records - Care plan database is imperative • Use technology to give patient information to urgent care/first response teams at first contact • New equipment is needed • Better use and trust in assistive technology • Exercises you could do yourself using apps on table devices like Talk Board then see a therapist every few months • Health and Wellbeing Board webcast very useful • Invest in smaller providers to assist with IT/input to a system • Introduce earlier in support for individuals so they are more confident in using • Systems co-produced by people/focus group who use it ie offer phone not internet if person not IT literate • Example of Brokerage team in North Somerset – use a website to match gaps in service and postcodes of patients with available staff/hours • Consider remote diagnostics which could avoida patient having to travel to a consultant/hospital.

5. Evaluation

Your care, your way is a two year project and we are keen to learn lessons from each phase so that we can continue to adapt and improve our engagement with our stakeholders.

What did we do well?

1 The launch event was very well attended and received very positive feedback.

2 We have engaged with over 500 people face to face from all parts of Bath and North East Somerset and the website has been viewed by over 800 people.

3 We have received very good feedback about the presentation we give at the start of each event to explain what the review is all about.

4 The best feedback has been collected when we have used the three key questions: What's working well? What are the barriers? What are the opportunities?

5 The nine case studies have helped to spark conversation in the groups and prevented people from focussing on single issues.

What could we do better?

1 We need to encourage more debate on social media through regular Twitter Q&As and by creating more engaging and shareable content e.g. infographics, quizzes, videos.

2 We have not reached enough children and young people but we have plans to address this in Phase Two with a bespoke survey and two Youth Parliament events.

3 We have not reached enough seldom heard groups (e.g. BME communities and people who experience health and care inequalities). We will address this in Phase Two through workshops and outreach events including stalls and drop-in events in supermarkets and public places.

4 We must generate sustained media coverage and distribute more posters, leaflets and other printed materials in Phase Two to ensure that people remain engaged.

5 A major piece of engagement such as this will inevitably evolve over time and we strongly encourage all our stakeholders to help us identify and reach any people who have not had a chance to participate in the review so far.

6. Next steps

The objectives of Phase Two are as follows:

- Develop a range of options for the future provision of community services
- Obtain agreement with stakeholders on the preferred option(s)
- Develop outcome-based service specifications with stakeholders.

In order to achieve this, Phase Two will be split into two distinct sections.

Phase 2a – May to August 2015

We will launch a survey for front line staff across the health and care sector in Bath and North East Somerset so they have an opportunity to contribute their ideas about how community services could be delivered.

We will also launch a survey tailored specifically for children and young people along with a resource pack to enable schools and voluntary sector organisations to run sessions with young people and encourage their feedback about services. The results will be used to plan two day-long events with the Primary and Youth Parliaments in June.

The centerpiece of Phase Two will be a daylong event at Bath Racecourse on Thursday 21 May where we will use process mapping techniques to map out the nodes and the links required to deliver excellent community services. This event will bring together the insights of service users, carers, commissioners, GPs, front line staff and voluntary sector organisations to develop more detailed proposals for community services.

After the Design Day on 21 May we will arrange a series of workshops with specific groups of people such as young people, people with learning disabilities and other seldom heard groups to check that the proposed models can be used easily by people with diverse and unique needs.

Phase 2b – September and October 2015

In September and October we will publish our detailed proposals and begin an eight week period of formal consultation with the whole population of Bath and North East Somerset to seek their support before progressing with Phase Three.

This consultation will have a more quantitative approach than the previous engagement to provide clear evidence of which aspects of our proposals are supported by the community. This feedback will be collected through one standard survey and our efforts in Phase 2b will focused on encouraging as many responses as possible.

Appendix A – Supporting documents

If viewing this report online please click on the event to view the event report.

If you are reading a hard copy version then please visit **www.yourcareyourway.org/get-involved** to view these documents or contact us on **01225 396512** if you would like to request a hard copy.

- your care, your way - Getting Started: Overview
- your care, your way - Communications and Engagement Strategy
- NHS Five Year Forward View
- Seizing Opportunities: BaNES CCG Five Year Strategy
- B&NES Joint Strategic Needs Assessment
- B&NES Joint Health and Wellbeing Strategy
- NHS England Action Plan on Hearing Loss
- Lesbian, Gay, Bisexual and Trans Health and Wellbeing in Bath and North East Somerset

Appendix B – Event reports

If viewing this report online please click on the event to view the event report.

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Community

1. Launch Event
2. Keynsham Area Forum
3. Somer Valley Area Forum
4. Chew Valley Area Forum
5. Village Agents – Chew Valley
6. AgeUK Hub in a Pub
7. Young People's Equalities Summit
8. Healthwatch Fieldwork
9. Sirona Service User Panel
10. Stroke Association
11. Breathe Easy Group
12. Carers' Centre (Radstock)

Workforce

13. Carers' Centre (Bath) – Staff Meeting
14. Developing Health and Independence – Staff Meeting
15. CCG Staff Away Day
16. GP Forum
17. Pharmacists Meeting
18. Mental Health and Wellbeing Forum
19. Dementia Care Pathway Group
20. Sexual Health Board
21. Dorothy House Hospice
22. Health and Wellbeing Network
23. Domiciliary Care Providers
24. Day Services Provider Forum

Get involved!

Come to an event:
Come to a *your care, your way* event or invite us to your local community group

Find us on Facebook:
facebook.com/yourcareyourway

Send us an email:
yourcare@bathnes.gov.uk

Write to us:
your care, your way,
BaNES CCG, St.Martin's Hospital,
Clara Cross Lane, Bath, BA2 5RP

Discuss on Twitter:
#ycywbanes

Call us:
01225 396512

www.yourcareyourway.org

Let's plan community services together