Bath & North East Somerset Council

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Date: 22nd September 2015
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To: All Members of the Health and Wellbeing Select Committee

Councillor Francine Haeberling
Councillor Geoff Ward
Councillor Bryan Organ
Councillor Paul May
Councillor Eleanor Jackson
Councillor Tim Ball
Councillor Lin Patterson

Cabinet Member for Adult Social Care and Health: Councillor Vic Pritchard

Chief Executive and other appropriate officers
Press and Public

Dear Member

Health and Wellbeing Select Committee: Wednesday, 30th September, 2015

You are invited to attend a meeting of the **Health and Wellbeing Select Committee**, to be held on **Wednesday, 30th September, 2015** at **10.00 am** in the **Council Chamber - Guildhall, Bath.**

The agenda is set out overleaf.

Yours sincerely

Mark Durnford
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 Mark Durnford who is available by telephoning Bath 01225 394458 or by calling at the Guildhall Bath (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 Mark Durnford 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 Mark Durnford as above.

   Appendices to reports are available for inspection as follows:-

   Public Access points – Reception: Civic Centre - Keynsham, Guildhall - Bath, The Hollies - Midsomer Norton. Bath Central, and Midsomer Norton public libraries.

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

4. **Recording at Meetings**:-

   The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

   Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators.

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5. **Attendance Register:** Members should sign the Register which will be circulated at the meeting.

6. THE APPENDED SUPPORTING DOCUMENTS ARE IDENTIFIED BY AGENDA ITEM NUMBER.

7. **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.

Health and Wellbeing Select Committee - Wednesday, 30th September, 2015

at 10.00 am in the Council Chamber - 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 - 29TH JULY 2015 (Pages 7 - 22)

8. CLINICAL COMMISSIONING GROUP UPDATE

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

9. CABINET MEMBER UPDATE

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

10. PUBLIC HEALTH UPDATE

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

11. HEALTHWATCH UPDATE

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

12. TRANSFER OF COMMISSIONING OF HEALTH VISITING AND FAMILY NURSE PARTNERSHIP SERVICES TO THE COUNCIL (Pages 23 - 38)

From 1st October local authorities will take over responsibility for commissioning 0-5 services (Health Visiting and Family Nurse Partnership) from NHS England. This report provides the Select Committee with details of the transition plan.

13. YOUR CARE, YOUR WAY: CONSULTATION BRIEFING (Pages 39 - 118)

This report provides the Select Committee with a briefing on the progress of the Your Care, Your Way review.

14. SELECT COMMITTEE WORKPLAN (Pages 119 - 122)

This report presents the latest workplan for the Select Committee. Any suggestions for further items or amendments to the current programme will be logged and scheduled in consultation with the Chair of the Select Committee and supporting officers.

The Committee Administrator for this meeting is Mark Durnford who can be contacted on 01225 394458.

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Bath and North East Somerset Council

HEALTH AND WELLBEING SELECT COMMITTEE

Minutes of the Meeting held

Wednesday, 29th July, 2015, 10.00 am

Bath and North East Somerset Councillors: Francine Haeberling (Chair), Geoff Ward, Bryan Organ, Paul May, Eleanor Jackson, Tim Ball and Lin Patterson

Officers : Jane Shayler (Director of Adult Care and Health Commissioning),Tracey Cox (Chief Officer, NHS B&NES CCG), Clare O'Farrell (Associate Director for Integration, RUH), Dr Bruce Laurence (Director of Public Health), Dr Ian Orpen (Clinical Chair, B&NES CCG), Alex Francis (Healthwatch B&NES Project Coordinator), Andrea Morland (Senior Commissioning Manager, Mental Health and Substance Misuse), Dr Bill Bruce-Jones (Clinical Director, AWP, B&NES) and Sue Blackman (Your Care Your Way Programme Manager)

Cabinet Members in attendance: Councillor Vic Pritchard

1 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

3 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

There were none.

4 DECLARATIONS OF INTEREST

Councillor Paul May declared an other interest as he has been nominated to become a Sirona board member.

Councillor Geoff Ward declared an other interest as he is an Environmental Health professional.

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

There were none.

7 CLINICAL COMMISSIONING GROUP UPDATE

Dr Ian Orpen addressed the Select Committee on a number of issues, a summary is set out below.

Urgent Care Pressures

He informed them that 2015 continues to be a challenging year for the health and social care community in terms of delivering against the national target for A&E waiting times. On-going poor performance below target is attributable to a range of factors including an increase in the average length of stay of patients for all CCGs, higher delayed transfers of care above planned numbers at key points in the quarter and poor patient flow within the Royal United Hospitals Foundation Trust (RUH) when the numbers of admissions and discharges are not in balance.

He stated that the CCG and RUH are currently showing as an outlier with year to date performance of 91.2%. He added that it should be recognised that no other prominent country in the world reaches a figure of 90%.

He explained that he chairs the B&NES System Resilience Group, which oversees operational performance of the urgent care system and includes partners across the local health and social care system including the RUH, the Council, Sirona, the South West Ambulance Service, NHS 111 and neighbouring CCGs. The structure and format of this group is being reviewed and the CCG is ensuring an on-going focus on the agreed actions sets out within the 4-hour recovery plan.

Joint Primary Care Co-commissioning

He explained that from the 1st of April 2015, the CCG has taken greater responsibility and involvement in the design and commissioning (buying) of primary care services, in a joint commissioning arrangement with NHS England. The new arrangement will support our local plans to improve primary care services in Bath and North East Somerset. This joint approach between our CCG and NHS England is referred to as the 'co-commissioning of primary care' and we will now begin meeting regularly in a joint committee, in public, to consider and take decisions on local services together.

CCG Annual Report 2014-15 and Operational Plan

He encouraged the Select Committee to view both the Annual Report and Operational Plan that were available online.

National Updates

He informed them that in June 2015 announcements were made to review and change some key national targets to ensure they make sense for patients and are operationally well designed:

- 18 week referral to treatment time (RTT) measures:- The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment. Targets will be changed and rationalised to one measure that

tracks the experience of every patient waiting as the main measure. This 'incomplete' RTT standard measures every patient on the waiting list, not just those treated in a particular month (currently measured as 'admitted' and 'non-admitted' standards).

Development of Local Estates Strategies

He explained that all CCGs received a communication on 22 June 2015 regarding the development of local estates strategies for each area by December 2015 linked to the development of local responses to the NHS England's Five Year Forward View. This plan has a vision of care delivery shifted to integrated, community based services and the estates strategies seek to ensure NHS land and building are used effectively to support this transition.

The letter indicates that support to CCGs will be provided from NHS Property Services (NHS PS) and Community Health Partnerships (CHP) to provide strategic estates advice to assist commissioners.

The Chair asked for clarification in terms of cancer patients that there is a shorter referral time than 18 weeks.

Dr Orpen replied that the timescales are indeed shorter and added that survival rates locally are high.

Councillor Tim Ball asked for reassurance on the matter of GP surgery funding. He said that a figure of £113,000 had been removed from the surgeries that serve Twerton & Southdown.

Dr Orpen replied that historically GP contracts were administered in two ways - a General Medical Services contract and a Personal Medical Services contract. He added that from around the year 2000 all 27 local practices moved to a Personal Medical Services contract and that allocation of funding was dependent on the services provided.

He said that the CCG and NHS would discuss how to redistribute the funding and that areas of real need would be assessed appropriately.

Councillor Tim Ball asked if the Carr Hill formula would be used to distribute funding.

Dr Orpen replied that this was a national formula and that practices could state their case for further funding.

Councillor Eleanor Jackson said that in her opinion her local practise was short of two GPs and asked what could be done.

Dr Orpen replied that the Government has pledged to recruit 5,000 more GPs by the end of this Parliament.

Councillor Eleanor Jackson asked how practises could obtain more modern facilities and better disabled access.

Dr Orpen replied that national funding was available to bid for through the Primary Care Estates. He added that through the Your Care Your Way project the CCG and Council were looking to provide services and facilities in a different way.

Councillor Paul May asked if GPs were on site at the Minor Injury Unit of the RUH.

Dr Orpen replied that the Urgent Care Centre on site at the RUH was a 24/7 GP / Nurse led facility. He added that it was linked to Paulton Hospital.

Councillor Geoff Ward asked what current actions were being taken to address poor patient flow.

Dr Orpen replied by saying that if you took an example of an 85 year old patient being admitted for pneumonia there are a lot of potential care factors that need to be taken into account and that it can be complicated to access all appropriate services. He added that recently some wards had been closed for planned development. He said that the RUH Improvement Board were monitoring this matter.

Councillor Tim Ball said that he had been made aware that a nurse had worked between 7.00am – 6.00pm on Tuesday 28th July with no break. He stated that this concerned him and asked for it to be looked into on behalf of the Select Committee.

Dr Orpen replied that the CCG do take these matters seriously and would make enquiries.

The Chair thanked him for his update on behalf of the Select Committee.

8 CABINET MEMBER UPDATE

Councillor Vic Pritchard, Cabinet Member for Wellbeing addressed the Select Committee, a summary is set out below.

Care Act – Delay of Implementation of the Care Cap

He informed them that on 17th July 2015, the government announced its decision to delay the introduction of the cap on social care costs under the Care Act until April 2020. The cap on the amount self-funders will have to contribute to their care costs was due to be introduced from April 2016.

He explained that Alistair Burt, Minister of State for Community and Social Care, had stated in his announcement that 'A time of consolidation is not the right moment to be implementing expensive new commitments such as this, especially when there are no indications the private insurance market will develop as expected. Therefore in light of genuine concerns raised by stakeholders, we have taken the difficult decision to delay the introduction of the cap on care costs system until April 2020.'

Councillor Pritchard said that the Council was not yet in a position to fully assess the implications of this very recent announcement and it was clear from the Minister's statement that further information would be available in the coming months. He added that he would provide further updates to the Select Committee as and when further information became available.

Wellbeing House Opens

He said that this new service had been made possible with funding from B&NES Better Care Fund, and was being delivered by Sirona Care & Health and Curo (Housing). He explained that the house aims to provide a 3-bedded retreat - a place of sanctuary - for people experiencing mental health distress where they can receive low level social support to help them stabilise themselves and prevent a crisis escalating into secondary care.

B&NES Better Care Fund Plan Case Study

He informed the Select Committee that Bath and North East Somerset's Better Care Fund Plan 2015/16-2018/19 had 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.

Councillor Eleanor Jackson asked if he was aware of when the Select Committee would be able to receive the joint scrutiny report from the Avon and Wiltshire Mental Health NHS Partnership (AWP) that the previous Wellbeing Panel had been involved in.

Councillor Vic Pritchard replied that he was expecting the report soon and would chase it up.

Councillor Paul May asked what his expectations were of the role of the Select Committee.

Councillor Vic Pritchard replied that he felt that politics should not play a part in this area of work. He added that scrutiny was a very important role within the Council and that it should look to improve ways of working positively.

Councillor Geoff Ward asked how the Health & Wellbeing Board differed from the Health & Wellbeing Select Committee.

Councillor Vic Pritchard replied that the Board operated at a strategic level and that the Select Committee would be able to delve into matters more intricately.

The Chair thanked the Cabinet Member for his update on behalf of the Select Committee.

9 HEALTHWATCH UPDATE

Alex Francis, Healthwatch B&NES Project Coordinator addressed the Select Committee. She began by explaining the role of Healthwatch.

She said that in 2013 Healthwatch was established as a national initiative to make the public aware of an independent body that they can talk to. She added that Healthwatch is the statutory, independent champion for patients, carers and the public.

She informed them that Healthwatch has a statutory seat on the Health & Wellbeing Board and has a role in visiting care homes and assessing the provision from the patients view.

Councillor Paul May asked what powers they have should they see something that they are unhappy with on their visit.

Alex Francis replied that they raise any strong concerns with the Safeguarding Team and their reports are shared with the Clinical Commissioning Group (CCG) & the Care Quality Commission (CQC).

With regard to the item in the update that Healthwatch had been supporting a project with Julian House to produce a card for Gypsy, Roma, Traveller and Boater people, Councillor Eleanor Jackson asked if she had seen the report from the previous Housing & Major Projects Panel that looked at Boat Dwellers and River Travellers and highlighted the difficulties in registering for a GP / Dentist.

Alex Francis replied that she had not seen the report, but stressed that this was one avenue that they were looking at to help people break down that initial barrier.

Councillor Geoff Ward asked if they could be refused entry to a facility.

Alex Francis replied that they have powers to enter any facility ran by the CQC.

Councillor Geoff Ward asked what qualifications staff had to carry out these visits.

Alex Francis replied that staff were particularly trained for this process and that most were ex Health & Social Care professionals.

The Chair thanked her for a helpful and reassuring update on behalf of the Select Committee.

10 PUBLIC HEALTH UPDATE

Dr Bruce Laurence addressed the Select Committee, a summary is set out below.

Healthy Weight Strategy – He said that this wide ranging strategy was now out for consultation and goes alongside the launch of the Fit for Life strategy.

Transfer of the 0 – 5 budget – He informed them that in October this year the Council will take on the budget and commissioning responsibility for health visiting and family nurse partnership services (c£2.5m).

Young people's substance misuse needs assessment – He said that in general services, Project 28 were good, with above average outcomes. He added though that there are concerns about common thresholds, early identification of problems and attention given to the children of adult service users.

Sexual health needs assessment – He explained that there was a good range of services but that some improvements could be made to opening times and locations to suit young people and an increase to the mix of central and outreach

appointments and walk in clinics. He added that a strategy is being drafted and will go out for consultation next month.

Dementia – He informed them that a prevention action plan was being written. He said that the plan will aim to ensure that staff training, communications with the public and staff and policies will include the message about the benefits of a healthy lifestyle to reduce the risk of dementia.

Meeting the challenge of in year cuts – He explained that the size of the cut is unclear but likely to be in the region of £500k. He added that the Public Health team is finding in year savings with limited impact on services.

Councillor Geoff Ward said that he believed in the concept of Public Health and prevention and asked if services such as Occupational Health and Environmental Health should be combined.

Dr Bruce Laurence replied that he was aware that some Council's do combine those services. He added that Public Health do work closely with other services within the Place directorate.

Councillor Paul May commented that he saw the role of Public Health as primary in the future of our residents.

Councillor Eleanor Jackson stated that 1 in 15 people locally who are registered with a GP had mental health issues / depression compared to 1 in 8 / 10 nationally. She added that the Health & Wellbeing Strategy made no reference to drug problems locally.

Dr Bruce Laurence replied that the document was written to show how we can improve in certain areas. He added that he would need to look at the depression figures mentioned in more detail before making further comment.

The Director of Adult Care and Health Commissioning said that substance misuse is a matter that the Council are concerned with and that they do monitor any connections with mental health issues. She added that significant joined up working takes place between child and adult services.

Councillor Tim Ball commented that he was concerned over the cuts to the Public Health budget that may affect the ability to carry out the Health & Wellbeing Strategy.

Dr Bruce Laurence replied that he believed that there was enough within the budget to cover our prime services.

The Chair thanked him for his update on behalf of the Select Committee.

11 MENTAL HEALTH IN-PATIENT REVIEW / HILLVIEW LODGE RE-PROVISION UPDATE

Andrea Morland, Senior Commissioning Manager – Mental Health and Substance Misuse, B&NES CCG introduced this item. She said that the report presents an update on the planned B&NES inpatient re-provision at Hillview Lodge, which

includes the transfer of the Ward 4 dementia inpatient services from St Martin's Hospital to the Royal United Hospital site into a new build specialist mental health unit. She added that in particular it includes an update on the principles underpinning the plans to re-provide in-patient services on an interim basis during a rebuild at Hillview Lodge.

Dr Bill Bruce-Jones, Clinical Director, AWP for Bath and North East Somerset said that the preferred option was to build three wards of 15 beds each (total 45 beds) as this was considered to be a more economic ward model and one which would allow for future growth.

He said that the project is well under way, but there is still much to do before a build can start. He explained that AWP have appointed a cost advisor and have signed up to the Procure 21+ NHS approved process. He added that this process had been used successfully by the RUH in its recent developments. He said that the next steps are the choice of contractors and the submission of detailed plans for planning permission.

He informed them that the preferred option of a rebuild on the existing Hillview Lodge site means that there has to be a good decant plan. The building phase, including demolition of the existing site, has been estimated as lasting 18 months. He stated that a short list of options will be taken forward and this process will include engagement with stakeholders, staff, service users and CCG/Council Commissioners.

Councillors Eleanor Jackson and Bryan Organ declared an interest at this point in the debate as they are members of the Development Management Committee.

Councillor Eleanor Jackson asked if the proposed development had gained planning consent.

Andrea Morland replied that it had not been granted yet.

Councillor Geoff Ward said that he would encourage officers involved in this project to look at other Councils that have undertaken something similar. He also urged support for families that will need visit patients during the development.

Dr Bill Bruce-Jones replied that the challenges relating to visits will be addressed in the plan.

Andrea Morland added that there was a strong call to site the development at the RUH from stakeholders, parking problems aside.

Councillor Eleanor Jackson suggested that the Select Committee take part in a site visit to the RUH.

Dr Bill Bruce-Jones replied that he would be very happy for a site visit to take place.

The Cabinet Member for Wellbeing said that if agreeable with the Select Committee that he would like to attend the site visit. He added that having seen a recent Healthwatch presentation that 350 new car park spaces would be available adjacent to the development.

The Select Committee **RESOLVED** to:

(i) Note the progress of the planning process as it relates to the business cases,

(ii) Note the intended approach to the interim re-provision of beds (decant plan).

(iii) Agree that the proposals around the decant plan, in so far as they have been established, are in line with the wider Select Committee expectations.

(iv) Agree the process to crystallise the decant plan involving stakeholders and the B&NES CCG is adequate to enable continued proposal development for a new build mental health and dementia unit on the RUH site.

12 RUH UPDATE ON INTEGRATION OF RNHRD

Tracey Cox, Chief Officer, NHS B&NES CCG and Clare O'Farrell, Associate Director for Integration, RUH introduced this report to the Select Committee.

Clare O'Farrell explained that the Royal National Hospital for Rheumatic Diseases (RNHRD) was acquired by the RUH on the 01 February 2015 in order to resolve its long standing financial challenges and to preserve the valued services of the small specialist hospital.

She added that following acquisition all RNHRD clinical services have continued unchanged with the exception of Endoscopy, which transferred to the RUH site on the 01 February 2015. In January 2015 the RUH Board of Directors approved key integration programme objectives to be delivered by the May 2015.

She stated that through integration of service models and closer working with community partners, services will be sustainable for the future, both financially and operationally. All clinical services are expected to continue in line with commissioner requirements.

She said that the ability to fully integrate and align services on a single site was a core component of the original business case for acquisition and sustainability of services. She added that it will improve efficiency and effectiveness, maintaining patient experience and quality of service delivery as well as increasing value for the money from the public purse.

She informed them that a Local Health Economy (LHE) Forum (comprising key commissioning and public/patient representation) was established in 2014 to support the acquisition process and ensure ongoing stakeholder support for the transaction. At a meeting of this Forum on the 2 July 2015 it was proposed that B&NES CCG would lead on consultation and engagement activities on behalf of the other commissioners.

She said that in order to meet the timescales outlined, allow timely movement of paediatric services and ensure that the RUH estates programme can proceed without undue delay, phase one of the engagement and consultation around the proposed service moves is proposed to commence in September 2015.

She asked if the Select Committee had any particular areas that they would like to be picked up in phase one and how they would like to be kept up to date with the project.

Councillor Eleanor Jackson said that she recognised the need for synergy between the two establishments and asked what the status was of the management team.

Clare O'Farrell replied that there is now one fully integrated management team that has a strong clinical lead. She added that they always look to engage with GP colleagues to highlight services available.

Councillor Eleanor Jackson asked if the finances of the RNHRD were being addressed.

Clare O'Farrell replied that there was still work to do but that a three year saving plan had been devised and that they were currently on track to achieve the savings planned for year one.

Councillor Lin Patterson asked if use of the hydrotherapy pools would be included in the consultation.

Clare O'Farrell replied that three meetings had taken place so far and that she would check on future dates regarding this. She said that they were aware of the need for better changing facilities to allow patient flow. She added that a larger pool than both of the current ones combined was planned for future use to enable it to be used by more than one patient at a time.

The Chair asked for the Select Committee to be next updated on the integration in January 2016.

13 YOUR CARE, YOUR WAY UPDATE

Sue Blackman, Your Care Your Way Programme Manager gave a presentation regarding this item, a summary is set out below.

Designing around key functions

Community services are health and care services delivered at a person's home or in nearby local settings. There are nine core functions to community services.

Where are we now?

We are currently in Phase 1 of a four stage review process in order to develop the vision and model for the services which would become operational during 2017.

- Phase 1 - Analysis and planning (Winter 14 – Spring 15)
- Phase 2 - Design and specify (Spring 15 – Autumn 15)
- Phase 3 - Service model development (Autumn 15 – Summer 16)
- Phase 4 - Implementation (Summer 16 – Spring 17)

What does the population data tell us?

We have a growing older population and are identifying more young people with complex needs.

What about the financial data?

Community Health & Care £37 million (38 providers)
Community Mental Health £3 million (10 providers)
Volunteers and Navigators £0.5 million (11 providers)
Self Care £2 million (7 providers)
Expert Outreach £11 million (18 providers)

What has our community told us?

- Provide joined up care
- Focus on prevention
- Guide people through the system
- Share information more efficiently
- Embrace new technology
- Value the workforce and volunteers

She informed the Select Committee that a commissioning intentions document would be consulted upon in September / October and then analysed in November.

Councillor Paul May commented that he was supportive of this project and that continuity was required for patients. He added that the next generation will be more IT literate and that plans must be made in that respect.

Sue Blackman replied that a technology workshop would take place as part of this project and that development of an app is being considered.

Councillor Lin Patterson asked if any financial obstacles had been highlighted through this work.

Sue Blackman replied that pooled budgets have helped our future planning and give the ability for our services to work better together.

The Chair thanked her for the presentation on behalf of the Select Committee.

14 LGA ADULT SAFEGUARDING PEER CHALLENGE AND DRAFT ACTION PLAN

The Director of Adult Care and Health Commissioning introduced this report. She explained that a Peer Review team visited B&NES Council and the Local Safeguarding Adult Board (LSAB) in March 2015. She informed them that four key recommendations were made as a result of the visit.

- Progress at pace the implementation of Making Safeguarding Personal (MSP)

- The Quality Assurance, Audit and Performance Management Sub Group – in line with MSP, could develop more qualitative ways of auditing safeguarding

- Revise the two day decision rule in relation to MSP

- Consider how you reaffirm the citizen at the centre of everything you do

She stated that in response to the recommendations above and to other areas highlighted in the report for consideration, the Council has developed an action plan which was approved by the LSAB at its meeting in June 2015.

She said that the Council and LSAB found the Peer Review a useful mechanism to help with identifying future improvements to be made.

Councillor Paul May asked if there was risk regarding transitions by having both an LSAB and a LSCB.

The Director of Adult Care and Health Commissioning replied that one single person now chairs both boards alongside a single Head of Safeguarding & Quality Assurance whose work was highly rated by the review.

Councillor Paul May suggested that this work area be highlighted in the Action Plan.

15 PRESENTATION - COMMISSIONING LANDSCAPE FOR HEALTH & SOCIAL CARE

Dr Ian Orpen gave a presentation to the Select Committee regarding this item, a copy will be placed on the Minute Book and available online as an attachment to these minutes. A summary is set out below.

Role of NHS England

- To allocate resources to CCGs and support them to commission services on behalf of their patients
- To deliver improved outcomes for patients
- To directly commission
    - primary care
    - military, offender health and
    - specialised services

- To plan for civil emergencies,
- To provide system oversight and leadership

What are CCGs responsible for?

Urgent & Emergency Care
Out of hours Primary Care
Services for people with Learning Disabilities
Mental Health Services
Children's Healthcare Services
Maternity & Newborn Services

Community Health Services

CCGs are now also responsible for

- Co-commissioning of Primary Medical Services
  - GP services
  - With NHSE

- Specialised commissioning
  - Wheelchair services
  - Neurology Outpatients

- Next Year
  - Renal services
  - Bariatric surgery

Expenditure

Almost half of our total resources go on Acute ie Hospital services both planned and emergency care (48%).

Roughly the same proportion on prescribing (12%), community services (11%) and Mental Health (incl LD) (12%)

Looking to the future

- Progress six transformational projects
  - Urgent Care
  - Musculoskeletal services
  - Self Care and Prevention
  - Long Term condition care – Diabetes services
  - Frail Elderly
  - Shared records - Interoperability

- Continue ***your care, your way*** community services review
- Transforming primary care
- Children & young people
- Improving mental health services
- Focus on learning disabilities services

Financial Headlines

- Commissioned services funding £221m
- Running costs funding £4.2m
- Non-recurrent investment £2.1m
- New recurrent investment:
  - £1.8m general
  - £0.5m mental health
  - £1.1m seasonal (winter) pressures
- Savings plans of £4m to fund new investment and growth £4.0m

Councillor Tim Ball asked how the planned savings would be mitigated against the services required.

Dr Orpen replied that he was aware of the pressures surrounding social care and that areas would be looked at where natural savings could be made. He added that the Your Care, Your Way project was central to future ways of working and to utilise community links and services.

The Director for Adult Care and Health Commissioning commented that members should be aware of the Council's Better Care Fund that has been recognised nationally and has a pooled budget of £12m in conjunction with the CCG. She added that the fund protects social care services and puts the Council in a strong position.

Councillor Tim Ball stated that he had concerns over the plans that were stated for the future and asked if services would be managed adequately.

Dr Orpen replied that this will be assessed through the Your Care, Your Way project and that he would not like to pre-judge the outcome of this work.

Councillor Paul May asked if the CCG had any influence on how to direct patients to the services that they can obtain.

Dr Orpen replied that the Choose and Book service was found to be confusing for some members of the public. He added that the Referral Support Service had been in place from November 2014 and had been a well received change, with 20 out of 27 practises involved.

Councillor Geoff Ward asked how the CCG integrates with Public Health to promote self-care and prevention and thereby reducing demand on other services.

Dr Orpen replied that the CCG has a significant role in this matter through the work it carries out in the licensing process, the sale and consumption of sugary drinks and its anti-smoking campaigns.

Councillor Geoff Ward asked if Public Health were involved with the work of the CCG Board.

Dr Orpen replied that Public Health are invited to all meetings of the CCG Board and that Dr Bruce Laurence attends on their behalf.

Councillor Eleanor Jackson asked if the CCG September Update could include information on future expenditure that takes into account the rising birth rate, the fact that people are living longer and any new trends looking through to 2020.

The Chair thanked Dr Orpen for his presentation on behalf of the Select Committee.

16 SOUTH WESTERN AMBULANCE SERVICE (NORTH AREA) JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Chair introduced this report. She said that she was aware that Councillor Geoff Ward would like to take up one of the three nominations available and asked for two further nominees to represent B&NES.

No further nominations were forthcoming from the Councillors who were present so the Chair asked the Democratic Services Officer to make further enquiries outside of the meeting.

17 SELECT COMMITTEE WORKPLAN

The Director of Adult Care and Health Commissioning introduced this item.

Councillor Paul May said that he would like to receive further information on the strategic direction of the RUH.

Councillor Eleanor Jackson asked for the public governors of the RUH to address a future meeting.

The Cabinet Member for Wellbeing asked if it would be worthwhile for the Select Committee to receive a presentation from the RUH Project manager on the development of the site.

The Director of Adult Care and Health Commissioning said that it would be good if all of these proposals could be incorporated into one meeting.

The Select Committee agreed with these proposals to be added to their workplan.

The meeting ended at 2.05 pm

Chair(person) .....

Date Confirmed and Signed .....

Prepared by Democratic Services

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Bath & North East Somerset Council		
MEETING:	**Health & Wellbeing Select Committee**	
MEETING DATE:	**30th September 2015**	EXECUTIVE FORWARD PLAN REFERENCE: E
TITLE:	**The transfer of commissioning responsibility for 0-5 services (Health Visiting and Family Nurse Partnership) to Local Authorities from 1st October, 2015**	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: **Appendix A : B&NES Transition Plan**		

1 THE ISSUE

1.1 From 1st October local authorities will take over responsibility for commissioning 0-5 services (Health Visiting and Family Nurse Partnership) from NHS England. A 0-5 Transition Board has been planning for and overseeing the handover to ensure a smooth transition and has in place a risk assessment to identify and mitigate any risks associated with this transfer. The provider (Sirona Care and Health) have an agreed transition plan in place and are ready to safely manage the shift from "registered" to "resident" population. The contract and the novation agreement have been signed and the Public Health commissioning team are fully prepared to take on their contractual responsibilities and report on the mandatory elements within the core Health Visiting service and aspire towards continuous service improvement, in partnership with other Children's Services commissioners.

2 RECOMMENDATION

2.1 To note the commissioning responsibilities being transferred to the Local Authority on 1st October 2015 and the progress made to ensure a smooth transfer.

2.2 To note the functions of the Health Visitor and Family Nurse Partnership services and the important contribution they make towards outcomes for children and families.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

3.1 The transfer of 0-5 children's Public Health commissioning to Local Authorities for the six month period between 1 October 2015 and 31 March 2016 is being conducted in accordance with a 'lift and shift' approach, to ensure a safe mid-year transfer.

3.2 The funding allocated to the Council for Oct – March 15/16 is £1,387,000 which includes £15,000 allocation for commissioning capacity. Local Authorities can expect to receive the funding for 0-5 in two quarterly instalments as part of the wider Public Health grant paid on 16 October 2015 and 15 January 2016.

3.3 Clarification in relation of future budgets and the status of the ring fence for the public health grant will not be available until November as part of the national spending review.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

4.1 There is no decision to be made regarding this paper, it is for information, but there are mandatory public health functions within the health visiting core service specification which the local authority will become responsible for delivering and reporting performance against children's public health outcomes.

5 THE REPORT

5.1 The transfer of commissioning responsibility for 0-5 services (health visiting and family nurse partnership) to Local Authorities from 1st October, 2015 report is attached. It is important to note the shift from "registered" to "resident" population which has to happen as part of this transfer of responsibilities from the NHS to local authorities.

5.2 In essence this means that, going forward; families who are registered with a GP within the authority but are not resident in B&NES will no longer receive a service from the B&NES commissioned Health Visiting Service. This impacts a significant number of families and the transition requires strong relationships with neighbouring commissioners, providers and GP practices in order to ensure that all families, whether transferring in or out, continue to receive the mandatory service offer as outlined in the report.

6 RATIONALE

6.1 It is necessary to brief the committee at the point of transfer to ensure they are aware of the local authority's obligations and be assured that the council is managing the transition process attentively and with due diligence. Relevant advice has been sought from the Sections 151 Officer and Head of Legal Services.

7 OTHER OPTIONS CONSIDERED

7.1 None

8 CONSULTATION

Maria Lucas, Head of Democratic Legal Services, Richard Morgan, Finance Manager, People and Communities Department, Dr. Bruce Laurence, Director of Public Health, Ashley Ayre, Strategic Director, People and Communities Department, Cllr Michael Evans, Cabinet member for Children's services, Cllr Francine Haeberling, Chair of the

Health and Wellbeing Select Committee, Penny Hazelwood, Clinical Lead for Health Visiting.

9 RISK MANAGEMENT

A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance. The 0-5 transition board meet monthly to review the risk assessment.

Contact person	*Denice Burton / Jo Lewitt* *01225 394061 / 01225 394063*
Background papers	Further information on the scope of 0-5 children's public health and the 0-5s baselines are available at: LGA website http://www.local.gov.uk/childrens-public-health-transfer DH website https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities NICE website https://www.nice.org.uk/advice/lgb22/chapter/Introduction
Please contact the report author if you need to access this report in an alternative format	

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To: Local Authority Children's Public Health Service Commissioners and Provider leads in Wiltshire, Somerset, North Somerset, Bristol and South Gloucestershire

Cc: Chrissie Hardman & Penny Hazelwood, Health Visiting Service Leads, Sirona Care and Health, Stephanie Gooch, Information lead, Sirona Care and Health

Public Health Directorate
Kempthorne House,
Martin's Hospital
Clara Cross Lane
Bath
BA2 5RP
Tel: 01225 394063

Date: 11th September, 2015

Ref: 0-5

Dear Colleagues,

Managing the shift from registered to resident population in health visiting in Bath and North East Somerset

I am writing to set out our proposed approach to managing this transition with our neighbouring authorities and to request submission of B&NES data to us **by all providers of services to residents in B&NES by Monday 21st September 2015**.
Our neighbours are: Wiltshire, Somerset, North Somerset, Bristol and South Gloucestershire.

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Data return
We are all working together to ensure submission of a data return to PHE on our resident population by 25 September 2015. The data return should cover all the required health visiting service metrics using the PHE template provided, sent to B&NES and all neighbouring providers by email 11/9/15.
As agreed at the recent West of England Director of Public Health meeting B&NES intends to go forward using the 'distributed model' whereby each local authority only *receives* its own resident data, but from a range of neighbouring providers.
The description of the model, flow chart and dashboard template are available at www.chimat.org.uk/transfer

Data submissions should be sent to me at the email address below using the PHE dashboard for distributed model template **by Monday 21st September 2015.**

The B&NES Health visiting lead contact is Penny Hazelwood at Penny.Hazelwood@sirona-cic.org.uk

Continues..

Proposed approach to transferring children and families
Following the guidance provided by NHS England Bath, Gloucestershire, Swindon, and Wiltshire (BGSW) Area Team we have agreed the following principles with the B&NES Health Visiting service, which are as follows:

- Babies and families will continue to be allocated according to GP until 1st October 2015;
- From 1st October 2015, new babies will be allocated according to LA residency. This will give us some time to communicate the proposed changes to maternity services, GPs and other stakeholders;
- After the 1st October 2015 families will be transferred on a case by case basis, health visitor to health visitor as deemed appropriate by the health visitors involved to minimise any risk.

This transfer process will take place over time, and the expectation is that it will be completed by April 2016, with caveats as follows:

- Complex families will need a more careful handover process and it is possible that there may be a small number of families whose interests would not be best served by transferring over until the children reach school age.

The detail of how this will apply includes:

- Each handover will be decided on a case by case basis, between providers.
- Positive 'baton-passing' between services for all families – i.e. no transfer unless and until there is a positive communication to that effect between services – ensuring no child is left without having a health visitor at any time
- Transfer of any child who is in receipt of support above Universal level will always include auditable/written handover in support of the transfer between health visitors
- Delivery of a service that meets a child or family's needs (including safeguarding needs) ***must take precedent*** over boundary discrepancies or disagreements – whether between commissioners or providers.

- All services will ensure that there is a named health visitor, with contact details, for each GP practice to facilitate information sharing and joint working in the best interest of children. Where there is more than one health visitor service for a specific GP practice, (i.e. where the children and families on its list happen to live in different local authority areas) it is expected that both health visitor services will provide named health visitor links to that practice.
- To avoid the time and cost associated with processing financial transactions, there will be no cross-charging between authorities for children and families who continue to receive services and support from other services so long as the above principles are being adhered to. Any disputes will be escalated for discussion between providers in the first instance and involve commissioners where appropriate.
- In implementing any such changes, Providers of services are expected to work collaboratively with their neighbouring providers to ensure that services are delivered in the best interest of children and families.

Child protection plans
Our health visiting service is of the belief that in *most* instances it is in the child and families' best interest to transfer children and families to their local health visiting service due to the close links with social care and commissioned children's services. Our Named Nurse for

Safeguarding Children/Designated Nurse for LAC plans will contact their equivalent in an area where a child is identified as requiring a transfer due to residency and currently has a CP Plan or is a Looked After Child and each case will be considered carefully following the principles above.

Sirona Care and Health have a detailed transition plan in place which states the following:

By September 21st:

- Maternity services will be informed of the changes in order that antenatal booking lists and birth notifications and handover notes are sent to the appropriate health visiting service based on residency from 1st October.

During October:

- Individual meetings with relevant neighbouring provider managers to plan handover of identified families.
- Letters will be sent to all families who will be exported (transferred out) and GPs will be copied in.
- When families are identified for importing (transferring in) a letter will be sent to the family, copied to their GP and their current Health visiting service.
- Letters will go to all GP practices explaining the process and listing relevant families and their new health visiting service.
- Child health Department will be informed of the changes and implications.

By 1st December 2015:

- Aim to complete all transfers unless there is an agreed mitigating individual clinical reason, or other mitigating circumstances, in which case 31st March 2016 would be the latest date for transfer.
- Children who have started school in September 2015 will not be imported or exported as they will handed over to the school nurse service.

Contract governance

B&NES are keen to work closely with neighbouring commissioners to ensure accurate data submission to PHE, contract governance and priority will be given to safeguarding children and families. I can assure you that this transition will be given considerable attention and scrutiny at our contract monitoring meetings and we will all proceed with due caution as it is our overarching intention that the transition is as smooth and seamless for families as possible.

Kind Regards,

Jo Lewitt,

Commissioning and Development Manager, Children and Young People, Public Health,
Tel: 01225 394063
E-mail: jo_lewitt@bathnes.gov.uk

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Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

Report to Health and Wellbeing Select Committee
The transfer of commissioning responsibilities for 0-5 services (Health Visiting and Family Nurse Partnership) to Local Authorities, from 1st October 2015

The Report

1. Purpose

1.1 To inform and update the Health and Wellbeing Select Committee about the transfer of commissioning responsibilities for 0-5 services to local authorities from 1st October 2015

1.2 To assure the committee that the provider (Sirona Care and Health) have an agreed transition plan in place and are ready to safely manage the shift from "registered" to "resident" population, the contract and the novation agreement have been signed and the Public Health commissioning team are fully prepared to take on contractual responsibilities and report on the mandatory elements within the core health visiting service and aspire towards continuous service improvement, in partnership with other Children's services commissioners.

1.3 To inform the committee about the functions of the Health Visitor and Family Nurse Partnership services and the important contribution they make towards outcomes for children and families.

2. Background

2.1 As part of delivering the vision for public health set out in "Healthy Lives, Healthy People: Our strategy for public health in England"[1] and contributing to the Government's ambition to achieve best possible health outcomes for our children and young people, responsibility for commissioning 0-5 children's public health services is transferring from NHS England to Local Government on 1st October 2015.[2]

2.2 0-5 children's public health services comprises commissioning the Healthy Child Programme (HCP) including the Health Visiting service and Family Nurse Partnership (FNP) - targeted services for teenage mothers.[3]

2.3 The following commissioning responsibilities will **not** transfer to local authorities and will remain with NHSE[4];

- Child Health Information Systems
- The 6-8 week GP check (also known as Child Health Surveillance)
- Immunisations

2.4 As part of the transfer, local authorities will be obliged to provide certain mandatory universal elements of the Healthy Child Programme[5]. These are:

- antenatal health promotion review
- new baby review, which is the first check after the birth
- 6-8 week assessment

- 1 year assessment
- 2 to 2 and a half year review

2.5 Mandation will ensure that the recent increase in health visiting services' capacity achieved during the last Parliament, continues as the basis for national provision of evidence-based universal services and will enable LAs to measure impact and demonstrate progress on the PHOF [6] through the early years profiles[7]. These arrangements for mandating will be reviewed after one year.

2.6 Local Authorities will be expected to provide the same level of service as the NHS at the point of transfer detailed in the 2015/16 national health visiting core service specification [8] and act to secure continuous service improvement. A period of 18 months stability is recommended. It is the intention to include the specifications at the current value in the one year interim contract with Sirona and the future provider from 1st April 2017 will be determined as part of the Your Care Your Way process.

2.7 This transfer of commissioning responsibilities will mark the final part of the overall public health transfer which saw wider public health functions successfully transfer to local government on 1st April 2013. NHSE have successfully developed a national specification, increased overall numbers of qualified health visitors and transformed the service model.

3. The new Health visiting service model

3.1 Health visitors have a crucial role in the early years of a child's development providing ongoing support for *all* children and families; they lead the delivery of the Healthy Child Programme during pregnancy and the early years of life [9]. They also have key roles in developing communities, in early help and contributing to more complex care. Transition to parenthood and the first 1001 days from conception to age 2, is widely recognised as a crucial period, impacting and influencing the rest of the life course.[10]

3.2 The new 4-5-6 social model of health visiting[11] is a transformation from the historical model of health visiting. This refers to 4 levels of service, 5 mandated touch points and 6 high impact areas[12]. B&NES was an early implementer site[13] and our local service has a team of well trained and qualified for their new way of working with families – using strength based, solution focused approaches and the parent in partnership model – using motivational interviewing and promotional guidance rather than advice giving and using an expert model. There have been some significant changes this year to office bases and management structures in response to this new model of delivering services.

4. Progress report

Steering group

4.1 An established steering group meets monthly to oversee the transition of the commissioning responsibilities with membership from Public Health commissioning, children's services, intelligence, finance, safeguarding,

commissioning support and NHSE, the current commissioner.

4.2 A risk register and action plan has been developed to track progress in relation to: leadership and governance, contractual arrangements, information technology and data flows, delivery of service, safeguarding, finances, organisational development, workforce development and communication.

Outstanding transition risks

4.3 The main challenge relates to the change in population served from registered to resident population. Most health visiting service providers currently serve families across authorities. B&NES has 5 other local neighbouring authorities and their providers who we are working closely with to oversee the handover of an estimated 657 families.

4.4 A letter has been sent to all neighbouring providers and commissioners clarifying our locally agreed underlying principles going forward and outlining our agreed transition plan (Appendix A). However none of our neighbouring authorities have shared their transition plans with us yet so our progress will depend on them and our close working with them.

4.5 All new births will be allocated to their health visiting service by residency from the 1st October and there will be a carefully managed handover period of up to 6 months, for all other families who are not B&NES residents and need to be transferred to another Authority (estimated number 582), and receiving those families who need to be transferred from other local authorities (estimated number 75). This equates to an estimated net reduction of 507 families within the service.

4.6 As our provider has an established IT system they are able to identify both registered and resident population using the child health records. Not all our neighbours are currently able to do this. As a result there may be a number of families for whom we do not have an accurate baseline for all families and are unable to report on performance on mandated checks at resident level prior to October 2015. This will only affect our imported families which is a small number.

4.7 The focus for the coming months will be on managing the smooth handover of families living in B&NES. The priority will be ensuring that children and families are safeguarded at all times and that the transition poses no additional risk to them.

4.8 All local authorities have been requested to submit data based on residency to PHE for Q1 and Q2 prior to collection via LAs from Q3 onwards. This voluntary exercise will test readiness for the transition and identify any breaks in dataflow and enable systems to be developed to overcome any problems that arise. Public health are leading on this data submission and assuming they were provided with the data, were due to have submitted the first set by September 25th 2015.

4.9 Our provider assure us that adequate arrangements are in place to ensure

appropriate data sharing and performance management and ensuring adherence to current safeguarding standards.

Contractual arrangements

4.10 Service continuity and stability are the key principles of safe transfer. Therefore we have agreed with NHS England to put in place a single contract for 2015-16 which will novate to the Local Authority on Oct 1st 2015. NHSE will share existing contract documentation and in-year reporting information with Local Authority colleagues via the current joint quality and performance contract monitoring arrangements. A novation agreement and the final contract have now been signed, following a range of specific assurances that have been given by the provider, at the request of public health.

4.11 B&NES will work closely with neighbouring commissioners to ensure accurate data submission to PHE, contract governance and priority will be given to *safeguarding* children and families. The transition will be given considerable attention and scrutiny at quarterly contract monitoring meetings and we will all proceed with due caution as it is our overarching intention that the transition is as smooth and seamless for families as possible.

5. Finance

5.1 Local authorities will receive funding, as part of their public health grant, to commission these services.

5.2 The transfer of 0-5 children's public health commissioning to Local Authorities for the six month period between 1 October 2015 and 31 March 2016 is being conducted in accordance with a 'lift and shift' approach, to ensure a safe mid-year transfer. Proposed allocations were published as part of the Baseline Agreement Exercise on 11 December 2014, followed by a five week period in which Local Authorities had the opportunity to comment and raise concerns regarding the accuracy of the allocations.

5.3 The funding allocated to B&NES for Oct – March 15/16 is £1,387,000 which includes £15,000 allocation for commissioning capacity. Local Authorities can expect to receive the funding for 0-5 in two quarterly instalments as part of the wider public health grant paid on 16 October 2015 and 15 January 2016.

5.4 From 2016/17 the allocations are expected to move towards a distribution based on population needs. The independent Advisory Committee on Resource Allocation (ACRA) has been commissioned by the Secretary of State to make recommendations on the formula for 2016-17 local authority public health grants, which will include a component for 0-5 children's public health services.
ACRA's initial proposals on the methodology for the 0-5 children's public health component of the public health formula have been published and consulted on.

5.5 Clarification in relation of future budgets and the status of the ring fence for the public health grant will not be available until November as part of the spending

review.

6. Governance

6.1 A DH 0-5 Public Health Commissioning Transfer Programme Board has been set up to oversee the safe transition of services from NHS England Area Teams to Local Authorities (LA). The LGA, wider local government partners, PHE and NHS England are members of the Board.

6.2 National Tripartite partners (LGA, NHS England and PHE) are working together to support area teams (senders) and local authorities (receivers) to safely and smoothly transfer services. The national Tripartite are resolving systemic issues at the national level, they are supported by nine 0-5s Transfer Regional Oversight Groups who are maintaining oversight at the transfer at regional level and providing support as required.

6.3 As part of the assurance process the LA was required to complete a self-assessment readiness questionnaire which was submitted in April 2015

6.4 NHS England has been attending quarterly contract meetings and have been facilitating effective handover. This support will cease from 1st October, but the individuals are still available should any specific issues arise.

7. Sector led improvement

7.1 B&NES are participating in a South West sector-led improvement (SLI). The overarching aim is to improve the impact of the transition of commissioning of 0-5 services and develop and test a model that can be applied for future sector-led improvement.

7.2 The sector-led improvement is designed to:

Share learning and develop practice for 0-5 year old services both within and outside of the council including developing leadership to:

- Embed family-centred approaches to improve outcomes
- Implement evidence based practice to improve 0-5 and family outcomes
- Transform and integrate 0-5 and 5-19 services
- Evaluate early years service improvement

7.3 The transfer of commissioning 0-5 services to local authorities is the next step in providing our vision for well-coordinated, timely, evidence based care for each and every child and their family. The health visiting service is a universal offer which is fundamental to the B&NES (draft) Early Help Strategy, ensuring that all families have access to support, and needs are identified early, enabling early intervention in order to prevent problems escalating and being harder to resolve later.

8. Recommendations

8.1 To note the commissioning responsibilities being transferred to the Local Authority on 1st October 2015 and the progress made to ensure a smooth transfer.

8.2 To note the functions of the health visitor and Family Nurse Partnership services and the important contribution they make towards outcomes for children and families.

Further information on the scope of 0-5 children's public health and the 0-5s baselines are available at:

LGA website http://www.local.gov.uk/childrens-public-health-transfer
DH website https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities
NICE website https://www.nice.org.uk/advice/lgb22/chapter/Introduction

Author: Jo Lewitt & Denice Burton 30th September 2015

References

[1] 'Healthy Lives, Healthy People: update and way forward' (July 2011) https://www.gov.uk/government/publications/healthy-lives-healthy-people-update-and-way-forward

[2] Documents Relating to transfer of 0-5 services to Local Authorities https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities

[3] Overview : Health visiting and Family Nurse Partnership services https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407645/overview2-health-visit.pdf

[4]NHS England Commissioning Intentions 15/16 http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/12/ph-comms-intent-15-16.pdf

[5] Mandation Factsheet 1: Commissioning the national Healthy Child Programme - mandation to ensure universal prevention, protection and health promotion services https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/402447/Mandation_factsheet_1.pdf

[6] Public Health Outcomes Framework (PHOF): https://www.gov.uk/government/collections/public-health-outcomes-framework

[7] CHIMAT Early Years Profiles http://atlas.chimat.org.uk/IAS/dataviews/earlyyearsprofile

[8] National Health visiting Core Service Specification 2015-16 http://www.england.nhs.uk/wp-content/uploads/2014/12/hv-serv-spec-dec14-fin.pdf

[9] The Healthy child Programme, Pregnancy and first 5 years: https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

[10] WAVE Trust's '*Conception to age 2 – the age of opportunity'* available: http://www.wavetrust.org/our-work/publications/reports/conception-age-2-age-opportunity

[11] The transformed health visiting service the story so far:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417455/4_5_6_LA_leaflet_ppt.pdf

[12] Description of the 6 high impact areas and more information is available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326888/Early_Years_Impact_Overview.pdf

[13] A Call to Action: The Health Visitor Implementation Plan 2011/15: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213110/Health-visitor-implementation-plan.pdf

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Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	**Health & Wellbeing Select Committee**	
MEETING/ DECISION DATE:	**30th September 2015**	EXECUTIVE FORWARD PLAN REFERENCE: N/A
TITLE:	**Your Care Your Way – Consultation Briefing**	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: Please list all the appendices here, clearly indicating any which are exempt and the reasons for exemption. Appendix 1: "Making Plans - Consultation Document Phase Two" Appendix 2: "The story so far…Phase One Report" Appendix 3: "Plain English Survey"		

1 THE ISSUE

1.1 The Your Care, Your Way community health and care services review programme has four key phases. Phase 1 "Analyse and Plan", included extensive engagement, which ran from January to May 2015. The focus was on engaging key stakeholder groups to elicit feedback to help to better understand current service provision, identify needs and aspirations and consider some of the findings and key challenges and opportunities identified as a pointer towards priorities and strategies for the future.

1.2 The focus of Phase 2 is on developing the commissioning intentions document that will set out the overarching strategy, outcome framework and potential models on which consultation will be based during the latter part of this Phase. A further consultation period is planned during Phase 3.

1.3 Phase 2 includes key milestones, which are the focus of this report as follows:

i) Commissioning intentions, including outcomes, values, priorities and potential future service delivery models all covered in the consultation document attached as Appendix 1; and

ii) Proposed market engagement approach.

2 RECOMMENDATION

2.1 The Committee are asked to note the content and approach, for

i) consultation, the document attached as Appendix 1 : Making Plans - Consultation Document Phase Two and;

ii) to acknowledge the proposals for market engagement as set out in Section 5 of this report.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

3.1 During Phase 1 of the review process, our analysis and planning included establishing, as clearly and in as much detail as possible, patterns and trends in expenditure and activity in respect of all current community services. Current headline figures show that across commissioning organisations, which are primarily the Council and CCG, we spend £69.24m annually on community services in Bath and North East Somerset.

3.2 The information from Phase 1 has helped to define the current funding envelope for community services. As part of Phase 2: 'design and specify', work, we have further refined and analysed this information. This analysis is contained in pages 11 to 12 of the consultation document attached as Appendix1. This has been and will continue to be an iterative process throughout Phase 2 and into Phase 3: 'service model development' to reflect feedback from engagement and consultation and start to firm up the commissioning strategy, drawing up of outcome-based service specifications and develop service models.

3.3 As the review progresses through Phases 2 and 3, which is planned to cover the period to Summer 2016, it is highly likely that both the CCG and Council will face further reductions in funding of public services arising from Government policy and spending review. This will also have to be taken into account as the envelope for funding service provision is finalised. The scale of the challenge will become clearer on the announcement of the Government's four-year plan to cut public spending by £20bn which will be published on 25 November 2015. Communication on how these funding reductions impact on B&NES Council and BaNES CCG will be addressed through the Council and CCG's annual financial planning and contracting processes and, also, further inform Phase 2 and 3 of the community services review.

3.4 Commissioners will work closely with providers to develop service models that reflect this funding envelop and align with the principles that all services must be affordable, provide value for money and demonstrate that resources are appropriately allocated to address priority areas of need.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

4.1 Community health and care services play a vital role in meeting the statutory responsibilities of the Council and CCG. For the Council, these included those in the Care Act (2014); Mental Capacity Act (2005); Mental Health Act/Deprivation of Liberty Safeguards (2007); Children Acts (1989 and 2004) and SEND (Special Educational Needs and Disabilities) reform. Public Health responsibilities include a duty to promote the health & wellbeing of the inhabitants of its area and to reduce inequalities amongst its population.

4.2 Your Care, Your Way also supports the delivery of local strategic priorities, including those set out in the Health & Wellbeing Strategy, Better Care Plan, Council vision and priorities, and CCG 5-Year Strategy.

4.3 An Equalities Impact Assessment (EIA) has been undertaken and can be found on the Your Care, Your Way website (www.yourcareyourway.org). The EIA will be regularly reviewed and updated throughout all phases of the programme.

5 THE REPORT

5.1 In October 2014, the Council and CCG launched the joint review of community health and care services with the aim of having a new fully integrated community services model in place by April 2017. The Your Care, Your Way review presents the opportunity to engage with all our stakeholders, think differently and design service models that better meet the needs of our ageing and growing population and enable them to continue living independently in their own homes. In this way Your Care, Your Way is aligned to NHS England's Five Year Forward View with its aim of breaking down boundaries between GPs and hospitals, between physical and mental health and between health and social care and empowering patients to take more control over their own care and treatment. Your Care, Your Way also supports the priorities in the Health and Wellbeing Strategy and the national exemplar B&NES Better Care Plan 2014/15-2018/19.

5.2 The programme is supported by detailed project plans aligned with nine individual work streams, each with its own project group. Work stream leads sit on a Project Team, reporting to the Joint Commissioning Committee (membership includes Council Directors, including those in joint Council/CCG roles, CCG Executives and CCG GP Board Members). The Health and Wellbeing Board has overall oversight of the programme.

5.3 The Your Care,Your Way review consists of four phases with stakeholder engagement and consultation playing a vital part in every stage of the process.

- Phase 1 – Analysis and Planning (Winter 2014-Spring 2015);
- Phase 2 – Design and Specify (Spring 2015 – Autumn 2015);
- Phase 3 – Service Model Development (Autumn 2015 – Summer 2016); and
- Phase 4 – Implementation and Delivery (Summer 2016-Spring 2017).

5.4 The initial engagement phase of the project, which ran from January to May 2015, was focussed on engaging with key stakeholder groups to elicit feedback to help to better understand current service provision, identify needs and aspirations and consider some of the findings and key challenges and opportunities identified as a pointer towards priorities and strategies for the future. 31 separate events were held during this time with 500 face to face contacts and over 700 website social media interactions and emails (see: www.yourcareyourway.org for more information including a write up of all engagement events). The Phase One report is attached as Appendix 2.

5.5 Nine key themes emerged from the Phase 1 engagement:

- 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

5.6 Further engagement is being undertaken with children and younger adults as well as with seldom heard groups. Work is also underway to structure Phase 2 Focus Groups that will be designed around the nine emerging themes from Phase 1 and will facilitate co-production of emerging models of care.

5.7 Phases 2 includes key milestones in as follows:

September 2015:

i. Council Cabinet and CCG Board approved commissioning outcomes, values and priorities and potential service delivery models, which are all included in the consultation document 'Making Plans - Consultation Document Phase Two' attached in draft form as Appendix 1. The proposals set out in this document will be the subject of consultation running from 10th September to 31st October 2015; and

ii. Council Cabinet and CCG Board approval of market engagement approach.

5.8 In addition to this report to Select Committee, a mirror report was submitted for approval to the Councils Cabinet on 9th September and also to CCG Board on 3rd September.

5.9 **Commissioning Intentions Consultation Document**

The draft commissioning intentions consultation *document 'Making Plans - Consultation Document Phase Two'* attached as Appendix 1 sets out the overarching strategy, outcomes framework, priorities, and potential models on which initial consultation will be based. An easy read version of this document is also available in Appendix 3.

5.10 Learning from Phase 1 of the review as detailed in Appendix 2 has been invaluable in helping with the drawing up of the draft proposals in this consultation document. Three key areas are set out for consideration by stakeholders in this document:

i. our vision and core values for future provision;

ii. details on how we will transform services; and

iii. the priorities that we will seek feedback from our community on.

5.11 Views from this public consultation will be fed into the further refinement and development of the options and will also be taken account of by commissioners as they put together more detailed proposals. The priorities confirmed as part of the consultation will enable commissioners to develop final models of provision with service providers as part of Phase 3.

5.12 **Market Engagement Approach**

A key outcome of this next Phase of the Programme is to determine the most appropriate way to approach the market. The CCG and the Council are currently subject to different rules around public sector procurement and commissioning. We will only confirm the approach following engagement with the market place.

5.13 The CCG and the Council are both governed by the Public Contract Regulations 2015. The CCG is also bound by the NHS Procurement, Patient Choice and Competition Regulations 2013.

5.14 Methodology for Market Engagement Experience shows that the understanding and readiness of the provider organisations is vital to the success of a new commissioning approach. This section outlines the plans for engagement with providers in order to provide input to the outline business case development and understand any concerns and risk factors in the approach from the provider and commissioner perspective. Key outcomes are summarised as follows.

5.15 The objectives of engaging with providers in respect of our review of community services are as follows:

i. To ensure providers are engaged and informed about our commissioning intentions and that they understand the process and options for commissioners;

ii. To assess whether Providers are ready to participate in dialogue around new models of care and provision;

iii. For commissioners to understand the concerns that providers have about the commissioning process and population; and

iv. For providers to be ready to respond to a new commissioning approach.

5.16 Regulations stipulate that contracting authorities intending to award a public contract for the services shall make known their intention. The Council and CCG have therefore advertised our intent to engage with the market and are seeking expressions of interest from interested Providers with which we shall engage. It should be noted that advertising our intent does not commit the Council or CCG to pursuing full market testing in any form.

5.17 Approach and Timetable

September 2015:

- Advert placed by means of a Prior Information Notice.
- Provider workshops to update on progress and further test the appetite for provision of services in Bath and North East Somerset.

September – October 2015:

- Individual meetings face to face/telephone with identified stakeholders. A semi-structured approach to the provider meetings will be taken, with some standard questions asked to all providers, some provider-specific questions and also allowing the providers to guide the conversations around the issues salient for them. These will allow more detailed insight regarding their understanding and view of the review and proposed segmentation and organisational development implications and readiness. · Feedback will be collated and we will discuss further communication to try to address the main concerns and questions.
- Note in addition to this engagement a number of workshops will be offered to providers to explore the potential care model design – again this will be an opportunity to engage.

November – December 2015:

- A communication will need to be developed to inform providers of the outcome of the business plan and recommended route and will be published in December pending Cabinet and CCG Board approval.

6 RATIONALE

6.1 The recommended approach to public consultation on our core vision and priorities will ensure we are able to collect sufficient quantitative data to evidence the level of stakeholder support for the proposals and understand their priorities for funding. It will also ensure that all identified stakeholder groups (particularly seldom heard groups) are given the opportunity to share their views and that they are fairly and proportionally represented in the final analysis of the data. We also expect this consultation to raise awareness amongst stakeholders of the challenges facing the care and health system in Bath and North East Somerset and how the CCG and the Council are taking action to address these.

6.2 The market engagement strategy has been developed in consideration of delivering transformational change with our Community. In this situation there are currently many unknowns and consequently market testing models that rely on certainty and a minimum of discussion with providers may not be fit for purpose. We therefore proposed the recommended approach to market engagement prior to more formal market testing in order to fully assess the market position and to mitigate risk as far as is possible in relation to our legal and statutory obligations.

7 OTHER OPTIONS CONSIDERED

7.1 None

8 CONSULTATION

8.1 Parties consulted in preparing this report include the Monitoring Officer, s151 Officer, Council Strategic Management Team, Council/CCG Joint Commissioning Committee in addition to the extensive stakeholder engagement detailed in Appendix 2.

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	Jane Shayler/Sue Blackman: 01225 396120
Background papers	Not applicable
Please contact the report author if you need to access this report in an alternative format	

your care
your way

Making Plans

Consultation document
Phase Two

Let's plan community services together





Bath & North East Somerset Council

NHS
Bath and North East Somerset
Clinical Commissioning Group

Contents

1. Foreword

Recent policy changes and guidance – including the NHS Five Year Forward View, the Better Care Fund and the Care Act 2014 - have given permission to commissioners in both health and social care to explore ways of doing things differently. Both nationally and locally there is renewed interest in finding new ways to genuinely integrate services to deliver better models of care and support in the community.

The ***your care, your way*** review has brought together a wide range of stakeholders from all parts of our health and care system to identify the best way to deliver services that are truly integrated and person-centred. Our services will need to be resilient and adaptable, not only to address the significant challenges we face but to drive lasting and sustainable improvements for our community. Our success will ultimately be measured by the delivery of improved health outcomes and reduced health inequalities that give us confidence that everyone in Bath and North East Somerset has the support they need to live happier and healthier lives.

Your feedback has shown us that individuals, families and communities will benefit if we can reduce the current barriers to efficient service delivery; if services are focused on prevention and tailored to meet individual care and support needs; and if they are commissioned in a way that will stand the test of time. We need continuous transformation in a dynamic and developing environment to ensure that services continue to meet the individual's needs within a time of financial austerity.

The key to any successful transformation of services rests with the strength and maturity of the relationships between us all – between individuals, services, commissioners and providers. The proposals set out in this document will take time to achieve and must be continually nurtured by those commissioning and delivering services and by the people who use them. We want to build, together, a model which will provide trusted, compassionate and responsive services that people recognise as truly personalised in their approach to meeting people's needs.

We urge you to actively participate in this consultation which has the potential to deliver dramatic changes to the way that health and care services are provided in your local area. Please discuss it with your family, friends and colleagues so that as many people as possible have the opportunity to influence the future of their local services.

Dr Ian Orpen, Clinical Chair,
NHS Bath and North East Somerset Clinical Commissioning Group

Cllr Vic Pritchard, Cabinet Member for Wellbeing,
Bath & North East Somerset Council

2. Executive Summary

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

Following a seven month period of engagement with a wide range of stakeholders across Bath and North East Somerset, this consultation document sets out our draft proposals for the future of community health and care services from 1 April 2017.

Every aspect of this document has been influenced by the hundreds of conversations that have taken place with our stakeholders since the review was launched at Bath Assembly Rooms on 29 January 2015. In Phase One of the review, we actively sought out the views of patients, service users, carers, clinicians, commissioners and providers and their feedback is summarised in the Phase One Report: 'The Story So Far'.

The publication of this consultation document marks the beginning of Phase Two as we continue to be proactive in reaching out to all our stakeholders to capture their thoughts on the models and ideas we are putting forward.

It is now widely recognised that health and care services both locally and across the country cannot continue to operate in the same way they have done in the past. Our population is ageing, the number of people living with long term conditions is increasing and the demand for health and social care services is growing fast - all at a time of financial austerity.

Our response is to offer you a choice of four potential models for the delivery of community health and care services in the future. Two of the models are not too dissimilar to the current arrangement of services and are based around specific conditions such as diabetes or specific functions like discharge from hospital. The other two models would require a more radical transformation with services either clustered around GP-led Wellbeing Hubs or delivered within local neighbourhoods. Your views may help us to clarify and confirm the model that is right for us or to develop an alternative model that might combine elements from some or all of these in order to achieve the best outcomes for our population.

Whichever direction we take, there are some core values that we believe to be vital to a sustainable future for the local health and care system. We will explore opportunities to develop a single pooled budget across health and social care. We will expect these services to be person-centred and fully integrated with a primary focus on prevention and maximising independence. We will utilise the latest technology to ensure that there is a single care plan for every person that can be easily shared between everyone involved in that person's care. We will invest in new services that support people to navigate through the complex web of services and we will tackle social isolation by building the capacity of our volunteers, community groups and voluntary, community and social enterprise organisations.

To ensure that the ***your care, your way*** review delivers real lasting change for local people we will measure the success of community health and care services using a set of physical and emotional outcomes based around the nine themes identified during Phase One of our review. These outcomes are detailed on page 29

We hope that the ideas put forward in this document will inspire and challenge you to think differently about the way that we provide health and care services in Bath and North East Somerset. The consultation period is open until Friday 30th October and we hope you will encourage as many people as possible to complete the feedback survey.

The results of the consultation and our final business case will be presented to the Council Cabinet and CCG Board for approval in December before we begin the process of identifying which organisation(s) will be awarded the contract to provide the new model of community services you have asked us to deliver.

* The term "people" used throughout this document refers to children, young people and adults

3. Listening to you

Phase One – Engagement

From the very beginning, the ***your care, your way*** review has been about understanding the experiences of our stakeholders and listening to their ideas for improving services and delivering better outcomes for our local population.

Our launch event at Bath Assembly Rooms on 29 January 2015 was attended by over 200 people and we have taken part in events every week since then. Over 1,000 people have been participated in the review so far through meetings, surveys, social media and the ***your care, your way*** website. Highlights of the outreach work so far include the three Area Forum meetings in February, the Youth Parliament in June and the Design Day at Bath Racecourse in May where clinicians, carers, patients and service users sat together to plan how services could look in the future.

We have produced a summary report of every engagement event that we have attended and these can all be viewed at www.yourcareyourway.org. The feedback from all this work is contained in our Phase One report, 'The Story So Far' which is also available to download from the website. This report identified nine key themes that our stakeholders have asked us to address and in Section 8 of this document we set out some specific priorities for how we will tackle all nine of these issues.

Phase Two – Consultation

Having considered all of the ideas and suggestions received so far we have now reached the stage in the review where we would like to present to you our draft proposals for the future of community health and care services in Bath and North East Somerset.

There are three key elements in this document that we would like you to consider carefully, discuss with your family, friends and colleagues and then share your views with us:

- One shared vision for all community health and care services (see p12)
- Four potential models for the organisation of services (see p13)
- 14 priorities in response to the key themes identified in Phase One (see p29-40)

The consultation will run for a period of just over seven weeks from 5pm on Thursday 10 September 2015 to 5pm on Friday 30 October 2015

Your views will be used to help us refine and develop the options we have put forward and will be given careful consideration by the Council and the CCG as we develop our final business case and further develop the models of provision with potential service providers.

How do I take part in the consultation?

In order for us to analyse and understand the level of support for the proposals set out in this document we will be encouraging as many people as possible to complete a short survey to share their views on the shared vision, the four models and the 14 priorities.

The survey can be found online at: **www.yourcareyourway.org** or you can request a hard copy by calling **01225 396512**.

There are also a number of events being held during the consultation period across the Bath and East Somerset area where the proposals will be presented in detail and you will have the opportunity to ask questions to of the project team.

17	**September**	**2pm**	**BaNES CCG AGM**	**Guildhall, Bath**
29	**September**	**7pm**	**Bathavon Area Forum**	**St Gregory's School**
30	**September**	**7pm**	**Keynsham Area Forum**	**Fry's Club, Keynsham**
6	**October**	**7pm**	**Somer Valley Area Forum**	**Beacon Hall, Peasedown St John**
15	**October**	**7pm**	**Chew Valley Area Forum**	**Chew Valley Secondary School**

If you would like to attend any of these events or you would like to invite us to attend a meeting of your local group or organisation then please get in touch using the contact details on the back cover of this document.

Making sure no-one is left behind

We have carried out an Equalities Impact Assessment (EIA) which can be found on the ***your care, your way*** website or can be provided in printed form on request.

The EIA outlines how the Council and the CCG have gathered evidence about groups with protected characteristics and people who may face inequalities. These inequalities could relate to accessing services or health outcomes.

The EIA contains an assessment of the potential positive and negative impacts of the proposals on each of these groups and considers how the proposals for the reconfiguration of services for older people could be amended to improve the experience of people with protected characteristics or those people who may face inequalities.

This assessment will continue to evolve throughout the review and will be informed by feedback from all the groups who may be affected by the proposals. We will be carrying out targeted outreach work throughout the formal consultation period to ensure that the voices of these seldom heard groups are represented clearly and fairly.

4. The case for change

The Council and the CCG work together to plan, pay for and monitor health, care and support services for everyone in Bath and North East Somerset. We are facing a challenging time. Our population is ageing, the number of people living with long term conditions is increasing and the demand for health, care and support services is growing. At the same time, our community expects services to be more personalised and joined-up.

Community health and care services need to adapt and thrive in the face of these significant challenges ahead. The age demographic and associated complexity of need, coupled with increasing quality requirements and financial austerity all signal the need for change. Community services will need to become a driving force for an important shift in emphasis towards prevention and self-care with more care and support delivered in people's homes or their local communities.

We are proud of our reputation for successful partnership working in Bath and North East Somerset. Much has already been achieved in terms of integrating both service delivery and commissioning but we want to be bolder. We need to implement new models that dissolve the boundaries between primary care, community services, hospitals, social care, mental health services and the voluntary, community and social enterprise (VSCE) sector.

We are committed to making the most of our combined skills, knowledge and experience for the benefit of our population.

Whilst life expectancy in Bath and North East Somerset is higher than regional and national averages, there are significant variations in life expectancy related to socio-economic inequality. In deprived areas, it is more common for people to be living with a number of health conditions and from an earlier age. Evidence suggests that prevention programmes from childhood upwards can prevent disease, improve physical and emotional wellbeing, slow disease progression and reduce demand for specialist services. Therefore, our approach is to ensure that services support prevention as well as help people to self-care, especially in areas of higher deprivation, and enable people to build on their individual and community willingness to connect and to take care of themselves and each other.

Services will need to respond better to people's needs, support healthy lifestyles, enable people to play more active roles in managing their own conditions, restore health and independence when conditions worsen and ensure that people are treated with respect and dignity towards the end of their life.

Providers will need to work more collaboratively with each other; working as equal partners and valuing each other's contribution. This could include forming joint ventures; becoming partners in alliance contracts; delivering care and support within devolved budgets or becoming partners within a formalised model of integrated service delivery. These new approaches will be essential for ensuring that our community health and care services are truly coordinated and person-centred with increasingly complex care needs being met by a range of professionals (and others) in, and near to, people's homes.

5. Where we are now

How are services currently organised?

Community services are those health and care services that are delivered in a person's home or in a nearby local care setting. There are 400 different community health and care services currently operating in Bath and North East Somerset, provided by over 60 different organisations, further details of these can be found in Appendix A.

The table below provides a summary of how these services are currently organised.

Community health and care services

- district nursing
- specialist nursing
- health visitors
- specialist foot care
- speech and language therapy
- occupational therapy
- rehabilitation
- specialist equipment services
- community resource centres
- social work
- respite and supported living care
- learning disabilities support
- end of life care
- community paediatricians

Community mental health services

- dementia services
- early intervention team
- recovery teams
- Talking Therapies Service
- floating support
- child and adolescent mental health services
- Intensive and home treatment teams

Expert outreach services

- specialist care and support
- drug and alcohol support
- substance misuse
- sexual health service
- specialist clinical services for diabetes, stroke, tissue viability etc

Prevention and self-care initiatives

- exercise on referral
- sexual health services
- telehealth support
- health visiting
- school nursing
- social prescribing
- lifestyle education and campaigns
- stop smoking service
- healthy weight support
- food and health service
- Wellbeing College

Support services

- advocacy and information services
- community transport
- village agents

Primary care services

- GP practices
- Dentists
- Pharmacists
- Optometrists

Scope

The services listed below do not fall within the scope of the ***your care, your way*** review. However, it is essential that the commissioning strategies for all these services are closely aligned to the outcomes of this review in order to support the transformational change that is required if we are to continue meeting the care and support needs of local people.

- Primary Care GP Services
- Pharmacists
- Dentists
- Optometrists
- Children's Social Care
- Care Homes
- Secondary Care

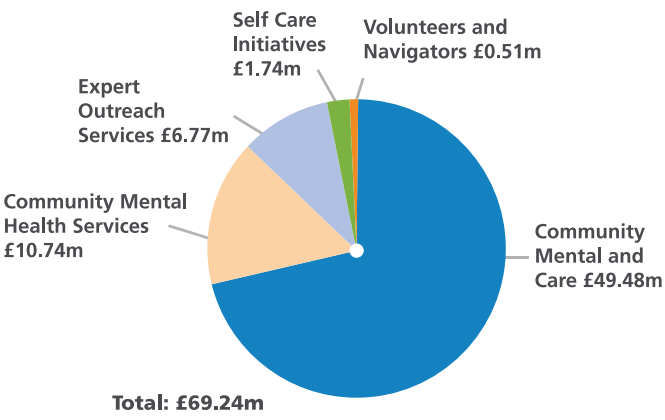
How much do we currently spend on community services?

In line with local strategic intentions and national policy, the CCG and the Council have set out a series of principles that underpin the provision of community services including:

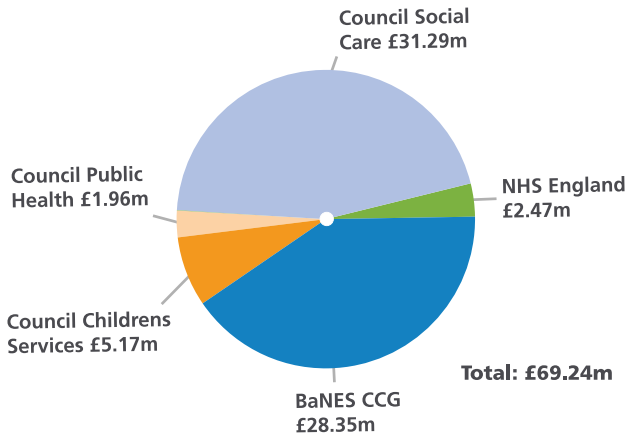
- **Value for money** – all services must be affordable and provide value for money in what will be a challenging economic environment.
- **Resource allocation** – all services must demonstrate that resources are appropriately allocated to address priority areas of need.

During Phase One of the review, our analysis and planning, included establishing, as clearly and in as much detail as possible, patterns and trends in expenditure and activity in respect of all current community services. The following pie charts show that across commissioning organisations we spend £69.24m annually on community services. The charts have shown this spend by care category and by commissioning organisation:

Annual expenditure by care category:

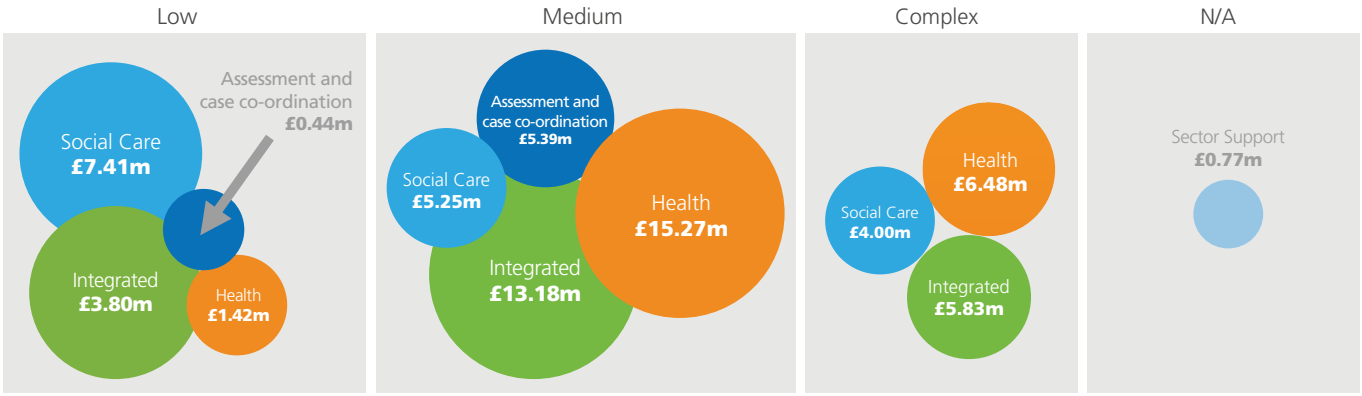


Annual expenditure by organisation:

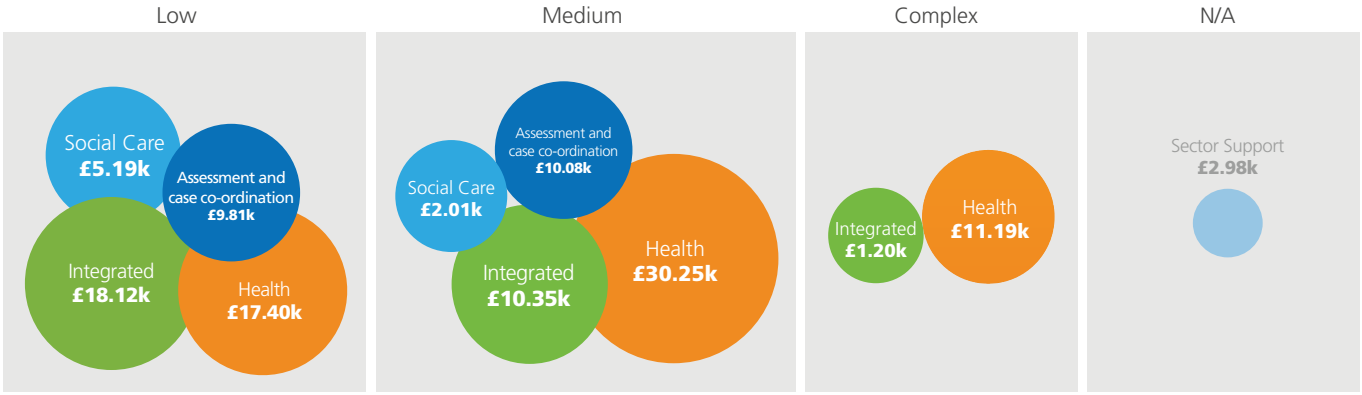


*NHS England figure includes Health Visiting for children aged 0-5, the responsibility for commissioning will transfer to B&NES Council Public Health from Oct 2015.

The following graph shows cost by type of care and level of need:



The following graph shows activity at a referral level across services where data is available:



This information has helped define the current funding envelope for community services and we have further refined and analysed this information in Phase Two. This has been and will continue to be an iterative process throughout Phase Two and Phase Three to reflect feedback from engagement and consultation and start to firm up the commissioning strategy, outcome-based service specifications and develop service models.

How might funding change in the future?

As the review progresses through Phases Two and Three, it is highly likely that both the CCG and Council will face further reductions in funding of public services arising from the Government policy and spending review. This will have to be taken into account as the envelope for funding service provision is finalised. The scale of the challenge will become clearer on the announcement of the Government's four-year plan to reduce public spending by £20bn which will be published on 25 November 2015. Communication on how these funding reductions impact the Council and the CCG will be addressed through our annual financial planning and contracting processes and further inform Phase Two and Three of the review.

Commissioners will work closely with providers to develop service models that reflect this funding envelope and align with the principles that all services must be affordable, provide value for money and demonstrate that resources are appropriately allocated to address priority areas of need.

We expect to see a shift of our resources into community and primary care services for both mental and physical health and care, aligning with our overall intention to provide more people with services in settings closer to home. As a consequence we expect that there will be fewer people treated in hospital settings. We recognise that providers may seek to expand into sectors in which they are not currently operational in response to the opportunities arising from redesigned pathways and investment.

6. Where we could be

Our vision

- Bath and North East Somerset will be a connected area ready to create an extraordinary legacy for future generations - a place with a strong social purpose and a spirit of wellbeing, where everyone is invited to think big.
- We will have health and care services in the community that empower children, young people and adults to live happier and healthier lives.
- Our services will provide timely intervention and support to avoid ill health, prevent social isolation and tackle inequalities. By placing the individual person at the heart of services, they will receive the right support at the right time to meet their needs and conditions.
- Dedicated to supporting greater levels of prevention and to help people self-manage their conditions, community services will ensure that clear routes to good health and wellbeing are available.
- Supporting people to access services when they are needed in as seamless a way as possible, navigators will assist individuals to access pathways of care and support.
- Services will be easy to access and will connect and integrate across acute, primary care, mental health and community service boundaries.

How will we get there?

Having listened to the feedback received in Phase One we have developed four potential models for the organisation of community services in the future. These are:

1. Services based on specific **conditions** e.g. diabetes, dementia, heart failure.
2. Services based on specific **functions** e.g. discharge, prevention, end of life care.
3. Services coordinated by **GP-Led Wellbeing Hubs** configured around clusters of local GP practices.
4. Services coordinated by **community-led Neighbourhood Teams** configured around the existing Area Forum areas.

Each of these four models presents opportunities and challenges for the future arrangement of services and for supporting the vision, the priorities, values and outcomes outlined in this document. The models have been developed in response to what people have told us they want and need from local services. They are not "done deals" and are simply intended to stimulate debate about what might be possible and to explore their relative strengths and weaknesses. The feedback from the formal consultation will then be used to further develop and finalise the models with providers and our community during Phase Three.

Some of the key differences between the four models would be reflected in the way that services are commissioned and delivered. We believe that there are attributes within each model that would improve outcomes for people and enhance opportunities for providers. Whichever direction we take;

- we will expect these services to be person-centred.
- we want fully integrated services with a primary focus on prevention and maximising independence.
- We will ensure that there is a single care plan for every person that can be easily shared between everyone involved in that person's care.
- we will invest in new services that support people to navigate through the complex web of services
- we will tackle social isolation by building the capacity of our volunteers, community groups and voluntary, community and social enterprise organisations.

Some elements of the models are similar to current service provision whilst others would be a bold and ambitious step forward for us all and would require significant change to the way we currently commission and provide services. By the end of the review, it is quite possible that the final model we agree together as a community may combine elements from some or all of these models in order to achieve the best outcomes for our population.

How will we measure success?

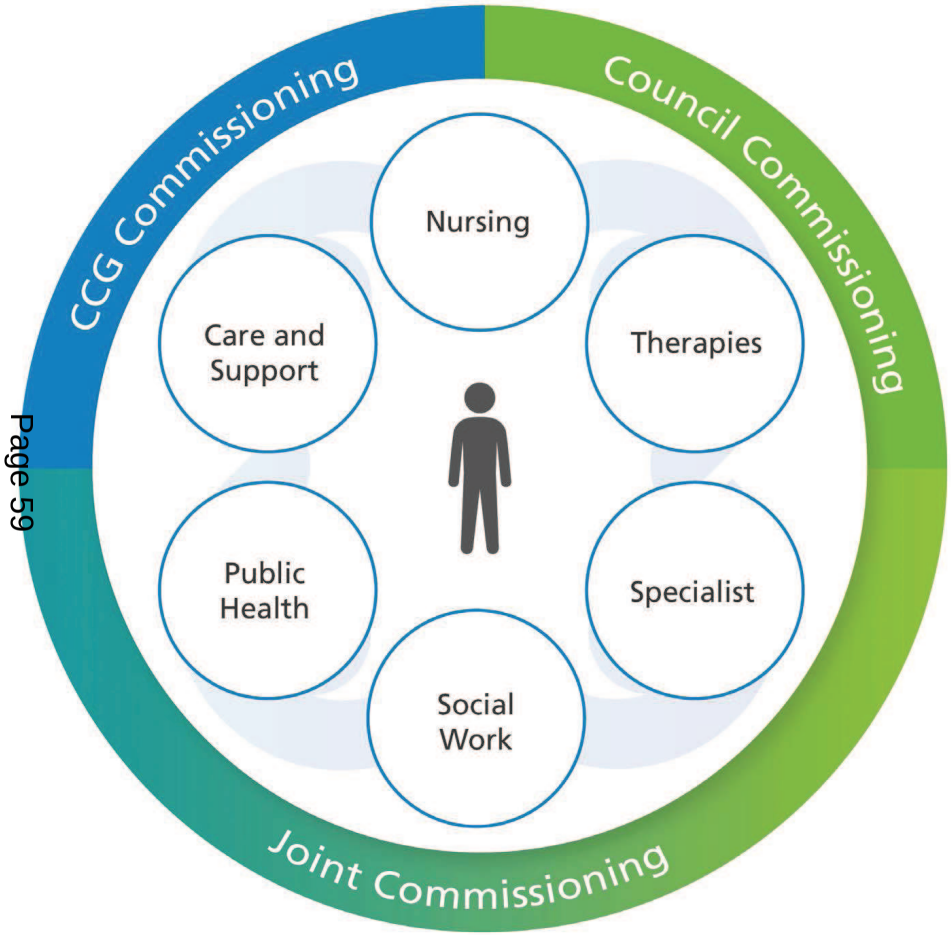
To ensure that the ***your care, your way*** review delivers real lasting change for local people, the Council and the CCG will be measuring the success of community health and care services using a set of physical and emotional outcomes based around the nine themes identified during Phase One of our review.

The most important outcomes are those that are important to everyone who uses community health and care services and their carers. These will be the priorities for us to embed across all health and care systems. Some are built into services already as part of previous and ongoing public engagement but we recognise there is always more that can be done to establish measures that enable us to monitor and evaluate outcomes including the quality, effectiveness and value for money of all services.

All services will contribute to the population outcomes which have been prioritised by the Bath and North East Somerset Health and Wellbeing Board and which are reflected in the Children and Young People's Plan.

To reflect our commitment to delivering personalised services we have mapped the Making It Real Markers for Change against the outcomes of the Health and Wellbeing Board as shown in Appendix C.

Current Model



How are services delivered?

- Community health and care services are delivered against a wide range of service specifications mostly based on activity levels with some services commissioned against outcomes.
- Most services have a model pathway and a set of indicators for measuring the outcomes for individuals and the performance of the provider(s) against that particular condition and the agreed pathway.

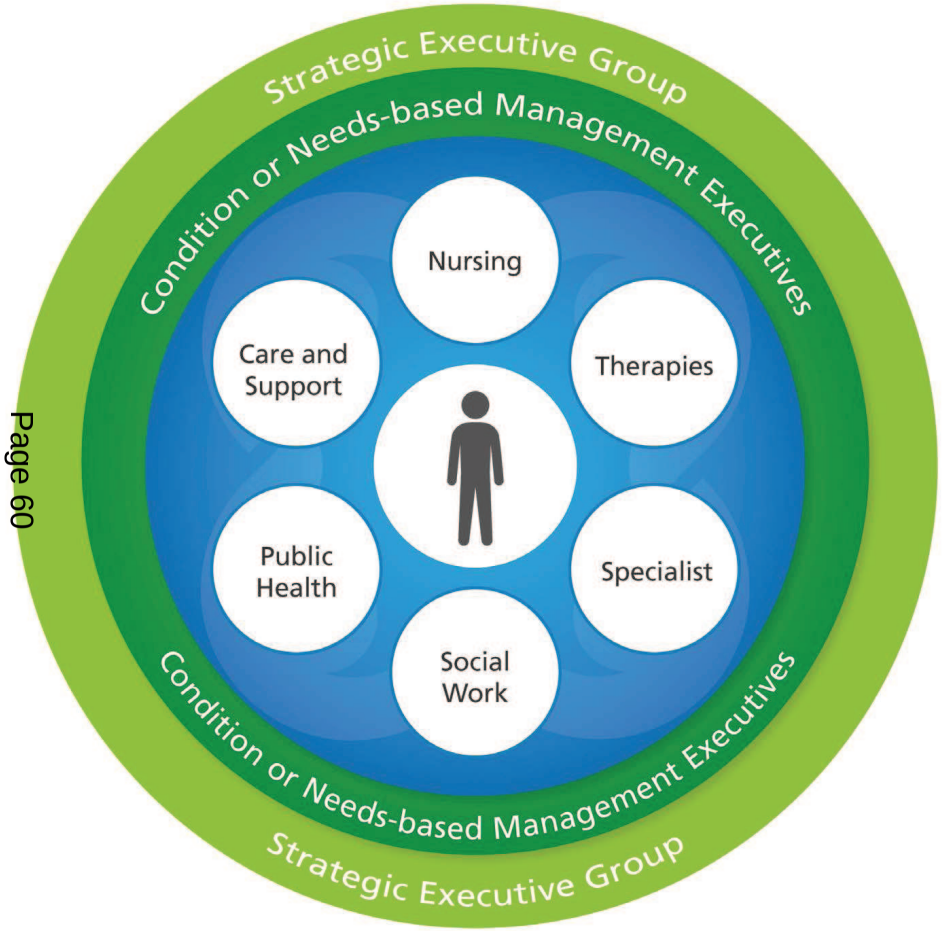
Who is in charge?

- Local operational leadership sits with the management team of each provider which is responsible for co-ordinating input and activity to deliver the contract for that particular service whilst ensuring appropriate governance, quality assurance and engagement with patients or service users.
- Currently, individual commissioning staff work with providers to manage performance and assure quality service provision. A number of commissioners work for both the Council and the CCG in a joint commissioning role. The Council and CCG have a Joint Commissioning Committee of services commissioned under a Joint Working Framework.

How are services funded?

- The Council and the CCG have pooled budgets for areas such as learning disabilities, Better Care Fund, and mental health but the majority of the money is held within separate NHS and Local Authority accounts.

Condition or needs-based model



How would services be delivered?

- Service specifications are based on provider activity in relation to specific conditions or needs e.g. diabetes, dementia, substance misuse, long term conditions, physiotherapy and heart failure.
- Each service has a model pathway and a set of indicators for measuring the outcomes for individuals and the performance of the provider(s) against that particular condition and the agreed pathway.

Who would be in charge?

- Services focussed on each condition or need would be coordinated by a Management Executive Board or Group made up of relevant providers which would be responsible for coordinating provider input and activity to deliver the outcomes for specific conditions or needs whilst ensuring appropriate governance, quality assurance and engagement with patients or service users.
- Each provider is represented by a senior manager on a Strategic Executive Group responsible for overseeing the delivery of services and accountable to the commissioner.

How would services be funded?

- A single budget is managed by the commissioner who contracts with providers independently of each other.
- Alternatively, a budget for each of the conditions or needs is devolved to an alliance or federation of providers working together that are contracted to deliver the specification for that particular condition or need.

What would the user experience be?

- I have a care and support plan that is designed to meet my particular condition or need.
- My care and support is co-ordinated by a named individual with expertise in my particular condition or need.
- I receive support from specialists with expertise and knowledge of my condition, who may work for the same, or different providers.
- If I have multiple needs I may be in touch with a range of staff who will each focus on providing care and support for a particular need/condition.
- If I develop additional needs I will be supported to develop an additional care and support plan for that particular condition/need.

Function-based model

How would services be delivered?

- Services commissioned to deliver each of the nine functions of community health and care services.
- Each function would a set of indicators for measuring the outcomes for individuals and the performance of providers against each of the functions.

Who would be in charge?

- Services focussed on each function would be coordinated by a Management Executive made up of relevant providers which would be responsible for coordinating input and activity to deliver the outcomes for their specific function whilst ensuring appropriate governance, quality assurance and engagement with patients or service users.
- Each provider would be represented by a senior manager on a Strategic Executive Group responsible for overseeing the delivery of services and accountable to the commissioner.

How would services be funded?

- A single budget would be managed by the commissioner who contracts with providers independently of each other.
- Alternatively, a budget for each function would be devolved to an alliance or federation of providers working together that are contracted to deliver the specification for that particular function.

What would the user experience be?

- I have a care and support plan that is designed to deliver services related to my need at a particular time.
- My care and support is coordinated by a named individual with expertise to deliver services according to the particular function of community services.
- As my needs change over time I will receive my care and support from different staff and/or providers according to the services I require.
- If I require support in more than one area at any given time I may be in touch with a range of staff who will each focus on providing care and support related to a particular function of community services.
- If I have a range of specific conditions my care and support will be coordinated to be delivered in line with my care and support needs at that particular time, and may be provided by a number of staff.

GP-led Wellbeing Hubs

How would services be delivered?

- Services would be coordinated by a GP-led Wellbeing Hub, configured around groups of GP practices serving a population of 30,000 to 50,000 people, and focused on delivering health and care outcomes.
- The Wellbeing Hub co-ordinates the services delivered by providers from different sectors e.g. social care, secondary care and voluntary, community and social enterprise (VCSE) organisations.
- Each Wellbeing Hub would be supported by the commissioner to undertake community mapping to identify the health and care needs of the local population and harness the strengths of the community to identify the most effective local response.
- The overarching service specification for the Wellbeing Hub would be set by the commissioner with separate service specifications agreed by the Wellbeing Hub for contracting with providers according to local need.

Who would be in charge?

- Each Wellbeing Hub would be managed by a Wellbeing Executive Group led by GPs which would be responsible for monitoring outcomes for the local population and for co-ordinating input and activity to deliver the contract for the Wellbeing Hub whilst ensuring appropriate governance, quality assurance and engagement with patients or service users.
- Each Wellbeing Executive would bring together senior representation from providers, primary care, secondary care, public services, voluntary community and social enterprise organisations and the local community (supported by subject matter experts) with the authority to commit spending on services tailored to their local community.
- A Strategic Executive Group would be responsible for high-level system leadership of the Wellbeing Hubs, ensuring effective coordination and collaboration between the hubs and promoting the sharing of best practice.

How would services be funded?

- A devolved commissioning budget to each Wellbeing Executive to commission health and care services on behalf of its population – accountable to the Commissioner.

What would the user experience be?

- I have a care and support plan that is designed to meet all of my needs in one overarching plan.
- My care and support is coordinated by a named individual working within my local Wellbeing Hub, who can bring together the specialist staff required to meet my needs.
- I am supported to access services in my local community delivered by local multi-disciplinary teams.
- If I have multiple needs then services to meet these can be delivered alongside each other within one plan, with people working as a team around me, coordinated by the Wellbeing Hub.
- The local multi-disciplinary team can respond flexibly to meet my care and support needs as and when they change using the local resources of community health and care services.

Community-led Neighbourhood Teams

How would services be delivered?

- Services would be coordinated by community-led Neighbourhood Teams configured around the existing Area Forum areas.
- Community health and care services would be delivered within a wider range of public services commissioned by the Neighbourhood Team and delivered in local communities.
- Each Neighbourhood Team would be supported by the commissioner to undertake community mapping to identify the needs of the local population and harness the strengths of the community to identify the most effective local response.
- The overarching service specification for the Neighbourhood Team would be set by the commissioner with separate service specifications agreed by the Neighborhood Team for contracting with providers according to local need.

Who would be in charge?

- Each Neighbourhood Team would be led by a Neighbourhood Executive including leadership from local health and social care services. The Neighbourhood Executive would be responsible for monitoring outcomes for the local population and for co-ordinating input and activity to deliver the contract for their area whilst ensuring appropriate governance, quality assurance and engagement with its community.
- Neighbourhood Executives would bring together senior representation from providers, primary care, secondary care, public services, voluntary community and social enterprise organisations and the local community (supported by subject matter experts) with the authority to commit spending on services tailored to their local community.
- A Strategic Executive Group would be responsible for high-level system leadership of the Neighbourhood Teams, ensuring effective coordination and collaboration between the teams and promoting the sharing of best practice.

How would services be funded?

- A devolved commissioning budget to each Neighbourhood Executive to commission health and care services within the wider commissioning of services on behalf of its population – accountable to the commissioner.

What would the user experience be?

- I have a care and support plan that is designed to meet all of my needs in one overarching plan.
- My care and support is coordinated by a named individual working within my local Neighbourhood Team, who can bring together the specialist staff required to meet my needs and has access to local community resources.
- Clinicians work within the Wellbeing Hubs work within the Neighbourhood Team to harness the strengths of the local community to help meet my needs.
- If I have multiple needs then services to meet these can be delivered alongside each other within one plan, with people working as a team around me. The Neighbourhood Team will support me to access a wider range of local, community based services and facilities.
- The Neighbourhood Team is able to help me find local solutions to meet my needs and to help self manage within my own community.

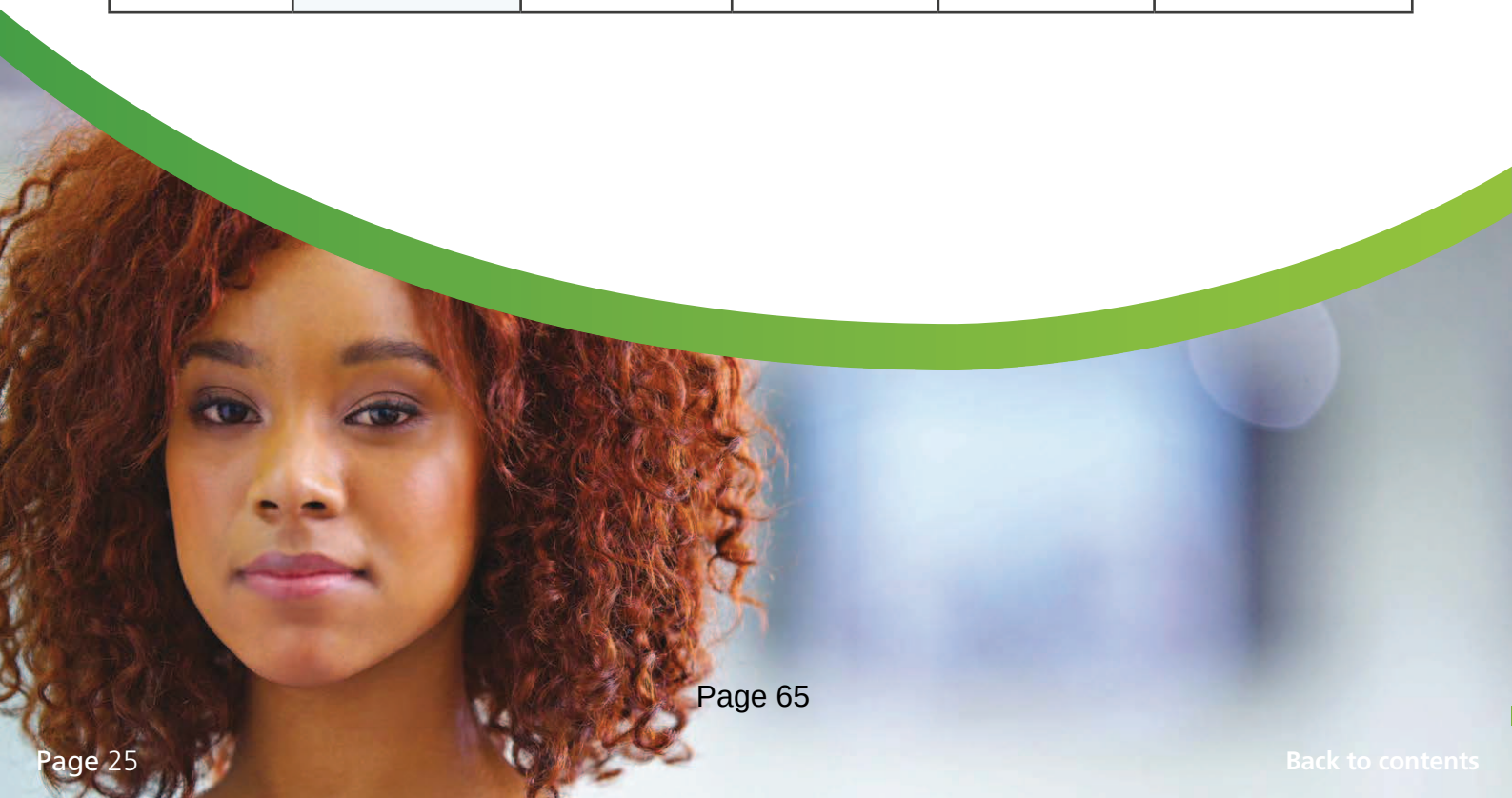
The following table summarises what the different models would be like for individuals.

Condition Specific	Function-led	GP-led Wellbeing Hub	Neighbourhood Team
I have a care and support plan that is designed to meet my particular condition or need.	I have a care and support plan that is designed to deliver services related to my need at a particular time.	I have a care and support plan that is designed to meet all of my needs in one overarching plan.	I have a care and support plan that is designed to meet all of my needs in one overarching plan.
My care and support is co-ordinated by a named individual with expertise in my particular condition or need.	My care and support is co-ordinated by a named individual with expertise to deliver services according to the particular function of community services.	My care and support is co-ordinated by a named individual working within my local Wellbeing Hub, who can bring together the specialist staff required to meet my needs.	My care and support is co-ordinated by a named individual working within my local Neighbourhood Team, who can bring together the specialist staff required to meet my needs and has access to local community resources.
I receive support from specialists with expertise and knowledge of my condition, who may work for the same, or different providers.	As my needs change over time I will receive my care and support from different staff and/ or providers according to the services I require.	I am supported to access services in my local community and delivered by local multi-disciplinary teams.	The Neighbourhood Team can harness the strengths of the local community to help meet my needs.
If I have multiple needs I may be in touch with a range of staff who will each focus on providing care and support for a particular need/ condition.	If I require support in more than one area at any given time I may be in touch with a range of staff who will each focus on providing care and support related to a particular function of community services.	If I have multiple needs then services to meet these can be delivered alongside each other within one plan, with people working as a team around me, co-ordinated by the Wellbeing Hub.	If I have multiple needs then services to meet these can be delivered alongside each other within one plan, with people working as a team around me. The Neighbourhood Team will support me to access a wider range of local, community based services and facilities.
If I develop additional needs I will be supported to develop an additional care and support plan for that particular condition/ need.	If I have a range of specific conditions my care and support will be co-ordinated to be delivered in line with my care and support needs at that particular time, and may be provided by a number of staff.	The local multi-disciplinary team can respond flexibly to meet my care and support needs as and when they change using the local resources of community health and care services.	The Neighbourhood Teams are able to help me find local solution to meet my needs, and to help me self manage within my community.

Model Summary

The key attributes of each model described above are summarised as follows:

Model	Current model	Condition or needs-based model	Function-based model	GP-led Wellbeing Hubs	Community-led Neighbourhood Teams
Service Delivery	Mostly based on activity levels with some services commissioned against outcomes.	Services based on specific conditions e.g. diabetes, dementia, heart failure.	Services based on specific functions e.g. discharge, prevention, end of life care.	Services coordinated by Wellbeing Hubs configured around groups of local GP practices.	Services coordinated by Neighbourhood Teams configured around the existing Area Forum areas.
Leadership	Commissioners performance manage and quality assure provision under the oversight of a Joint Commissioning Committee.	Condition or needs-based Management Executives overseen by multi-disciplinary Strategic Executive Group.	Function-based Management Executives overseen by multi-disciplinary Strategic Executive Group.	GP-led Wellbeing Executives overseen by multi-disciplinary Strategic Executive Group.	Community-led Neighbourhood Executives overseen by multi-disciplinary Strategic Executive Group.
Funding	Some pooling of budgets across health and social care.	Integrated budgets across health and social care.	Integrated budgets across health and social care.	Devolved commissioning budget to each Wellbeing Executive.	Devolved commissioning budget to each Neighborhood Team.



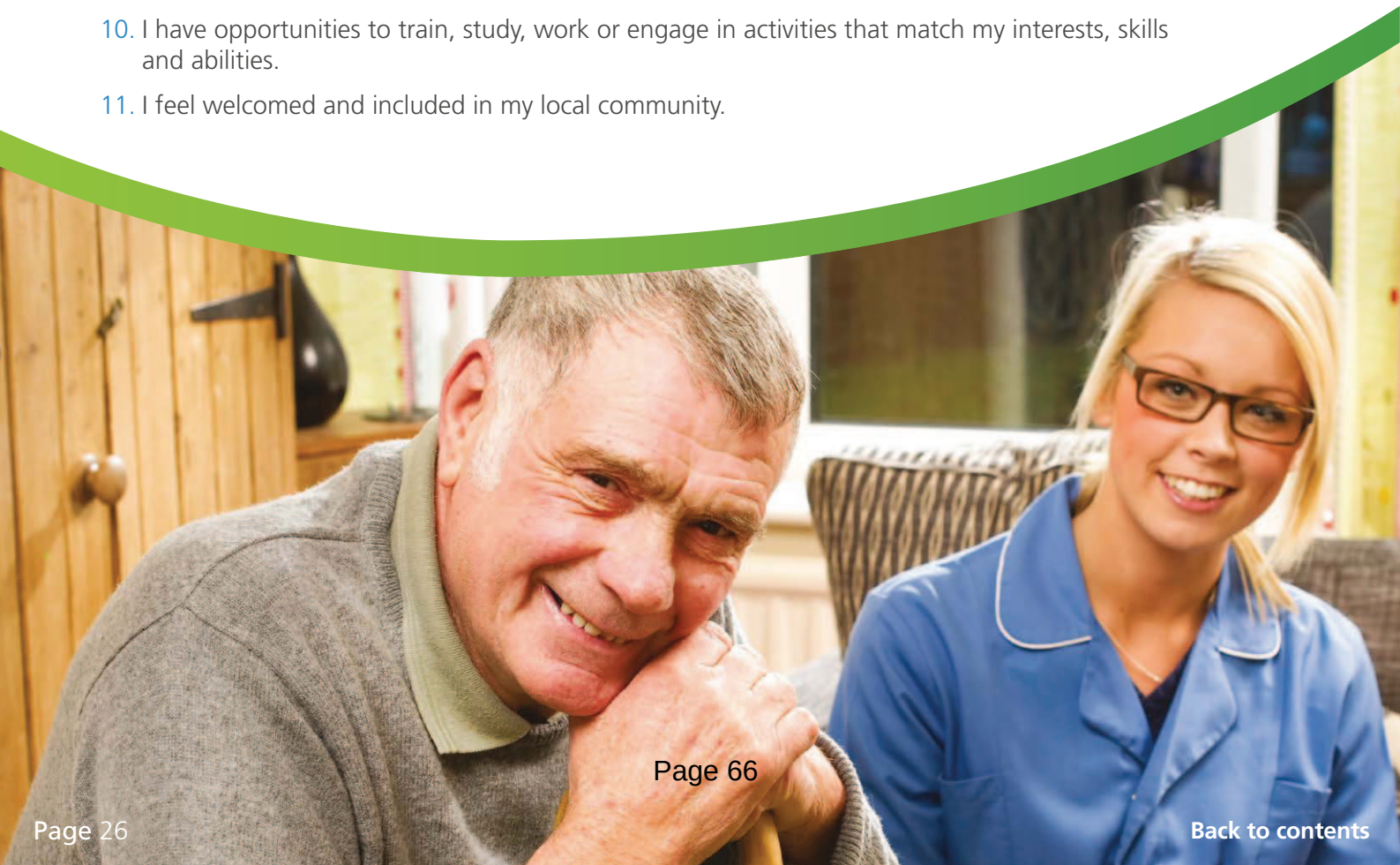
7. Our shared values

The feedback we have heard so far in this process has highlighted the need for all of us to play our part in ensuring that our communities are happy and healthy places to live. The Council, the CCG and the organisations we commission to provide health and care services in the community have a vital role in this but we also need individuals and their communities to take responsibility for looking after themselves and their family, friends and neighbours too.

The values listed below set out what every person should expect from community health and care services in the future, how the Council and the CCG will make this happen and our expectations of the organisations that will provide those services.

Individuals

1. I have access to a range of support that helps me to live the life I want and remain a contributing member of my community.
2. I am in control of planning my own care and can decide when, where and how to receive the support I need.
3. I know the amount of money available to me for care and support needs and I can determine how this is used (whether it's my own money, a direct payment or a managed personal budget).
4. I have a network of considerate and competent people who support me including carers, family, friends, neighbours, volunteers and paid support staff if required.
5. My support is fully coordinated so I only have to tell my story once and I know who to contact to get things changed.
6. I feel safe and supported to manage any potential risks to my wellbeing.
7. I have systems in place to access support at an early stage to avoid a crisis.
8. I can easily access reliable and consistent information about community health and care services which is easy to understand.
9. I have information and advice on the range of options for choosing my support staff.
10. I have opportunities to train, study, work or engage in activities that match my interests, skills and abilities.
11. I feel welcomed and included in my local community.



Commissioners (the Council and the CCG)

1. We will ensure that the voices of people who use community health and care services are represented at all stages of this process.
2. We will ensure all statutory and constitutional duties are met and that for those statutory adult social care responsibilities undertaken through delegation to a specified provider or providers, commissioners retain a direct relationship with the provider(s) for the purposes of oversight and assurance.
3. We will commission services to improve the physical and emotional wellbeing of the population using a framework of positive outcomes as a monitoring tool.
4. We will commission services that will deliver evidence-based and evidence-informed outcomes that are focussed on the needs of the individual.
5. We will encourage a culture change across our local health and care system by ensuring the workforce has the right mix of skills and support to deliver person-centred services in a fully integrated and seamless way.
6. We will develop a common skills framework for everyone working in community health and care services and will create a shared budget for training.
7. We will explore opportunities to develop a single pooled budget (or similar mechanism) for community health and care services to include spending on adult social care, community health, public health, primary care, community mental health services and some acute hospital services (which will be determined on a service-by-service basis).
8. We will continue to integrate commissioning across the boundaries of health, social care and public health, between children's and adults' services and consider opportunities to extend this to other Council-funded services.
9. We will take an asset-based approach to commissioning - mobilising and building on community strengths as set out in Appendix B.
10. We will ensure the commissioning of health and care services is aligned with the strategic priorities of the CCG and Council.

Providers

1. You will deliver services in people's homes or in nearby local settings that enable them to remain independent as possible, for as long as possible.
2. You will take a person-centred approach that looks at all aspects of a person's health and wellbeing and you will agree with them what support they require.
3. You will provide services that are good value for money with as much resource as possible dedicated to front line services and, also, maximise opportunities for the sharing of back office functions to minimise overheads.
4. You will make it easy for people and those supporting them to navigate through the health and care system including access to 'care navigators' when required.
5. You will work with each other to shared objectives and responsibility to ensure the integrated and seamless provision of services.
6. You will work in partnership with local communities to deliver services through a range of resources whilst maximising the potential of voluntary, community and social enterprise partners through an asset-based approach (see Appendix B).
7. You will prevent avoidable admissions to hospital and support appropriate and sustainable discharge whilst empowering people to be active participants in the organisation of their care.
8. You will provide alternative options to GP appointments that enable people to receive an appropriate, timely and trusted response to their needs.
9. You will harness the potential of new technology to lead innovation in service delivery and the sharing of information between providers.
10. You will ensure all your staff receive the appropriate level of training in line with the common skills framework for community health and care services.
11. You will encourage your staff to be more focussed on prevention, early intervention and empowering individuals to be more independent and connected with their communities.
12. You will share good practice and collaborate on new approaches aimed at enhancing service delivery and promoting positive outcomes for people.

8. Responding to your feedback

Phase One provided us with an enormous amount of feedback about the way community services are performing now and ideas for delivering improvements in the future. We organised this feedback into nine themes that needed to be addressed and this section sets out some specific priorities for how we will tackle all nine of these issues.

Our approach in addressing each of these will acknowledge that there are overlaps between areas, for example the links between reducing social isolation, building community capacity, whole system navigation and the role of social prescribing.

There are 14 priorities in total summarised as follows:

Priority 1:
A single assessment and support plan

Priority 2:
Integrated personal budgets

Priority 3:
Delivering cultural change

Priority 4:
Acting earlier to sustain health and wellbeing

Priority 5:
Supporting people to self care

Priority 6:
Seeking proposals to reduce social isolation

Priority 7:
Expanding the social prescribing service

Priority 8:
Building community capacity

Priority 9:
Care navigators to support those with the most complex needs

Priority 10:
Developing the capability and capacity of the workforce

Priority 11:
Volunteer recruitment

Priority 12:
Joining up a person's health and care records

Priority 13:
Sharing information about services

Priority 14:
Explore the potential of new technology

Provide more joined up care and support

You told us that the separation between different services can make it hard for you to find your way around the system.

You said we need to join up the money, join up the information and join up the people so that everyone involved in your care knows your story and works better together.

Priority 1: A single assessment and support plan

In future, people will have a single assessment and support plan that is coordinated and based around their individual needs, wishes and preferences. The planning and delivery of services will bring together everyone involved in supporting an individual to manage their care. Providers will deliver services through multi-disciplinary teams coordinated at a local level that put people at the centre of their support and treatment plans.

Services will be designed to prevent (a person's) needs escalating. People accessing services will benefit from a single support plan that is appropriate to their level of need. support plan that is individually designed and will flex around the needs of the individual rather than the person having to 'fit in' with service requirements. There will be greater thought given to the social, psychological and economic impacts of managing complex needs both for the person and their family.

We will use available and emerging technology to ensure that people have a single record that is transferrable and offer real-time access to staff so that a person does not have to keep repeating their story to different professionals (see p39 for more details).

Having a single plan will enable a whole system approach to providing person-centred care and support. We will expect providers to work in partnership alongside people and their communities to ensure integrated and seamless provision of services.

Priority 2: Integrated personal budgets

We will continue to promote and develop new ways of paying for services at individual and organisational levels. This will include the offer of integrated personal budgets that enable an individual to purchase support that meets both their health and social care needs. 'Local Payment' models are also emerging to support health and care economies make the shift to payment approaches that will underpin new models of integrated care and support.

Consider the whole person

You told us that we need to treat you as a person rather than focussing on your illness or health condition.

You said we need to understand your physical, mental and social needs so that you feel supported to improve your overall wellbeing.

Priority 3: Delivering cultural change

When we talk about personalisation, we are talking about a fundamental shift in the way we view, and work with, people who need care and support. It means seeing the whole person, focusing on their strengths, interests, abilities and networks, not just their diagnoses, illnesses and deficits. It means taking into account a person's physical, mental, emotional and spiritual needs. It means taking time to listen to an individual's own voice, particularly those whose views are not easily heard. It means working with the person in the context of their lives, building support around their preferences and choices and helping them to help themselves.

It also means actively engaging local communities and partners, including people who use services and their carers, in the design, development, commissioning, delivery and review of local support and ensuring that leaders at every level of every organisation work towards a genuine shift in attitudes and culture.

We want community health and care services to empower people to live their lives, rather than just doing things for them. We are committing to work this way because it's what we believe in, and what our community has told us they want. During Phase One, people clearly told us they wanted support to consider the whole person, provide more joined-up care, reduce social isolation and build community capacity. Working in a personalised way fully supports this.

One way we have demonstrated our commitment to personalisation is by signing up to Making it Real and we encourage everyone who provides community health and care services to do the same. Making it Real is a series of 'I' statements (known as Markers for Change) which were co-produced by people who use community health and care services. They describe what support should feel like if it is truly personalised.

At the start of the ***your care, your way*** review, we identified some key outcomes that we wanted community health and care services to deliver. We have now mapped these outcomes against the Markers for Change to make sure the focus remains on personalised support (see Appendix C – Outcomes).

Focus on prevention and self care

Waiting for something to go wrong before you get the right support doesn't make sense.

You told us that community services need to work with you to stop you from getting ill, or to prevent a health condition getting worse.

You recognise that you share responsibility in this but that you may need some help or encouragement from us.

Priority 4: Acting earlier to sustain health and wellbeing

Many people have told us that when they are ill or have a crisis then the service response is good. However, when they recover from a period of physical or mental ill health and begin to regain their independence then support can tail off, meaning that people are at risk of becoming ill again or even reaching crisis point before they get the services and support they need.

We will ensure that people's needs are proactively planned for to sustain health and independence, and appropriately responded to at all times, and not just when people are most unwell or in need. This includes: providing access to housing employment; healthy environments and communities; preventing exposure to harmful hazards; providing access to preventative services such as immunisations as well as providing access to good quality education and information about healthy lifestyles and signposting to local opportunities which people need to stay mentally and physically well.

It also includes activities aimed at detecting and treating people with disease or injury as soon as possible to ensure they are able to stop their condition getting worse or to prevent illness or injury reoccurring. It involves identifying people who are most likely to become ill due to lifestyle choices such as smoking, being overweight, drinking too much, being socially isolated and being inactive etc. and then intervening early to reduce the risks of them becoming ill by encouraging and supporting healthy behaviours.

Prevention also includes activities for people with an ongoing chronic illness, disability or injury in order to improve their ability to function, their quality of life and life expectancy. This can include therapy, rehabilitation techniques or support groups.

Priority 5: Supporting people to self-care

Self-care is all about individuals taking greater responsibility for their own health and wellbeing. It starts with people making daily choices about lifestyle, such as brushing teeth, eating healthily or choosing to do exercise in order to stay fit and maintain good physical and mental health. People can also take care of themselves when they have common symptoms such as sore throats, coughs and minor ailments for example by using over-the-counter medicines. The same is true for long term conditions where people often self-manage without intervention from a health professional.

People can also return to self-care during a period of recovery following major trauma when responsibility for care is entirely in the hands of the healthcare professionals.

Empowering people with the confidence and information to look after themselves when they can, and visit a GP or specialist only when they need to, can reduce the number of consultations and enable clinicians to focus on caring for higher risk patients.

Reduce social isolation

You told us that social isolation and transport are big issues, and not just in rural areas.

You said that we need to work more closely with local communities and the voluntary sector so that no one feels on their own or without the care and companionship they need.

Priority 6: Seeking proposals to reduce social isolation

Social isolation is an increasing problem in our society. It's not just a matter of feeling lonely, social isolation affects people's health. It increases the risk of depression, disability, cognitive decline, dementia and death. Older people who are socially isolated are more likely to need professionally provided care and support and more likely to need residential care. Reducing social isolation means increasing the interactions people have with others. Face-to-face interaction is important, allowing physical contact, but embracing new technology to make the best use of social media and the internet also provides a wealth of opportunities.

We will encourage key partners and particularly providers from the voluntary, community and social enterprise sector, who frequently offer support to people at the most vulnerable points in their lives, to collaborate and work alongside people to mobilise community, family and local care and support networks and resources to tackle social isolation at individual and neighbourhood levels.

We will be seeking proposals to reduce social isolation in the following ways:

- Take an early intervention and preventative approach, particularly for older people and vulnerable or disadvantaged groups.
- Build on community strengths and the resources of local people to help each other e.g. volunteering, befriending schemes and the Village Agents.
- Encourage increased face-to-face contact for people.
- Support digital inclusion by helping individuals or specific groups to be connected, keeping people 'in touch' with each other and their communities.

We recognise that work on social isolation and loneliness needs to be part of wider local commissioner efforts to build social resilience within local communities. In particular, poor transport can be an important factor in restricting access to further education, training and employment and can also restrict access to health facilities as well as shops and amenities. Community transport provides a vital lifeline for those most vulnerable to isolation and loneliness, such as the elderly and the disabled and should be recognised for the vital contribution it makes for improving the quality of life for some of our most vulnerable citizens.

Tackling local transport barriers can help alleviate social isolation for a range of people across the life course and will be a key priority for us to address with commissioners and providers of those services.

Priority 7: Expanding the social prescribing service

Social prescribing links people with non-medical activities and sources of support in the community that might benefit their wellbeing. There is increasing evidence to support the use of social interventions for people experiencing a range of common mental and physical health problems. Social prescribing has been shown to be particularly applicable for vulnerable and at risk groups; people with mild to moderate depression and anxiety; and people who are frequent attendees in primary care.

The social prescribing service in Bath and North East Somerset aims to improve the health and wellbeing of people who are frequent attendees at GP practices. The service encourages social interaction, prescribed activities such as weight loss and exercise programmes and access to both mainstream services and community resources to improve their quality of life.

The social prescribing service has recently been expanded and we anticipate that we will further develop and expand the social prescribing model to embed it as a foundation of community health and social care provision, increasing interactions for individuals, keeping people in touch, and maximising the strengths of local communities and its members.

Extended across Bath and North East Somerset, the service will continue to make good and appropriate use of volunteers, particularly people who have themselves been recipients of the social prescribing service, using their shared knowledge and experience to deliver peer support. Roles for volunteers could include those of navigator, facilitator, befriender, or of carrying out practical tasks such as transportation. The training and support of volunteers will reflect the fact that volunteers' own mental and physical health may vary, or that they become overwhelmed by other's problems. It will encourage and support them to remain in the service over a long period, gaining skills and experience, and bringing continuity to the role for the benefit of all parties.

Build community capacity

You want community health and care services to make the most of existing community centres and facilities.

You also want us to work more closely with local groups and volunteers in your community so they can play their part in keeping you healthy and happy at home.

Priority 8: Building community capacity

Community capacity is the term used to describe how well a community is equipped to respond to the needs of its members, for example how well a community responds to issues of social isolation or identified transport needs.

Building community capacity is a vital component of the way we will commission future service models of care. Current evidence suggests that participation in community networks brings with it significant benefits for wellbeing. Developing the capacity and skills of the members of a community places the focus both on individuals as well as collective groups in such a way that they are better able to identify and help meet their needs and to participate more fully in society.

Economic and social factors are also key contributors to people's care and support needs and are unequally distributed across society. Disadvantage is associated with feelings of isolation, low self-esteem, low perceived power and loss of meaning and purpose. These factors damage physical and mental health both directly and indirectly via behaviours such as drug and alcohol abuse and smoking.

Building community capacity means motivating individuals and communities to identify what services they need in their area and to work together to utilise existing strengths and skills to help the community meet their needs. It promotes empowerment, validation, engagement, ownership, participation, teamwork, respect, being listened to and much more.

We will expect providers to work alongside individuals and communities to support them to achieve the best possible outcomes for their health and wellbeing. Providers and commissioners are in a perfect positon to empower the community to develop their existing skills and knowledge and make a unique difference to their own community through delivery of a number of priorities:

- Establishing and developing a building community capacity approach, with training, peer support and workshops.
- Identifying and equipping champions for building community capacity with the expert skills and knowledge to provide a source of ongoing support, advice and expertise.
- Sharing and celebrating examples of good practice and excellence in building community capacity throughout stakeholders and the communities.
- Equipping people with full information and a pathway to support future building community capacity activities.

Guide people through the system

You told us we don't do enough to tell you about all the services that are available to support you.

You said that we should invest in 'navigators' who can help you find out about the groups and services in your local area.

Priority 9: Care navigators to support those with the most complex needs

We are proposing a new approach for Bath and North East Somerset that will create a system of care navigation which will act as a bridge between individuals with care and support needs and providers who have the skills and resources to meet those needs.

Care navigation will not replace a clinical role or act as a gatekeeper to services. It could be jointly delivered through a range of providers coming together to maximise particular areas of expertise, knowledge and resource to ensure the best outcomes for individual people using services. There is also an opportunity to harness and strengthen the role of volunteers in assisting people to access the support they need under the umbrella of navigation.

Some people have told us that the need for a navigation system is diminished if we can ensure that services are easily understood and accessible to all and that people are receiving good person-centred care and support. However, we think that any local system will need to include a trained 'care navigator' for people with the most entrenched multiple and complex needs. We also think this may be the case for people who don't engage in services, revolve in and out of services or are excluded from services.

The care navigator will be the 'go-to' person for people needing additional support to understand and work their way through what can be a very complex system. The care navigator may also be a helpful point of contact for professionals seeking to ensure that their services are effective and don't exclude 'seldom heard' groups.

The care navigators will be co-located both within services and in the community and will develop a deep understanding of both. Co-location alongside professionals, as well as within community settings, would make it easier to link in with other relevant services such as housing, leisure and employment support too.

Care navigators do not need to be the expert but they would know who the expert on any given topic is and would be able to effectively link people and experts together whilst developing trust and good communication. Most importantly, care navigators will ensure that a person is supported to be in control of their care and support and can access services and support that help them to live the life they want and remain an active, contributing member of their community.

Value the workforce and volunteers

You told us that we need to invest in our workforce and provide more opportunities for training and career progression.

You said this would give staff the time, skills and motivation to provide better quality care.

Priority 10: Developing the capability and capacity of the workforce

One of the key factors in ensuring the successful delivery of integrated community services will be the workforce on whom we depend to deliver care and services. Commissioners and providers will need to take the necessary action to ensure that their workforce is sufficient and skilled, well-led and supported to deliver high quality services. We will work with stakeholders to develop education strategies, training and employment of staff to deliver the flexible, multi-skilled workforce that services of the future will need. Staff retention will be improved through this and the development of career structures that offer opportunities for diversification and advancement.

Priority 11: Volunteer recruitment

Bath and North East Somerset has a strong voluntary, community and social enterprise sector that often relies on the use of volunteers to be able to deliver local services. In recent years there has also been a growing use of volunteers across the public and independent sectors.

There are a large number of benefits from volunteering to the volunteers themselves. It is an excellent way in which to increase self-confidence and skills which in turn increase employability. Volunteering can also improve people's health and wellbeing.

We will assist organisations with their recruitment, retention and up-skilling of volunteers, ensuring that support is given to local voluntary, community and social enterprise organisations that are taking on services and assets so that they are in the best possible position to efficiently run them.

We will also support co-ordination and promotion of volunteering opportunities through a central point such as the Bath and North East Somerset Volunteer Centre which will be the 'go-to' place for all information on volunteering in Bath and North East Somerset, making it easier for residents to find out about opportunities.

Share information more effectively

You told us that there needs to be better communication between the different teams providing your care and support

You said that everyone involved in your care, including you, should be able to access a single care and support plan so that you don't have to repeat your story over and over.

Priority 12: Joining up the person's health and care records

The delivery of care and support that is integrated around the individual requires a corresponding integration of Information Management Technology (IMT) Systems. The future model will be one that is supported by an IMT strategy that recognises the need for relevant information to be available to all relevant professionals to support care as well as to relevant people in receipt of care or those involved in their care. Clinical and administrative systems need to facilitate the sharing of appropriate data, not inhibit it and make best use of modern technologies to provide an efficient and effective experience.

Health and social care records will be kept digitally with the NHS number as the unique identifier and have the ability to communicate automatically with other parts of the health and social care system across organisational boundaries, while respecting individual consent and the need to safeguard against harm to the individual.

The care and support record will be maintained on the Council's new electronic system eg record system, provided by Liquid Logic. The health record will be maintained on the provider electronic patient record. The use of interoperable systems and full provider engagement with the Bath and North East Somerset community wide interoperability and information sharing agenda will ensure that relevant information is available to support care and support to an individual.

Priority 13: Sharing information about services

We will support a single source of information about local services allowing faster access and sharing of up to date information above what is available in the community. Having a centralised information service will enable providers to spend less money on marketing their services and spend more of their budgets on front line care and support. We welcome innovative proposals for how this service could operate which could include:

- An easy-to-use website for people to search for local services.
- A call centre offering information about services over the phone.
- Information and advice provided by email and social media channels.
- Outreach workers that visit vulnerable and seldom heard people in their own homes and communities to tell them about the different services available to them.

Embrace new technology

The world of technology is moving quickly, and you think we could use it more effectively. Many of you like the idea of using apps and other technology to manage your own health and care but it needs to be simple and easy to use.

You also recognise that we need reliable connectivity to make this happen, especially in the rural areas.

Priority 14: Explore the potential of new technology

We continue to see enormous developments in the range of technologies and digital tools and approaches available to people within our community and to organisations. Smart phones and tablet computers are now everywhere; town centres and public buildings routinely offer wireless access; data and systems are increasingly stored in the 'cloud'. These advances have enabled people, businesses and public bodies to change the ways in which they interact, gain access to information and services, and organise their work. However, we also acknowledge that some of our communities, particularly in rural areas, have told us that there are significant issues with broadband and access to the internet. The Council's digital strategy recognises this and sets out how access will be improved.

Commissioners recognise the opportunities offered by technology and digital tools and approaches to target and deliver services better and save money. Many local providers have already explored different methods of improving access to services including tele-care and apps to inform or alert service users. At the same time, they have made their workforce more productive by introducing mobile technologies, route planning tools and video-conferencing.

Technology and digital tools and approaches are central to achieving integrated and seamless community services. This includes both the application of new technologies and the development of skills by both commissioners and providers. For commissioners and their providers, we expect these tools to enable:

- Greater accessibility of data and more sophisticated means by which to form a deeper understanding of local patterns of need and interaction across services, allowing resources to be better managed, planned and directed to where they will have the greatest impact.
- More effective management of demand – for example, enabling user self-service and supporting peer-to-peer advice-giving and assistance via social media.
- More reliable, speedy, and precise handling of routine, repetitive tasks – allowing costly and scarce professional expertise to be targeted at cases which need judgement or at new and unexpected situations.
- Faster access to, and sharing of, data between key stakeholders, avoiding the need to collect the same information many times over and saving time on research and information collation.
- New ways of working that potentially reconcile the goals of providing a better quality of experience of the person accessing services.

9. What happens next?

The consultation will run for a period of just over seven weeks from 5am on Thursday 10 September 2015 to 5pm on Friday 30 October 2015.

Please provide your feedback by completing the online survey at **www.yourcareyourway.org** or request a hard copy by calling **01225 396512.**

There are a number of events being held during the consultation period across the Bath and North East Somerset area as detailed below. If you would like to attend any of these events then please let us know by contacting **yourcare@bathnes.gov.uk** or by calling **01225 396512**.

Phase Two

10	September		Consultation Period Begins	
17	September	2pm	BaNES CCG AGM	Guildhall, Bath
29	September	7pm	Bathavon Area Forum	St Gregory's School
30	September	7pm	Keynsham Area Forum	Fry's Club, Keynsham
6	October	7pm	Somer Valley Area Forum	Beacon Hall, Peasedown St John
15	October	7pm	Chew Valley Area Forum	Chew Valley Secondary School
30	October		Consultation Period Ends	

Once the consultation period is closed the results will be analysed and a final report will be submitted to the Council's Cabinet and the CCG Board for final approval in December. We will then begin detailed discussions with providers to develop the final model for community health and care services and we will consult the community on this during summer 2016.

Once the consultation has been completed we will award contracts to the chosen provider(s) and carry out the necessary preparations to begin operating the new model from 1 April 2017.

Phase Three

Wednesday 2 December	Council Cabinet to approve outline business case
Thursday 3 December	CCG Board to approve outline business case
Winter/Spring 2016	Develop models with providers
Summer 2016	Formal consultation on final proposals

Phase Four

Autumn 2016	Contracts awarded to chosen provider(s)
1 April 2017	New arrangements come into place

Appendix A: Community Service Providers

Age UK – Bath & North East Somerset	Learning and Living
Alzheimer's Society	Leonard Cheshire Disability
Action on Hearing Loss	Mencap
Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)	Next Link Domestic Abuse Services
Bath & North East Somerset Council	Options
Bath Area Play Project	Off The Record - Bath & North East Somerset
Bath Community Transport	Oxford Health NHS Foundation Trust
Bath Mind	Prospects
Bath Opportunity Pre-School	Pulse Community Healthcare
BEMS+	Quarriers
Brandon Trust	Rethink Mental Illness
Candlelight	Royal United Hospitals Bath NHS Foundation Trust
Care South	Safe & Sound Homecare Services
Carewatch	Second Step Housing Association
Children's Centres	Sirona Care & Health CIC
Children's Hospice South West	Solon South West Housing Association
Community Pharmacies	Somerset Care
Creativity Works	Soundwell Music Therapy Trust
Curo	Southside
deafPLUS	SPA (Peggy Dodd) Bath
Developing Health and Independence	Specialist Drug and Alcohol Service (AWP)
Dimensions	St Mungo's Broadway
Dorothy House	St Peter's Hospice
First Steps (Bath)	Stonham (a division of Home Group Ltd)
Freeways	Stroke Association
Primary Care (GP's)	SWALLOW
Guinness Housing Association	Swan Advocacy
Great Western Hospitals NHS Foundation Trust	The Carers' Centre
Jessie May Trust	The Home Farm Trust
Julian House	The National Autistic Society
KeyRing - Living Support Networks	Time2Share
Kick Start Enterprise	United Response
KIDS	Wansdyke Play Association
Knightstone Housing Association	Way Ahead
Kumari Homecare	West of England Centre for Inclusive Living
Lifeways Community Care	Your Say Advocacy Service

Appendix B: Asset Based Approach

Desirable	Typical
Start with strengths and potential – the assets of individuals and communities	Start with strengths and potential – the assets of individuals and communities
Promote wellbeing and positive health Treat the whole person	Promote wellbeing and positive health Treat the whole person
Foster strengths and assets to prevent problems	React to problems
Work with	Do to
People are co-producers of health outcomes	People are consumers of health services
Emphasise the role and knowledge of communities, networks and neighbourhood organisations Citizens act as peers and agents in their own health and work alongside professionals	Emphasise the role and knowledge of professionals and agencies
Empower people to take control of their lives and health Act as brokers, facilitators, catalysts, collaborators	Fix broken people
Work with local people to support their ideas, potential and priorities	Deliver intervention programmes
Work with citizens to tackle the social, economic and environmental determinants of health and challenge health inequalities	View the social causes of ill health and inequality as outside the remit of health and care services
Focus on what a community has and could have Collaborate and work alongside people to mobilise community, family and local care and support networks and resources Self-organisation and community organisation Support peer groups, social prescribing and local networks	Focus on what a community does not have
Work alongside citizens to improve health and care outcomes	Consult residents about health services

Appendix C: Outcomes

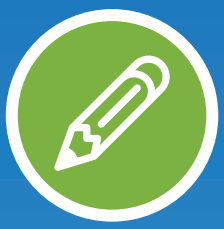
Health and Wellbeing Board Outcomes	Making It Real Markers for Change
All people in Bath and North East Somerset are healthy	I have access to a range of support that helps me to live the life I want and remain a contributing member of my community
All people have the opportunity to have the best health and wellbeing throughout life	
All people are a healthy weight	
All families with complex needs receive appropriate support	I have a network of people who support me - carers, family, friends, community and if needed paid support staff My support is coordinated, co-operative and works well together and I know who to contact to get things changed
All people are free from the misuse of substances	I have access to a range of support that helps me to live the life I want and remain a contributing member of my community
All people adopt healthy behaviours to stay healthy	
All people live in healthy and sustainable places	I feel welcomed and included in my local community I feel that my community is a safe place to live and local people look out for me and each other
All people are protected from infectious diseases	
People who lack capacity receive appropriate support to enable them to maintain their health	I have considerate support delivered by competent people
All people are supported to recover from periods of ill health or injury	I have care and support that is directed by me and responsive to my needs My support is coordinated, co-operative and works well together and I know who to contact to get things changed
More people have better mental health	
More people with mental health problems will have better physical health	
All people in Bath and North East Somerset have a good quality of life	I have access to a range of support that helps me to live the life I want and remain a contributing member of my community
All people with long term conditions are supported to stay well	
All people have good mental wellbeing and all children and young people have good emotional wellbeing and resilience	
All disabled people are living lives free from discrimination	I feel welcomed and included in my local community I feel that my community is a safe place to live and local people look out for me and each other
All people with dementia and their families and carers are supported to maintain the best quality of life	My support is coordinated, co-operative and works well together and I know who to contact to get things changed
All older people are supported to live independently and are able to die well	I am in control of planning my care and support
All adults with learning disabilities are supported to live independently and are able to die well	
People have a positive experience of care and support	I am in control of planning my care and support
More people with mental health problems will recover	I have care and support that is directed by me and responsive to my needs
All people in Bath and North East Somerset have equal life chances All people have access to good quality education and employment opportunities. Young people aged 16-19 are in education, training and employment including young people with Education Health and Care Plans.	I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities

Appendix C: Outcomes

Health and Wellbeing Board Outcomes	Making It Real Markers for Change
All people are able to live free from domestic abuse.	I feel safe, I can live the life I want and I am supported to manage any risks
Vulnerable adults, children and young people's life chances are not adversely affected as a result of domestic abuse	I have systems in place so that I can get help at an early stage to avoid a crisis
All people are able to live free from social isolation and loneliness	I have access to a range of support that helps me to live the life I want and remain a contributing member of my community
All children and young people up to 25 with Special Education Needs and disabled young people enjoy good health and lead fulfilling lives	I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities
All children are identified and supported through seamless transition stages, from early years to adolescence and early adulthood	My support is coordinated, co-operative and works well together and I know who to contact to get things changed
All children and young people are active citizens who feel they have a voice and influence.	I feel valued for the contribution that I can make to my community
All vulnerable children and young people and their families receive timely and effective early intervention	My support is coordinated, co-operative and works well together and I know who to contact to get things changed
All disabled people are supported to receive services in an equitable manner	I have care and support that is directed by me and responsive to my needs
All vulnerable people are safe and secure	I feel safe, I can live the life I want and I am supported to manage any risks
All children and young people in Bath and North East Somerset are safe	
All children and young people in care make the same or better progress in educational attainment as their peers	I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities
All children and young people on free school meals make the same or better progress in educational attainment as their peers	
All children and young people on Child Protection Plans make the same or better progress in educational attainment as their peers	
All children and young identified as having challenging behaviour make the same or better progress in educational attainment as their peers	
Children are identified and supported through seamless transition stages, from early years to adolescence and early adulthood	I am in control of planning my care and support My support is coordinated, co-operative and works well together and I know who to contact to get things changed
Parents are confident and able to support and meet the needs of their children	I have access to easy to understand information about care and support which is consistent, accurate, accessible and up to date I can speak to people who know something about care and support and can make things happen

Get involved!

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



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

Find us on Facebook:
facebook.com/yourcareyourway

Discuss on Twitter:
#ycywbanes

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

Call us:
01225 396512

www.yourcareyourway.org

Let's plan community services together

Version 1.3 15/09/15 **Published** September 2015

your care
your way

The story so far...
Phase One report

Let's plan community services together

Bath & North East Somerset Council

NHS
Bath and North East Somerset
Clinical Commissioning Group

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.

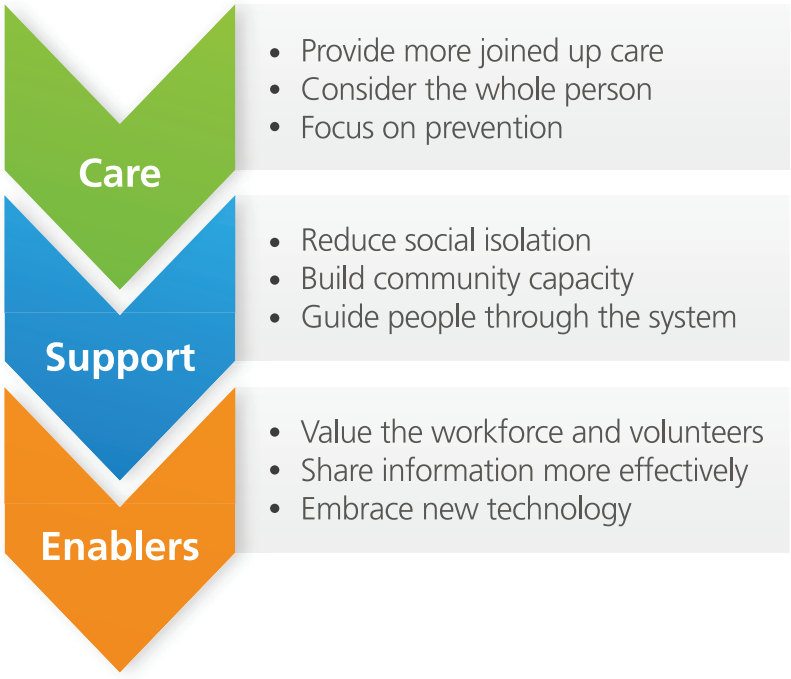
Over 30 engagement events were held across Bath and North East Somerset with patients, service users, carers, volunteers, health and care professionals, service providers and community organisations with direct involvement or interest in the provision of community services.

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



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

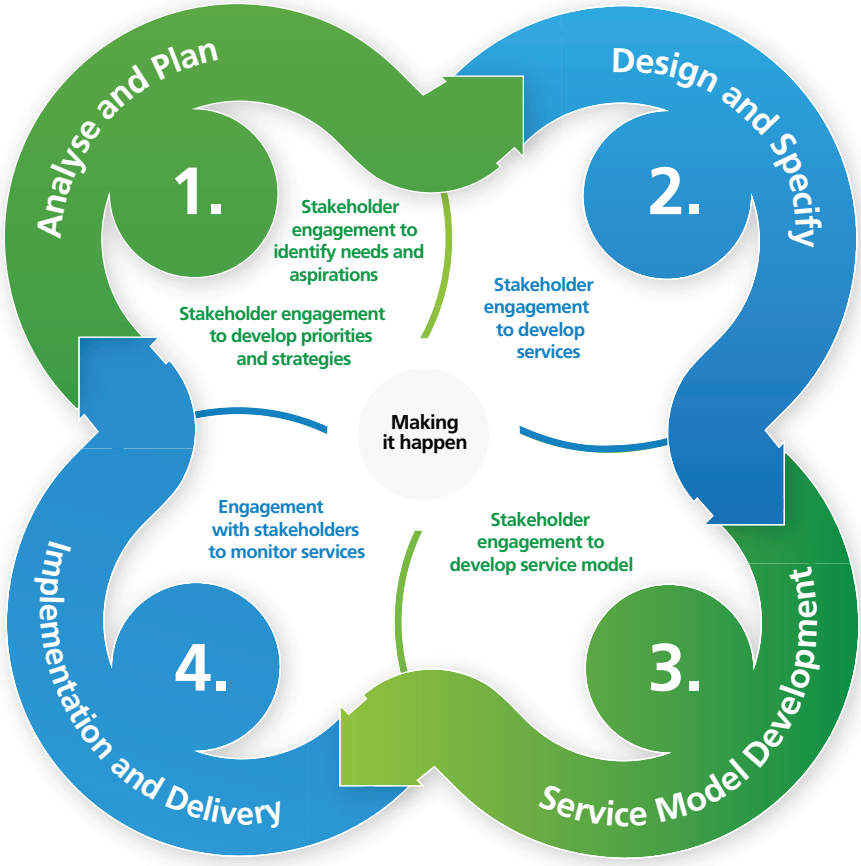
The *your care, your way* review consists of four distinct phases with stakeholder engagement playing a vital part in every stage of the process.

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.

1. Provide more joined up care

Problems	Solutions
• Lack of communication and integration between agencies and departments often leads to fragmented services • Continuity of care and support is sometimes lacking • Too many boundaries between services • Need to avoid a "silo" approach, creating barriers and preventing care across the pathways. • Handover of care • Integration between service providers/partnership working • Lack of co-ordinated approach • Not sustainable • There is a need for greater integration between service providers and more consideration of ways to improve partnership working • Competition for contracts and funding can reduce or prevent joined up working of voluntary and community sector services • Mental health services inadequate and difficult to access/work alongside – referral criteria too high or inadequate funding? • Need for more services to be offered during early stages of dementia – lots of people get lost between NHS and Social Services • Good services are out there but these need to be dovetailed together better.	• Multi-agency service hubs • Multi-disciplinary teams • Whole systems approach • Continuity of care could be improved by moving towards a more co-ordinated approach • Review existing contracting methods between services to avoid "silos" developing • Embrace technological advances • Encourage professionals to think about the services they would wantxa to *receive* themselves as well as approaching the subject from a provider perspective. • More flexibility for community service staff to enable them to deliver care across pathways • Carers have a key role joining up formal and informal care • Bring together services users and members and give them a chance to have their say • Future workshops that show good practice and compare what is being offered in other areas of the country • 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 • 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. • Social isolation is a big issue and not just in rural areas • Demographics tend to focus on the elderly in rural areas – younger people can be overlooked • Recognition that carers need support • Need access to care and support regardless of geographical location • People living on their own are disconnected – won't attend support groups unless they receive a personal invite • Accessibility of buildings/transport prevents people getting out and about • Access to care services and travel times – care agencies in the Chew Valley in particular hard to access or locate • Lack of emotional support services • If you don't fit into specific categories you fall between the gaps • Older people in particular can be very independent not wanting to ask for help or admit they might need it • 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.	• Learn from the success of the Village Agents • Introduce more mobile services • Consider 'buddy' services to reduce social isolation • Clearer signposting and promotion of services and social networks available within the community/" social prescribing" • Encourage greater community involvement/local 'hubs' • Provide key functions: Community Matrons, District Nurses and Health Visitors • Improve public transport links/dial-a-ride • Upskill local volunteers eg arrange local first aid courses to build community confidence • Encourage volunteer networks • Provide good venues in accessible locations with no steps and good parking • More training and cluster working for GP services ref dementia and available day services.

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.

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.

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

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

Find us on Facebook:
facebook.com/yourcareyourway

Discuss on Twitter:
#ycywbanes

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

Call us:
01225 396512

www.yourcareyourway.org

Let's plan community services together

Published May 2015

your care
your way

We need your views to help shape the way health and care services are provided in your community.

Consultation open until 5pm on Friday 30 October 2015

Bath & North East Somerset Council

NHS
Bath and North East Somerset
Clinical Commissioning Group

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

We've been talking to people since January 2015 to understand what services are like at the moment and how they could be improved. We've listened to what people told us and used their ideas to develop some different options for how we can support people in the future.

It is possible that the final option we agree together as a community may combine elements from some or all of the models set out in this document so please take this opportunity to share what you like and dislike about each of them.

What are community health and care services?

Community services are health and care services delivered in a person's home or a nearby community setting.

They include:

- Ongoing care services like care at home, district nurses and end of life care.
- Support for people with long term conditions like diabetes, dementia or heart failure.
- Specialist services like talking therapies or drug and alcohol support.
- Preventive services such as stop smoking, healthy eating advice and the Wellbeing College.
- Information and advice services like Citizens Advice Bureau or Well Aware.

How can I get involved?

Once you have read this leaflet, there are lots of ways you can give your opinions:

1. Complete the survey in this leaflet and send it to the freepost address
2. Complete the survey online at www.yourcareyourway.org
3. Contact the team on 01225 396 512 or email yourcare@bathnes.gov.uk

You can also come along to hear us present at one of the following meetings:

17 September – 2.00pm
BaNES CCG AGM
Guildhall, Bath

29 September – 7.00pm
Bathavon Area Forum
St Gregory's School

30 September – 7.00pm
Keynsham Area Forum
Fry Club, Keynsham

6 October – 7.00pm
Somer Valley Area Forum
Beacon Hall, Peasedown St John

15 October – 7.00pm
Chew Valley Area Forum
Chew Valley Sceondary School

A final report covering all the feedback we receive will be sent to the Council's Cabinet and the CCG Board in December before we begin choosing which organisations will provide the new services from April 2017.

Why do we need to change?

More and more people need support from health and care services because we are living longer with more long term conditions. However, we do not have more money to spend on services so we need to make difficult decisions about how to use our budget.

We want to move more of our available budget into providing services that are delivered in the community so that there are fewer people treated in hospital. When a stay in hospital is needed, we want to make sure that the right services are available in the community to support people when they return home.

Our vision

- Bath and North East Somerset will be a connected area ready to create an extraordinary legacy for future generations - a place with a strong social purpose and a spirit of wellbeing, where everyone is invited to think big.

- We will have health and care services in the community that empower children, young people and adults to live happier and healthier lives.

- Our services will provide timely treatment and support to avoid ill health, prevent social isolation and tackle inequalities. By placing people at the heart of services, they will receive the right support at the right time for their needs and conditions.

- Dedicated to supporting greater levels of prevention and to help people self-manage their conditions, community services will ensure that clear routes to good health and wellbeing are available.

- Supporting people to access services when they are needed in as seamless a way as possible, navigators will assist individuals to access pathways of care and support.

- Services will be easy to access and will connect up across acute, primary care, mental health and community service boundaries.

We want to understand your priorities for community services so please write down the **THREE** words that you think are most important in our vision.

Word 1:

Word 2:

Word 3:

If you think there is an important word missing from our vision please write it down here.

Models

We have developed four different options for how we deliver community services in the future. We want to know which of these models you would like to see in Bath and North East Somerset so please use the faces below to tell us how you feel about each one.

I really don't like this model

I'm not sure about this model

I think this model is OK

I really like this model

Services that are based around your conditions

This way of working would mean that you receive support from people with expertise in your particular condition (e.g. diabetes, dementia or heart failure). If you have a number of conditions you would receive support from a range of experts.

☐ ☐ ☐ ☐

Do you have any thoughts about this model?

Services that are based around your circumstances

This way of working would focus on experts organised around specific community service functions working with you at different stages in your treatment, for instance, when you are discharged from hospital or at the end of your life.

☐ ☐ ☐ ☐

Do you have any thoughts about this model?

Services coordinated by GP-led Wellbeing Hubs

This way of working would involve your local GPs running a 'Wellbeing Hub', which would bring together all the community health and care services in your area. If you have a number of conditions then the Wellbeing Hub would get people to work together to meet your needs.

☐ ☹ ☐ 😐 ☐ 🙂 ☐ 😀

Do you have any thoughts about this model?

Services coordinated by community-led Neighbourhood Teams

This way of working would involve health and care services working within a local Neighbourhood Team that brings together a wider range of local groups and services to meet the needs of its community. The Neighbourhood Team would have more say over how money is spent in your local area.

☐ ☹ ☐ 😐 ☐ 🙂 ☐ 😀

Do you have any thoughts about this model?

Priorities

We have identified 14 priorities for improving community care and health services. Please choose **FIVE** which you think are the most important by putting a tick in the box next to your choosen priorities.

☐ **1: A single plan** – I'd like everyone involved in my care to work to one care and support plan that has been agreed with me.

☐ **2: A personal budget** – I'd like to know how much money I have to meet my health and care needs and make decisions on how this is spent.

☐ **3: A person, not an illness** – I'd like to be seen as a person, not an illness, so that the people involved in my care look at my physical, mental and emotional wellbeing.

☐ **4: Focus on prevention** – I'd like support that stops me getting ill or prevents my condition from getting worse.

☐ **5: Looking after myself** – I'd like support and guidance that helps me manage my own health and wellbeing.

☐ **6: Tackling loneliness** – I'd like support that helps me feel connected with my local community so I don't feel left on my own.

☐ **7: Social prescribing** – I'd like help with accessing non-medical activities in my area like exercise classes or community groups.

☐ **8: Community capacity** – I want services to make the most of existing community facilities and work more closely with local groups and volunteers.

☐ **9: Care navigators** – I'd like a navigator who can help me find my way through the health and care system and stay with me as long as I need them.

☐ **10: Invest in the workforce** – I'd like everyone involved in my care to have the right mix of skills and receive the training and support they need to provide good quality care.

☐ **11: Supporting volunteers** – I'd like services to work more closely with volunteers, making it easier for people to give their time and providing training where required.

☐ **12: Joining up IT systems** – I'd like everyone involved in my care to have IT systems that talk to each other so I don't have to keep repeating my story.

☐ **13: Information and Advice** – I'd like information about services to be easy to access, easy to understand and kept up to date.

☐ **14: Using new technology** – I'd like services to make the most of the latest technology to manage my health and care needs more effectively.

Is there anything else you would like to tell us about our vision, models and priorities for community health and care services? Please let us know in the box below:

Why are you interested in community care and health services? *(Please tick all that apply)*

- ☐ I have a long term condition requiring ongoing care and support
- ☐ I am currently receiving support from community care and health services
- ☐ I have received support from community care and health services in the past
- ☐ I look after someone who receives support from community care and health services
- ☐ I work for an organisation providing care and health services
- ☐ I work for an organisation commissioning care and health services
- ☐ General interest / other

If you would like to be kept updated about the progress of this review then please enter your email address and/or phone number below.

Email address:

Phone Number:

Equalities Monitoring

We are committed to providing equal access to health services to people from all sections of the community. Your answers to the following questions will help us to plan local health care, as well as identify any groups of people who we are not hearing from.

Responding to these questions is entirely voluntary, you can choose not to answer any, some or all of the questions and any information you provide will remain anonymous.

What was your age at your last birthday?

(Please write your age in years)

What is your postcode?

How do you define your gender?

(Please tick one box only)

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Prefer not to say

How would you define your sexual orientation?

(Please tick one box only)

- ☐ Heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Prefer not to say

How would you define your religion/beliefs?

(Please tick one box only)

- ☐ Atheist
- ☐ No religion
- ☐ Christian
- ☐ Buddhist
- ☐ Muslim
- ☐ Hindu
- ☐ Jewish
- ☐ Sikh
- ☐ Other
- ☐ Prefer not to say

Do you live on your own?

(Please tick one box only)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Which ethnic group do you belong to?

(Please tick one box only)

- ☐ White British
- ☐ White Irish or White Other
- ☐ Black/African/Caribbean/Black British
- ☐ Asian or Asian British
- ☐ Multiple/Mixed Ethnic Groups
- ☐ Prefer not to say
- ☐ Other *(Please specify below)*

_____

Do you consider yourself to have a disability?

(The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period) or substantial adverse effects on their ability to carry out day to day activities.)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Bath & North East Somerset Council

HEALTH AND WELLBEING SELECT COMMITTEE

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 Mark Durnford, Democratic Services (01225 394458). 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), Civic Centre (Keynsham) and at Bath Central, Keynsham and Midsomer Norton public libraries.

Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead
30TH SEPTEMBER 2015				
30 Sep 2015	**HWSC**	**Transfer of commissioning of Health Visiting and Family Nurse Partnership Services to the Council**	Jo Lewitt Tel: 01225 394063	Strategic Director - People
9 Sep 2015 30 Sep 2015 **E2789**	**Cabinet** **HWSC**	**Your Care, Your Way - Consultation Briefing**	Jane Shayler Sue Blackman Tel: 01225 396120 Tel: 01225 396180	Strategic Director - People
25TH NOVEMBER 2015				
25 Nov 2015	**HWSC**	**RNHRD - Service moves, engagement & consultation**	Jocelyn Foster Tel: 01225 824963	Strategic Director - People
17 Nov 2015 25 Nov 2015	**CYP PDS** **HWSC**	**Directorate Plan for People**		Strategic Director - People
27TH JANUARY 2016				
27 Jan 2016	**HWSC**	**RUH / RNHRD Integration**	Jocelyn Foster Tel: 01225 824963	Strategic Director - People

Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead
27 Jan 2016	**HWSC**	**RUH Site Development Presentation**	Jocelyn Foster Tel: 01225 824963	Strategic Director - People
27 Jan 2016	**HWSC**	**The Strategic Direction of the RUH**	Jocelyn Foster Tel: 01225 824963	Strategic Director - People
30TH MARCH 2016				
25TH MAY 2016				
20TH JULY 2016				
ITEMS YET TO BE SCHEDULED				
	HWSC	**Non-Emergency Patient Transport Service**		Strategic Director - People
	HWSC	**NHS 111 update**		Strategic Director - People
	HWSC	**Loneliness report - update**		Strategic Director - People
	HWSC	**Dentistry - after May 2015**		Strategic Director - People
	HWSC	**Homecare Review update (for May 2017)**		Strategic Director - People

Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead
The Forward Plan is administered by **DEMOCRATIC SERVICES**: Mark Durnford 01225 394458 Democratic_Services@bathnes.gov.uk				