

Start, Live and Age Well

in Bath and North East Somerset, Swindon and Wiltshire

Adult and Children's Community Services BSW













Our BSW Integrated Community Based Care Model











Our service model:

A Stepped Care Approach

Community Hospitals & Hospital at Home

Step-up model into hospital at home. Keeping service users at home for longer through using remote monitoring and telehealth. Maximising use of community beds.



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Specialist services

Differentiated, integrated care pathways

Locality-based teams providing specialist diagnosis and intervention in the community - and outreach and support into NT.

Neighbourhood Team

Compassionate approaches - Personalised holistic assessments and care plans - Population health data driven decisions

Integrated multi-disciplinary teams (including wellbeing practitioners), focussed around neighbourhoods, with a holistic wellbeing approach to making every contact count.

Single Point of Access with Care Coordination Care navigation - Clinical triage - Digital referral

A single front door into BSW community-based care services.

Digital Front Door

Easy access - Self-care/self-management -

BSW front door website enabling on-demand access to self-care resources (videos, NHS approved apps, articles).

goals are heard and reviewed." "I feel confident that I

"I feel that my care is

personalised to me, my

receive the right care, in the right place, at the right time, through truly integrated community health care services"

"My assessment is thorough and addresses my needs, it is not driven by my diagnosis, but by what matters to me"

"I can self-refer, reducing the need to contact my GP and arrange for a referral to be made"

"I can access community health and wellbeing support digitally 24/7, at a time convenient to me."

Choice

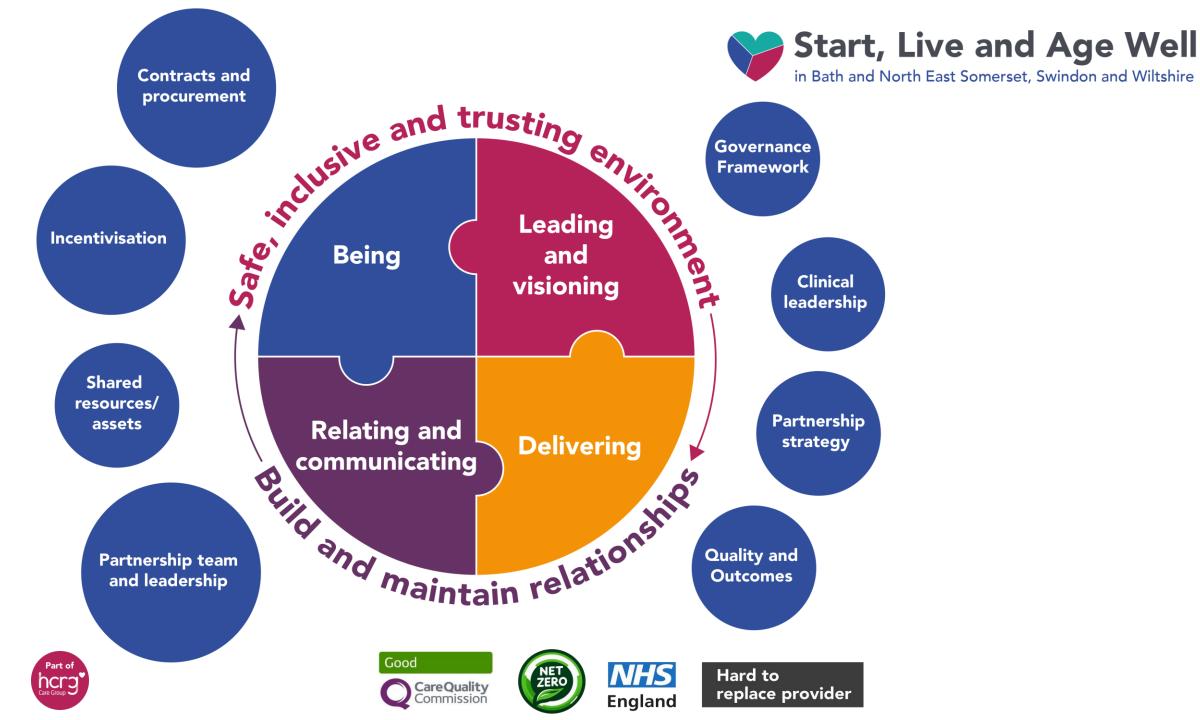








Hard to replace provider



Key enablers



ENABLING DELIVERY OF THE CARE MODEL AND OUTCOMES Integrated **Robotic Process** Harmonised pathways, Single Point of Access neighbourhood teams Automation (RPA) policies and procedures with Care Coordination (skill mix) Clinical and Medical Connect Care -On-demand online resources Harmonised IT Community-based Health and Wellbeing & apps for self-care and Professional to Professional infrastructure leadership Platform for Colleagues delivery sites signposting advice Online appointment System inductions -**Population Health** Welcome areas -Integrated care Needs-led localised management sharing the BSW vision Management (PHM) including digitally enabled workforce plans pathways (self-serve) Self-service enabled Service user advisory Service user & referrer MECC, Strengths based **Roaming clinics** back-office functions and Care navigators board and Trauma Informed portals systems Green and VCFSEs as key partners **Multi-Disciplinary** Data dashboards enabling Digital referral & triage 'Grow your own' model environmentally in delivery management platform data driven decision making Team triage and apprenticeships sustainable Seamless pathways Rationalisation of Integrated care record Chatbot with virtual Needs-led personalised Investment in core between providers suppliers assessments and care plans assistant (24/7 support)systems competency training Personalised BSW Contact centre telephony Partnership strategy and Social prescribing and Mobile Working with Multi-use hub workspaces community services governance framework focus on wider wellbeing solution agile workforce tools website Infrastructure & Systems Governance & Partnership Coordinated and Preventative Care Sustainable Workforce Strateay Digital Front Door Estates











Key enabler spotlight:

Digital Front Door



Overview:

Our Digital Front Door offers easy access to on-demand trusted health and wellbeing resources, self-referral and healthcare journey tracking.

Key features:



Resource Hub: Apps, videos and links to trusted health and wellbeing resources.



Digital Referral Form: Accessible, step-by-step referral form with in-built logic and signposting.



Service User and Referrer Portal: Secure portal to track referral progress, upload documents



Website Chat Bot: Guiding website users around content, helping with self-management such as appointment management





Building resilience through a focus on prevention, selfmanagement and promoting sustained healthy behaviour changes.



Improving accessibility and choice through 24/7 access to evidence-based health and wellbeing resources.



Improving communication between professionals and service users



More appropriate needs-led referrals, enabling service users to get the right care at the right time











Key enabler spotlight:

Single Point of Access with Care Coordination



Overview:

Our all age BSW-wide Single Point of Access with Care Coordination will be the front door for all community services, including urgent care, helping navigate service users to access the right care to meet their needs.

Key features:



Single Front Door: One single point of contact, streamlining access to services



Care Coordination: Multi-disciplinary team clinical triage and single holistic assessment to ensure the most appropriate pathway



Fast-track urgent care pathways: Ensuring those with an urgent clinical need are seen by the right person at the right time.



Locality-focused Care Navigators: Helping local people understand the wide range of community assets available to them.



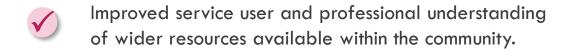


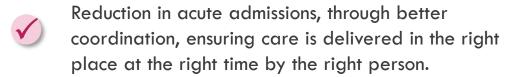












Improving population health outcomes through proactive prevention and health coaching at the front door.



Key enabler spotlight:

Integrated Neighbourhood Teams



Overview:

Providing personalised, harmonised and holistic care that meets the needs of the local community, delivered close to people's home. Ensuring seamless integrated care pathways and shared caseloads.

Key features:



Skill-mix: Bringing together nurses, therapists, wellbeing practitioners and support staff to offer holistic care.



Compassionate approaches: Core competency training in Making Every Contact Count (MECC), Strengths based, Trauma informed approaches, wellbeing and prevention focused



Population Health Management: Team trained in making data driven decision making, informing targeted approach to reach those most in need.



Single holistic assessments and personalised care plans: Focusing on the wiser determinants of health and wellbeing, ensuring service users are involved in planning their own care

Good

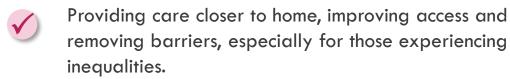
Care Quality

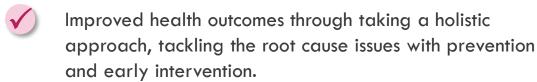












Reducing frustration and duplication for service users and clinicians providing information multiple times.

Improved understanding of population health and risks to poorer health outcomes.





Mobilisation and Transformation











Mobilisation – three key priorities

1.

Building a strong BSW ICBC system leadership and governance framework



"I know my role and responsibilities as a partner in the BSW ICBC system, and I feel involved in decision making about community services."











Mobilisation – three key priorities

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1

Building a strong BSW ICBC system leadership and governance framework

2. Ensuring a seamless, safe transition



"I had all the tools I need on day one to continue seeing service users."

"I was impressed by how seamless the change was. My clinic appointment went ahead as usual, and the service had all my details. I felt safe knowing that everything was handled properly."













Mobilisation – three key priorities

1

Building a strong BSW ICBC system leadership and governance framework

Ensuring a seamless, safe transition

3. Establishing a route to transformation



"I understand the case for change and both myself and my team feel excited and optimistic about the future vision of our BSW community health service"











Transformation – first 6 months



Transition to healthcare first model

Leading the system through the change journey

Harmonisation

Upfront investment to implement key enablers

Start, Live and Age Well service brand activation campaign













Transformation – by end Year 1



Single Point of Access (SPA) with Care Coordination

Integrated Neighbourhood

Teams

Digital Front Door

Data driven decision making

"I only need to tell my story once." "I feel seen as a whole person, and both my strengths and needs are understood."

"It's convenient for me to manage my own health when I feel I can, but I also know where to go if I need extra help."













Transformation – by the end of Year 2



Implementation of the BSW Estates strategy

VCFSEs as integral partner in delivery of community-based care (£7m invested)

Digital innovation

Single holistic assessments and all age personalised care plans embedded

"I feel heard and understood and have been involved in planning my care."

"There's a great selection of health and care support in my community and close to my home."









