your care your way

Let's plan community services together

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Summary Report:

Launch Event

Thursday 29th January 2015 | 2:30pm

Bath Assembly Rooms

Summary of key themes:

- **Significance of social isolation and effect on health and wellbeing** especially in rural areas. This leads to need for…
- **Building community capacity to maintain/enable independence** e.g. wellness centre and neighbourhood hubs
- **Equality of access** – whether by geography/location and also to meet mental, spiritual and physical needs
- **Easy access/navigation** – need for good signposting, road maps, pathways, communications
- **Support for more preventative care/services** - involving voluntary (and private) sectors
- **Person-centred care** – individuals listened to/respected and included – also break down current barriers between individual services, labels etc.
- **Person centred** – re: holding records and personal budgets
- **Early intervention**
- **Continuity of care** – from home to hospital and onwards to end of life
- **Integrated care services** – move around the patient and carers/families – holistic approach
- **Embrace technology** – SMART interventions, better communications

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Vision Statements

1. Services that are creative, flexible and "do with" rather than "do to".

   Plan for and provide for rural communities and recognise the importance of social isolation and its effect on health and wellbeing.

   Empowering, sustainable & excellent.

2.
   - Bridging the gap in referral criteria between adult and children services.
   - Continuation of older person support funding – including provision of telecare.
   - Keep worthwhile and proven services in the community, like existing ILS.
   - Integrated care with fewer boundaries between services – service linked & use of key workers
   - Be open to learning from others – good handover between services
   - Whole systems approach rather than individual services managing individual aspects of care.
   - Easy to navigate for all, simplify access
   - Patient hold records
   - Equality of access to services
   - Preventative services – strategic approach including voluntary sector
   - Personalised budgets
   - Assistive technology to improve housing
   - Forward planning with providers of specialist housing
   - Involve voluntary organisations more

3. A clear "roadmap" for integrated services – to be "obvious" regarding what choices are available (positive healthcare choices)
   A knowledge "navigator" to support and get things done

   Equal priority for mental/spiritual needs & physical needs

   A "wellness centre" in Bath with satellites in every community

4. To create a compassionate "community" based on supporting me and everyone involved in my care based on the principles of independence, choice and control to enable me to remain independent for as long as I want. I will need advocacy to support me early-on based on openness and good communication with carers and professionals. This should help me to live and die well.

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5. Building community capacity through:

- Equal life chances
- Accessibility
- Maintaining independence
- Choice
- Joined-up services, linked with voluntary sector and private sector
- Embracing technology

6. A seamless, joined up service where the individual is at the centre, across all services. All interventions are SMART & where effective communication & high quality solutions are evident & practiced.

7.

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8.

- Keeping it simple & effective – having a way of accessing what people need when they need it
- "Neighbourhood" hubs that have 'services' as a part of the whole resources in the area
- The same info for everyone in a variety of ways – App (by postcode) & various publicity
- No one sees the separation (of individual services) but us

9. That they recognise early on when they need help, they know where to get it & feel confident to access it

10.

- Training the workforce on person-centred care
- Early end of life conversations
- Recognition of carers (secondary ones needing support)
- Continuity of care – patient's decisions follow them eg. From home > hospital (followed through services)
- Better INT
- Individualised (one size does not fit all)

11. For all residents in BaNES to experience the same level and access to care regardless of geographical location and equalities group.

- Access to alternative services
- Access to FAST diagnosis
- Recognising importance of social inclusion and WELLBEING
- To have a 'community navigator' type role – person to have extensive knowledge of local services
- Mobile services, i.e. not restricted to one location

12.

- Improving outcomes
- Skills not services / Positive skill mix
- Community leadership
- Less labels

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13. Integrated services, particularly preventative ones, delivered through partnership & collaboration in a system where everyone knows where they can go for help. Community services that reach or are accessibly for all people, particularly those who are less able to access them.

14. That they are:
    - Listened to
    - Respected
    - Included
    - Supported to be in control of their life and care

15. Our vision for community ~~services~~ support for everyone in B&NES is:

There for everyone → **quality? / qualify?** / **who needs it**

16.
    - Integrated
    - Accessible for all
    - Equitable
    - Patient centred
    - Individualised
    - Family Centred
    - Right time
    - Right place
    - Well communicated and advertised
    - Timely manners

That services are seamless, access is clear & support is practical – CLEAR PATHWAYS!

17. INFORMATION + FINANCIALLY RESOURCED

COMMUNITY SERVICES ⇨ CULTURAL SHIFT ⇨ RESILIENT COMMUNITIES

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18.

- Focus on person centric/specific and individual
- Canvass the workforce
- **Very local** collaborative seamless service
- Support preventative service
- Easy to access
- Breaking down barriers of preconceived ideas of what would be useful; art/gardening etc.
- Good opportunities to be listened to *well signposted*

19. To provide trusted, responsive and coordinated services which respect personal choice whilst maximising the resources available.

20.

- People take responsibility for their own health and wellbeing
- Personalised, based on needs and wishes of individuals
- Maximum use of assisted technology
- Integrated care services move around patient and carers/families – systematic/holistic approach
- Value of lived experiences/peer support for all ages/conditions/situations
- First point of contact – need to change the front door – make it multi-disciplinary, not GP/A&E
- Culture shift – not to go to GP – go to pharmacist – pharmacy based in GP clusters (could be virtual) e.g. multi-agency service hub – single point of access for all ages (cluster base at community)

21. It's about my choices and my community…I need:
    - Accessible information
    - Early interventions
    - Partnership
    - Improved communications