

## **Summary Report:** **Supporting People & Communities**

9th June 2015 | 9:00am – 1:00pm  
Southdown Methodist Church Hall

### **Attendees**

There were 48 attendees from Supporting People funded services. There were also representatives from the B&NES Council Commissioning Team.

Sue Blackman and Mike McCallam gave an update on the progress of the **your care, your way** community services review.

Sue talked about the population and financial data that has been compiled and gave an overview of the results from Phase 1.

Mike explained the nine key themes from Phase One in more detail and provided some early thoughts on what should be in the CCG and Council's commissioning strategy. This was followed by a Q&A session.

### **Q&A Session**

**Is this project about making the £38m of cuts the council needs to make? Cuts always hit social care worst. Where will the money come from?**

The project doesn't have a specific savings target but we'll need to conduct a full cost/benefit analysis to ensure we make the most of our available financial resources.

**Are GPs in scope? We can provide so many solutions to GP's but it's very hard for us to engage with them. They are essentially private providers.**

We see community services being delivered around clusters of 30,000-50,000 people and there is clear overlap between GP and community services. We have presented at a number of GP Forum meetings. The review has been welcomed by GPs and they are well engaged.

### **In North Somerset groups of GPs are working together to deliver community services.**

Alignment with the CCG's Primary Care Strategy is vital. GPs recognise that although they see themselves at the centre of care they don't know all the services out there. GPs on CCG Board are really behind this review.

### **Will you get GP systems to talk to each other across Bristol & Wiltshire as well?**

We have a specific work stream for interoperability so that all systems talk to each other.

### **How will you release money from acute budgets into community services? How will this happen? How can we assist?**

This review will look at the overlaps with acute care and any reallocation of funds will need to deliver benefits for primary care, secondary care and urgent care.

### **Spending on urgent care and secondary care is always increasing to the detriment of community services**

We need to focus more on prevention to address this issue.

### **We need to reach out to homeless, rough sleepers, travellers etc.**

We will do more with these groups in Phase 2 to ensure they are properly engaged.

## **Group Activity One: Case Studies**

Each group was given a case study and asked to design services and activities around people's needs to enable them to reach their outcomes – utilising existing services, community support and envisioning additional services/activities that could be useful.

### **Study 1 – Aleysa**

#### **Low level mental health needs, relocating to the area and carer responsibilities**

- Navigators to help direct people around the system and maximise opportunities available.
- We must ensure a seamless transition between adult and children services
- Ensure comprehensive and holistic assessment of needs (personal profile)
- Support currently is only given when people begin to reach a crisis point, there needs to be early intervention to prevent the need for further services, so maybe eligibility for some services needs to be lowered.

## **Study 2 – Ivana**

### **Domestic Violence , English as a second language & rural services**

- Extend social prescribing across secondary care and integrate with a Wellaware type model.
- Have a full directory of services – improve Wellaware
- Need IT & info hubs across B&NES for vulnerable and isolated people to access, for eg mobile libraries or charity shops.
- Access to intelligent IT systems to translate information quickly into other languages.
- There is a role for the community and neighbourhood, by sharing information about what to do in certain circumstances neighbours will be able to act as sign posters (raising awareness)
- Tailored support following a miscarriage.

## **Study 3 – Harry**

### **Itinerant worker, D&A, lost family connection**

- Support SAFE communication – for example an online messaging board so families/professionals can get hold of chaotic clients.
- Ensure access to positive role models/mentoring for longer term support.
- Navigators to assist through the system

## **Study 4 – Malcolm**

### **Long term street homeless**

- Some enduring support for people with low literacy to allow them to manage day to day tasks effectively to prevent a crisis situation, such as maintaining correspondence.
- Increase the provision of supported discharge – step down accommodation.
- Increase the amount of specialist advocacy services (eg mental health),as there currently is no provision in B&NES.
- Housing First – housing people with chaotic lifestyles – ensuring that someone is housed first and then supported to maintain rather than fitting into existing services.
- Older People's services need to be trained up to deal with people from different backgrounds and lifestyles.

## Group Activity Two: Discussion Groups

There were a number of emerging themes that came from the afternoon discussions:

- Enabling people to have to only tell their story once. Ensuring that information can be shared across organisations and that people only have one plan or assessment which can be built upon by all involved in the case.
- People tend to be 'classified' in accordance with their current biggest problem. Must ensure multi-disciplinary teams to ensure all issues are addressed at same time and client is support holistically.
- There must be a smooth transition between children's and adults services, with joint working from both sets of teams.
- Information about services, support, opportunities should be widely available in a range of formats to enable people to see all their options.
- Navigator roles should be created to help guide people through the system, with an expectation that navigators could also act as social prescribers.
- Support required for 'life-events' (such as divorce, redundancy, bereavement etc). Information and support services/community help to prevent isolation, depression etc.
- There needs to be a seamless transfer from short-term to long term services, ensuring that long term services are in place before short –term ends.
- Mental Health teams need to be more responsive to requests for assistance.
- The use of crash pads needs to be expanded to provide emergency accommodation for all user groups.
- Empower service users/clients to play a more active role in the development, monitoring and running of services.
- Integrate Health & Social care providers, as well as voluntary, community and charitable providers.
- Effective volunteer and peer support roles require ongoing support and training, which will require a certain amount of funding.

## What happens next?

All suggested improvements have been fed into the **your care, your way** review. A commissioning strategy and action plan is being developed and will be shared for consultation in the autumn. If you would like to make more comments on the community services consultation, please visit [www.yourcareyourway.org](http://www.yourcareyourway.org)

The Supporting People and Communities team are currently reviewing their commissioning priorities for the coming year and will be in touch as soon as these have been determined and budgets have been finalised.