

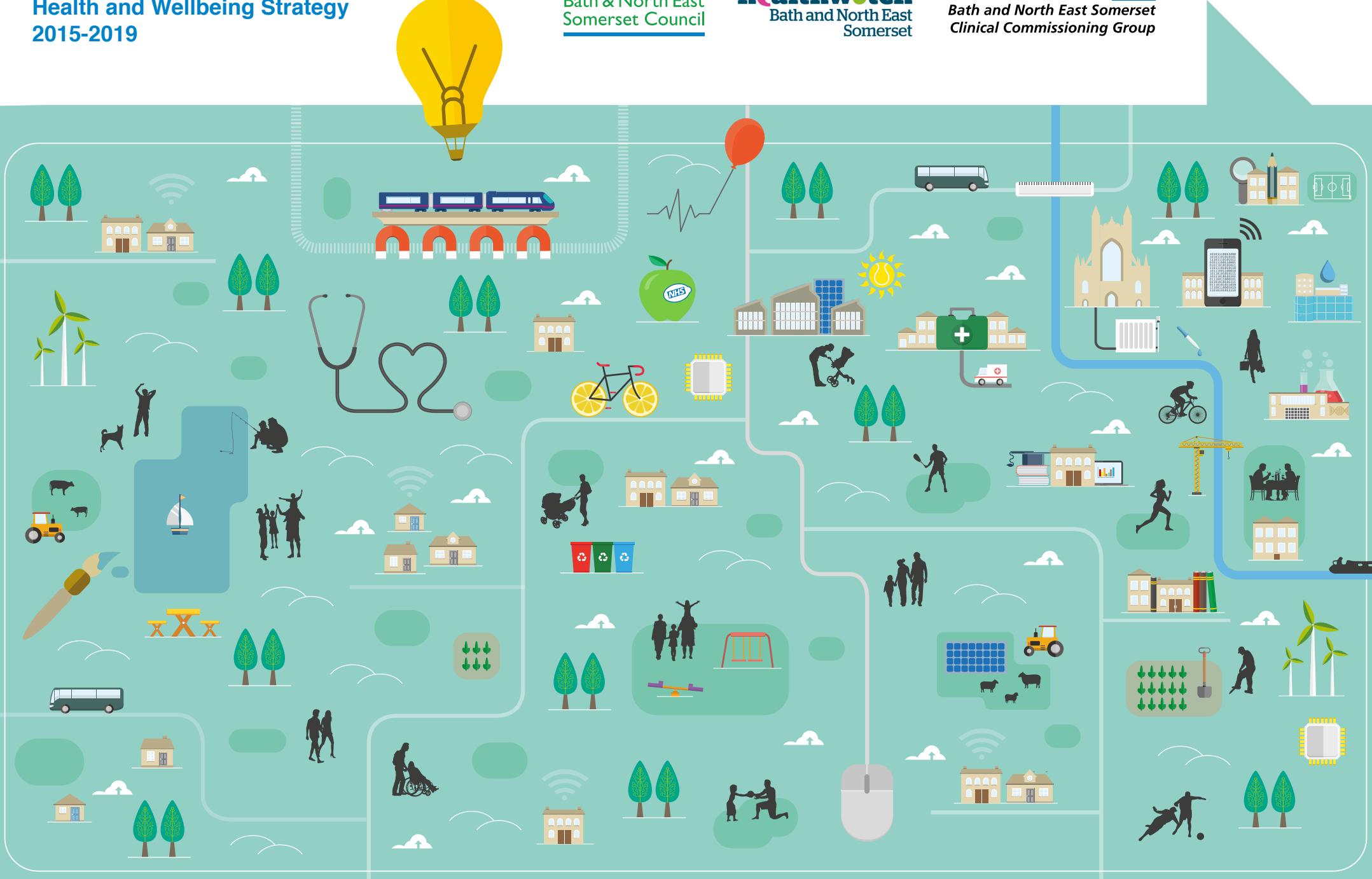
Bath and North East Somerset Health and Wellbeing Strategy 2015-2019

Bath & North East
Somerset Council

healthwatch
Bath and North East
Somerset

NHS

Bath and North East Somerset
Clinical Commissioning Group



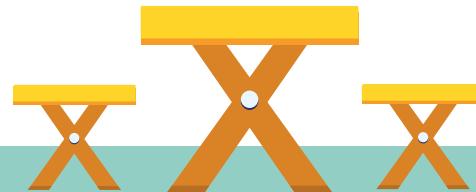
Our vision for 2020

'Bath and North East Somerset will be internationally renowned as a beautifully inventive and entrepreneurial 21st century place with a strong social purpose and a spirit of wellbeing, where everyone is invited to think big – a 'connected' area ready to create an extraordinary legacy for future generations'.

This vision was developed by the Bath and North East Somerset Public Service Board; a partnership made up of leading public, business and voluntary sector organisations in Bath and North East Somerset including the Council and the Clinical Commissioning Group.

This strategy will help the Health and Wellbeing Board work towards the delivery of this vision; by reducing health inequality and improving health and wellbeing in Bath and North East Somerset.

This builds on an extraordinary history of partnership between the Council and local NHS stretching back over 20 years.



"B&NES will be internationally renowned as a beautifully inventive and entrepreneurial 21st century place with a strong social purpose and a spirit of wellbeing."



The framework

Three themes and eleven priorities set the framework for action:



Theme 1

Preventing ill health by helping people to stay healthy

Priority 1

Helping children to be a healthy weight

Priority 2

Improved support for families with complex needs

Priority 3

Reduced rates of alcohol misuse

Priority 4

Create healthy and sustainable places



Theme 2

Improving the quality of people's lives

Priority 5

Improved support for people with long term conditions

Priority 6

Promoting mental wellbeing and supporting recovery

Priority 7

Enhanced quality of life for people with dementia

Priority 8

Improved services for older people



Theme 3

Tackling health inequality by creating fairer life chances

Priority 9

Improved skills and employment

Priority 10

Reduce the health and wellbeing consequences of domestic abuse

Priority 11

Take action on loneliness

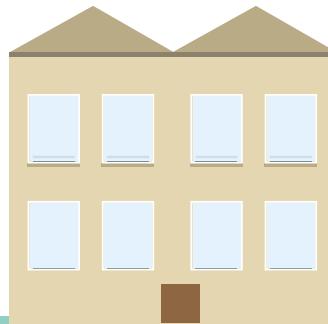
Foreword by Councillor Vic Pritchard

I have been a Councillor for Bath and North East Somerset for nearly 20 years. During this time I have met many local people and organisations and listened to the views and experiences of patients and carers. This experience has helped me to understand what works well and the importance of involving people in the decisions about the care that they receive.

The Bath and North East Somerset Health and Wellbeing Board has a significant role to play in developing a local health and wellbeing service that delivers high quality care for all and supports us to lead healthy, sustainable lives.

To achieve this, our health and care services will need to adapt to meet new challenges; we live longer, nearly a quarter of people who live in Bath and North East Somerset drink too much and we are increasingly overweight or obese.

I am fully committed to building a sustainable local health service and to addressing the challenges we face. To do this we need to get serious about preventing avoidable disease which is putting pressure on our local health system and support people to take more responsibility for their health and care.



This is the second Health and Wellbeing Strategy. It sets out the Health and Wellbeing Boards aspirations for the future and how it will be better. This includes greater choice and independence for older people, ill health prevention, integrated health and social care services and care tailored to meet the needs of the individual.

As Co-Chair of the Health and Wellbeing Board I am determined to make a difference and deliver on these aspirations. This Health and Wellbeing Strategy will not only help people who are unwell but will work to create a sustainable and healthy future for the people of Bath and North East Somerset.

Councillor Vic Pritchard

Co-Chair, B&NES Health and Wellbeing Board



Foreword by Doctor Ian Orpen

NHS Bath and North East Somerset Clinical Commissioning Group is an equal partner in the Bath and North East Somerset Health and Wellbeing Board. We play a pivotal role in bringing front line clinical expertise to the Board and in helping to realise joined up health and social care services and person centred care.

Together with Bath & North East Somerset Council and through the Health and Wellbeing Board we provide leadership to make innovation and change happen locally. Our aspiration is to have an even higher performing local care system.

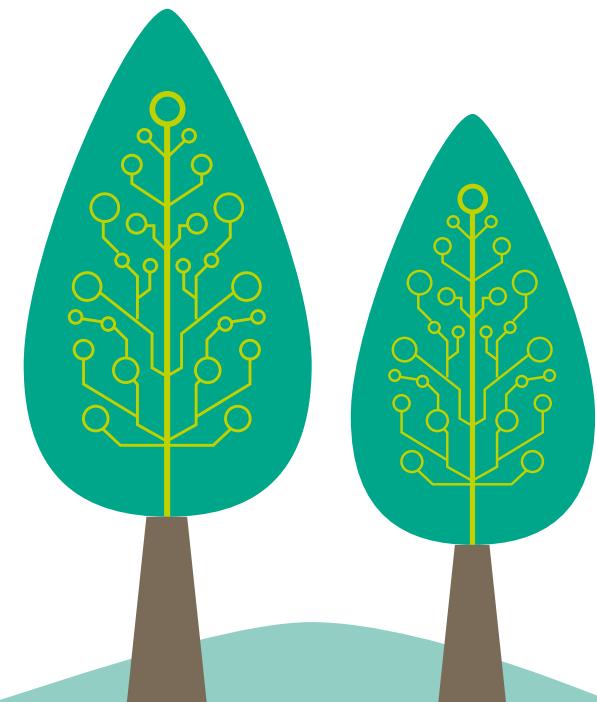
To do this we will need to implement new models of care that support people and organisations to innovate, set and adopt national best practice, recognise the potential of providers as an important source of innovation and create a culture that values learning.

The Health and Wellbeing Board plays a unique role at the heart of our local health system that can make this change happen. It offers us the opportunity to think differently about health and social care in the future. It also provides us a powerful voice to influence broader ‘wellbeing’ services such as leisure, housing and the economy, which are an important part of preventing poor health.

I am fully committed to the Health and Wellbeing Board, and to turning our aspirations into practice. Through this Joint Health and Wellbeing Strategy, and the Clinical Commissioning Group’s five year Strategic Plan we will put in place services which improve the health of local people and communities.

Doctor Ian Orpen

Co-Chair, B&NES Health and Wellbeing Board



Introduction

Bath & North East Somerset Council and NHS Bath and North East Somerset Clinical Commissioning Group have a shared legal duty to have a Health and Wellbeing Board and to publish a Joint Health and Wellbeing Strategy (JHWS).

The Health and Wellbeing Board is the body responsible for improving the health and wellbeing of people in Bath and North East Somerset. It provides strong and shared leadership and is the centre point of our local health and social care system.

The Joint Health and Wellbeing Strategy sets out how the Health and Wellbeing Board will improve local health; by assessing the evidence, setting the strategic direction and deciding how to make the best use of collective resources. It also ensures that local commissioning plans are coordinated and coherent and that we work together with our communities to deliver outstanding care and health services to local people.

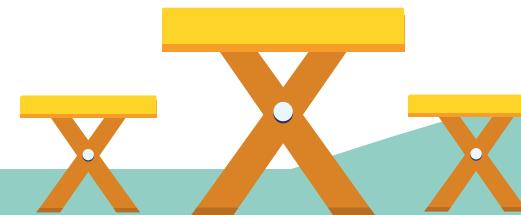
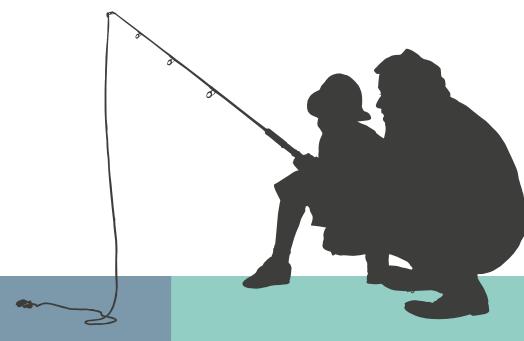
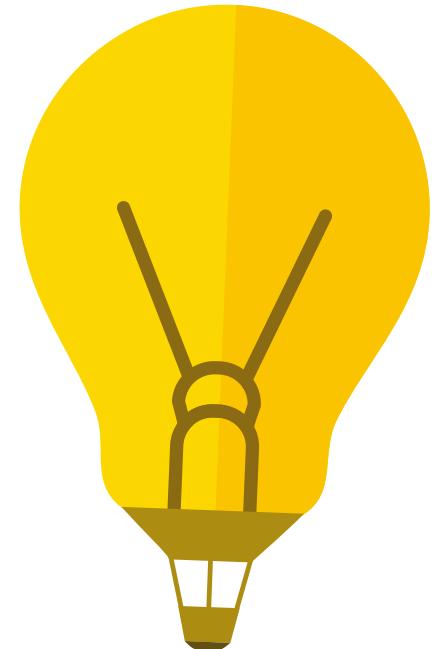
Three themes and 11 priorities set the framework for targeted action in the Strategy. They are not an exhaustive list of everything that the Council and NHS are doing; but rather a set of priorities for the Health and Wellbeing Board to really focus on and make a difference over the next few years.

The Joint Health and Wellbeing Strategy sits collaboratively alongside the NHS Bath and North East Somerset Clinical Commissioning Group's 5 Year Strategy 'Seizing Opportunities'.

Seizing Opportunities

"To lead our health system collaboratively through the commissioning of high quality, affordable, person centred care which harnesses the strength of the clinician led commissioning and empowers and encourages individuals to improve their health and wellbeing."

NHS Bath and North East Somerset Clinical Commissioning Group 5 Year Strategy: Seizing Opportunities.



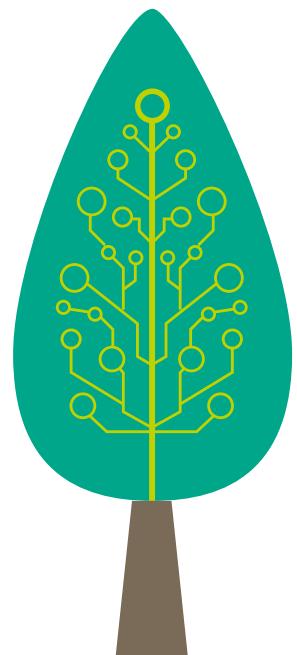
Our Successes

Bath and North East Somerset Health and Wellbeing Board is already making a difference through:

- Strong leadership of the local health and social care system
- Supporting health and care organisations to invest in preventative services such as the new re-ablement and rehabilitation service reducing unplanned hospital admissions.
- Building relationships that are delivering innovative services such as the IRIS Project which is helping GPs identify and help victims of domestic abuse
- Influencing plans for transport, housing and business growth to ensure the environment around us helps us to live well. For the first time health and wellbeing is a cross cutting theme in the Bath and North East Somerset Economic Strategy and also the Core Strategy which guides the council's future housing development plans.

- Promoting the need to focus on groups with the worst health outcomes
- Giving health and care organisations the space to think differently about system change and new models of delivery
- Working to ensure our local care and health service is fit for the future through the Transformation Group (a group of health and social care providers).

There is already a great deal of work underway which is helping to change lives. We will build on this work, learn from others nationally and internationally and use the Joint Health and Wellbeing Strategy to drive forward improvements in our local health and social care system.



A patient centred approach to heart failure care

Heart failure is the most common cause of readmission to the Royal United Hospital in Bath. In the past professionals treated specific aspects of care but often in isolation from each other. A heart failure group was set up to develop a patient owned 'Heart Failure Passport'. The passport includes all the key information about a patient's condition including their treatment plans, all medications and end of life planning where appropriate. So, if a patient sees a healthcare professional who isn't part of the heart failure team all their vital information is easily available.

In addition to this, an investment has been made in telehealth technology so that patients can monitor their weight and better monitor their heart condition. Community heart failure nurses have also been given greater access to a consultant cardiologist and other cardiology professionals. This has enabled the team to share valuable lessons which has enhanced the care experience and improved the outcome for patients.



Building on a strong partnership

There is a strong history of partnership between the Council and NHS which has led to the integration of many local health and social care services.

In October 2011 Sirona Care and Health was created to provide integrated health and social care; it was one of the first independent organisations in the country to include both health and social care professionals. It continues to provide a wide range of care and support services, including community care and community health services, mental health support and children's health care.

The Health and Wellbeing Board is committed to extending and further developing integration arrangements - where these create better outcomes for local people - over time and through funding sources such as the Better Care Fund.

Over the next year the Health and Wellbeing Boards partnership with health and social care providers and Healthwatch will be further developed. The newly formed Transformation Group will be one way this is achieved. The Group will build on the energy and expertise of major health and social care providers, involving them in decisions about the future of health and social care services, and achieving local health and social care goals together.



Improving GPs identification of domestic abuse

IRIS is a domestic abuse training and referral programme that provides support for patients in General Practices, who have lived with, or are still living with domestic abuse. The project provides domestic abuse awareness raising training to a range of practice staff, from GPs to receptionists and helps them to deal proactively with victims of domestic abuse. Research by Healthwatch Bath and North East Somerset suggested that improved support for victims of domestic abuse in General Practices would be welcomed locally.

'A complete revelation. By becoming more aware of the signs and symptoms that suggest abuse – long term anxiety and depression, repeat visits to the surgery for minor symptoms, unexplained gynaecological problems – I become much more aware of patients who were living with abuse and the negative impact that this was having on their health outcomes.' (GP national IRIS programme).

(IRIS is commissioned in partnership between Bath and North East Somerset Clinical Commissioning Group and the Office of the Police and Crime Commissioner)



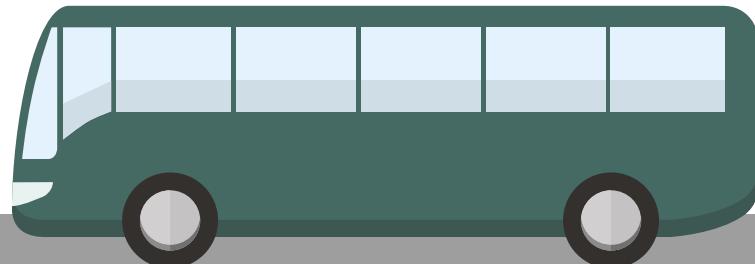
Reducing health inequalities

11

The World Health Organisation defines health as “a state of complete physical, mental and social wellbeing”. People with good health are able to have control of their lives, live life to the full and participate in their communities.

Unfortunately people and communities experience inequality in health. This can be due to differences in where they live, social group, gender and other biological factors. These differences have a huge impact, because they result in some people experiencing poorer health and shorter lives.

Health inequality exists in Bath and North East Somerset. The Joint Strategic Needs Assessment shows that good health is unequally shared and inequalities exist between different geographical areas, communities, social and economic groups in Bath and North East Somerset. For instance we know that, for men, life expectancy varies by up to 8 years along the stops of the number 20a/c bus route in Bath. People living in Twerton have a lower life expectancy than those who live just 5 bus stops away.



The Health and Wellbeing Board is committed, through this strategy, to tackling these health inequalities. In 2010 Sir Michael Marmot published ‘Fair Society Healthy Lives’ and set out an evidence based approach to reducing health inequalities in England. This Joint Health and Wellbeing Strategy is guided by the principles set out within the Marmot report.



Helping families to eat healthily

'Cook It' is a free 6 week cooking skills course for parents and carers, with crèche facilities provided. M, a busy mum from Bath, joined the course because she wanted to cook healthy meals for her children but her lack of confidence in the kitchen meant she was frightened to try new recipes.

"I know so many mums complaining that they do not have time to cook because it takes a long time and it is too complicated and I totally understand them because I used to feel that way. Having the chance to have a practical lesson with all the ingredients and recipes ready for us to cook was great for me to see that if I get organised before I start cooking, then making a recipe can be a great experience. The best of all is that my family diet has changed a lot for the better. No doubt about this."

"Having the chance to have a practical lesson with all the ingredients and recipes ready for us to cook was great for me to see that if I get organised before I start cooking, then making a recipe can be a great experience."



Getting serious about ill health prevention

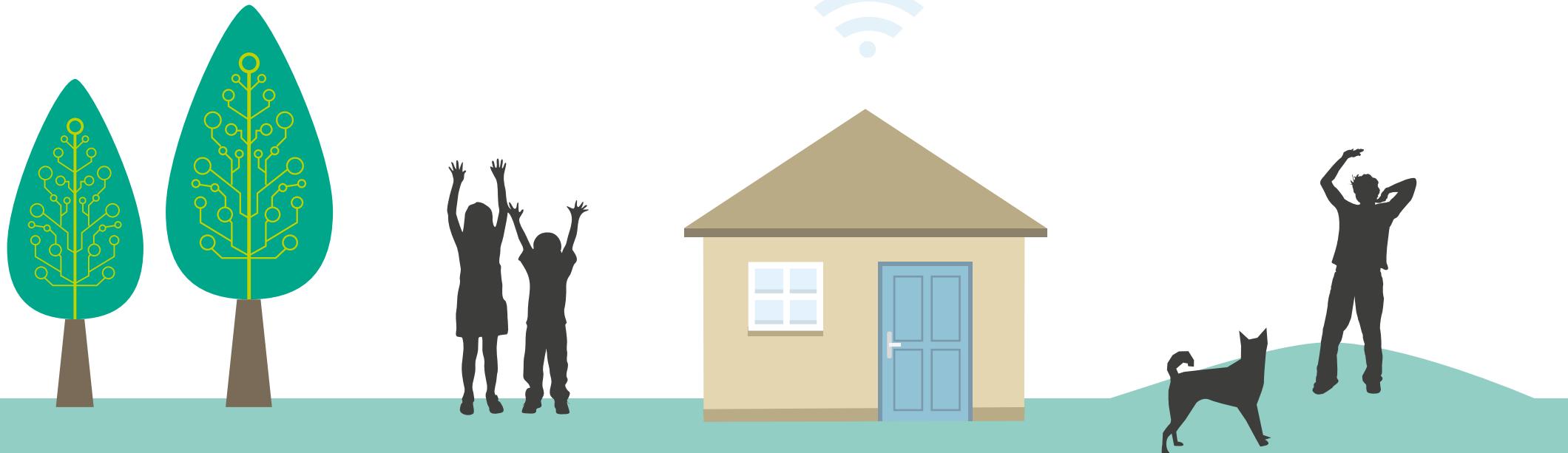
The failure to address increases in avoidable ill-health caused by obesity, alcohol misuse and smoking is putting a huge pressure on the future of our local health service.

The UK performs poorly on several important health problems compared to our European peers including coronary heart disease, stroke and lung cancer. We need to do more to tackle the underlying risk factors of these conditions and help people to be healthy by stopping smoking, being more active, drinking less alcohol and becoming a healthy weight.

'If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness' (NHS 5 Year Forward View, October 2014)

Through the Health and Wellbeing Board we will develop a more coherent approach to public health that recognises that we all have a part to play in preventing ill-health. We need to refocus policies and services across a wide range of stakeholders from local community groups to schools to produce a whole system approach that gives priority to securing health and reducing health inequality.

NHS Bath and North East Somerset Clinical Commissioning Group is leading the development of a 'Prevention, including Self Care' work programme that will compliment a broader approach to ill health prevention. The programme focuses on areas of higher deprivation and enables people to take greater responsibility for their health.



Where we are now

14

For many years the focus has been caring for people when they are ill, not keeping them healthy.

Changes in our local population - people are living longer with more complex and sometimes avoidable conditions - means that this is no longer a financially sustainable strategy.

We are beginning to think differently about how health and social care works locally. This includes a shift away from care in hospitals towards a more preventative approach that helps people to help themselves. We are investing in new care models that support and encourage people to be more informed and involved in their own care such as the new diabetes care pathway, but we need to do more to make our local health service really sustainable in the future.



Where we want to get to

A future that empowers people to take much more control over their own health and care.

Numbers of coronary heart disease, stroke and lung cancers are down because we are helping people to be healthy through exercise, by eating healthy foods and drinking less alcohol. Our local public health system - from healthy eating programmes in schools to exercise clubs for the over 60's – supports health and wellbeing.

We are slowing disease progression and reducing demand for specialist services because more people are helped to get involved and take responsibility for their own care. This in turn reduces the demand on our urgent care system.

The divide between GPs and hospitals, between physical and mental health, and between health and social care is dissolved. 'A future that no longer sees expertise locked in too often out-dated buildings, with services fragmented, having to visit multiple professionals for multiple appointments and endlessly repeating details' (NHS Five Year Forward View).

We have strengthened the long term financial sustainability of the health and wellbeing system through a shift in investment to prevention, which over time has reduced the demand on more costly ill health treatment services. We have created financial efficiencies which mean we can take advantage of the new opportunities science and technology offers patients, service users and carers.



Taking action on loneliness

JM is 66, his wife had just passed away, he was starting to feel a little lost, lonely and was beginning to drink more. He was at risk of depression, and an alcohol related condition. He was signed posted by a helpful neighbour to a local social group, which regularly invited care professionals to talk about health. Through the group and the information he received JM accessed a range of health and social care services. He also joined an over 60's exercise group and is got involved with a local community garden. These experiences have helped him to feel more positive. He is drinking less and his future is good.

Without investment in community programmes that intervene early and support people's wellbeing, JM would probably have needed a more costly health treatment for depression or alcohol related condition.



Children and young people

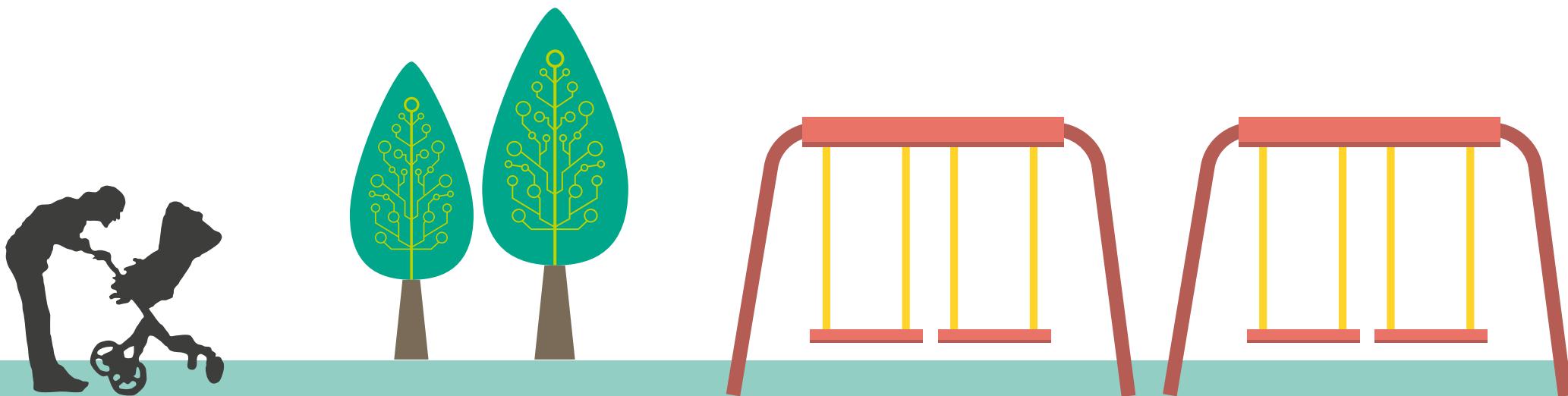
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Children and young people are an important part of this Joint Health and Wellbeing Strategy and are included in each of the three themes and eleven priorities from the complex families programme to reducing alcohol misuse.

The Health and Wellbeing Board will continue to work in partnership with the Children's Trust Board and support the delivery of their plans for Children and Young People. The Children and Young People's Plan 2014-2017 is working to deliver 3 key outcomes:

- Children and young people are safe
- Children and young people are healthy
- Children and young people have equal life chances

These outcomes are aligned with the Health and Wellbeing Strategy and are reviewed on an annual basis by the Health and Wellbeing Board.



Promoting children's emotional health

B&NES Children and Young People's Plan 2014-2017: 'All children and young people have good emotional wellbeing and resilience'

8 children from a Year One / Two class were chosen as having a particular emotional, behavioural or self-esteem issue. Bath & North East Somerset music service arranged for the pupils (with the rest of their class so there was no stigma of selection) to receive 15 weeks of high quality Djembe drumming tuition. Children were provided with a highly supportive environment to improve: creative exploration, confidence, concentration, self-esteem and teamwork.

The drumming lessons gave children a chance to work collectively to achieve something very special and memorable. The project has allowed some of the pupils with emotional issues to shine and raised the profile of music.

'It was amazing to see pupil X leading his class at Fun Day. A year ago this would be unthinkable'. Mr Stevens (Class Teacher).



Keeping people safe

19

Delivering good quality care and keeping people safe is the business of the Health and Wellbeing Board. Protecting people's health, wellbeing and human rights and enabling them to live free from harm, abuse and neglect is vital.

The Health Wellbeing Board will work in partnership with the Local Safeguarding Adults Board and the Local Safeguarding Children Board to make sure that vulnerable children, young people and adults at risk of harm are protected and kept safe.

The Local Safeguarding Adults Board and the Local Safeguarding Children Board report their annual plans and performance reports to the Health and Wellbeing Board. There is also shared membership amongst the Boards which ensures a joint and seamless approach to delivering health and wellbeing and safeguarding priorities.

"We will make sure that vulnerable children, young people and adults at risk of harm are protected and kept safe."

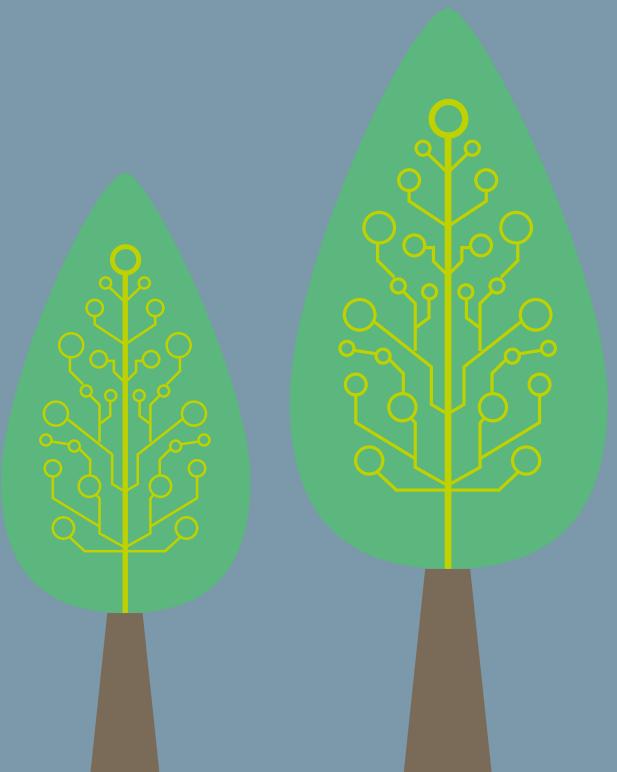
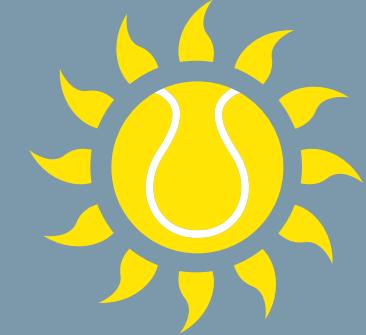


Getting active

NW is a local Mum who has had a lot on her plate in recent years including caring for her father in law, managing a part time job as well as a home and 3 children. NW had started to feel low and didn't feel as though she was coping as well as she could, which in turn knocked her confidence and self-esteem. When N's doctor suggested referring her to the Lifestyle Service to help manage her weight and get more active she jumped at the chance.

N started the Passport to Health exercise programme in November 2012, using the gym 3 days a week with guidance and support. Three months on and N's confidence and self-esteem have increased dramatically and her friends and family are glad to have the "old N" back. N has noticed she is less anxious and panicky and has stopped taking medication to help control her nerves.

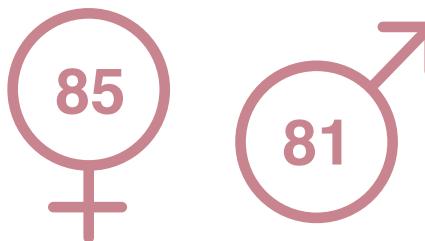
"Passport to health was the best thing for me; I am pleased with the help that I have received from the team on controlling my weight and helping me with my fitness."



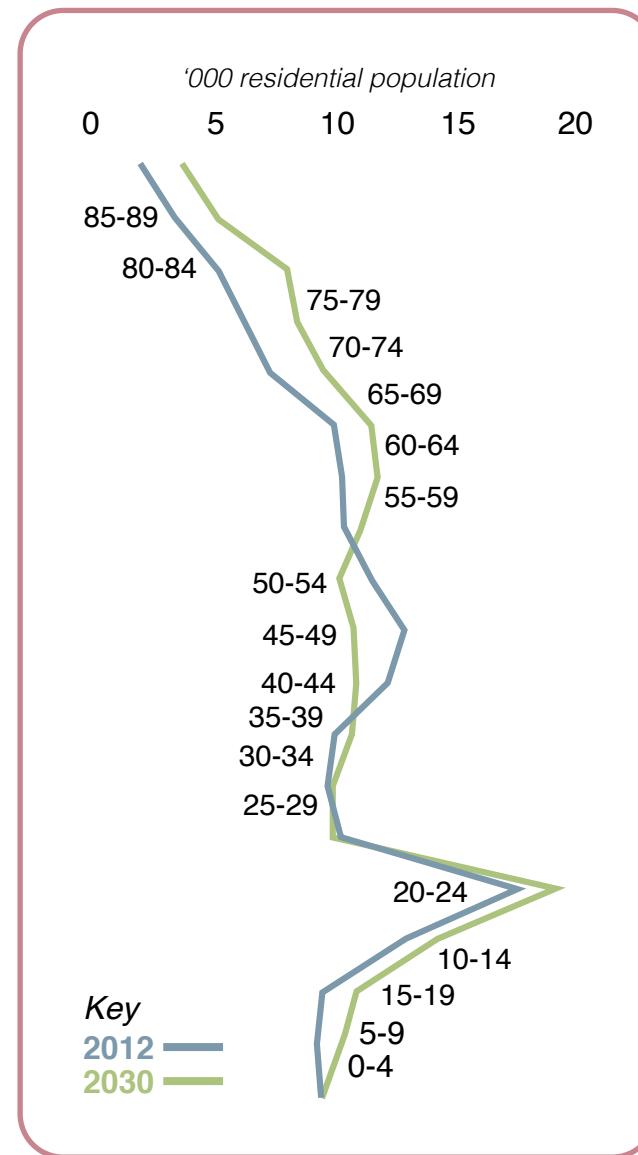
The local resident population is
180,700

And there are **nearly 20,000 more registered patients** than residents.

Life expectancy is high, compared to national and regional rates.



But there's life expectancy gaps of **over 8 years** (and increasing) exist for men living in different parts of B&NES. Just 5 stops on a local bus route.



B&NES has a **significant student population**.

And there will be **increases** in the number of children & young people.

There will be a **38% increase** in the 65+ population by 2030.



36% of our population live in rural areas without reasonable access to GP facilities by public transport



2014 estimates suggest there are:

19,000 people with a common mental health condition

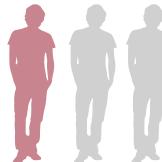
2,500 with a severe physical disability

2,500 people with a learning disability

1,500 with autism spectrum disorder

There are **~2000** deaths per year in B&NES. Of these, **67%** want to die at home, and **56%** die at their usual place of residence (home or care-home).

The 2nd highest rate in the country.



In 2011/12 **1 in 3** young people from a low income family achieved 5 or more GCSEs at A*-C.



Compared to **2 in 3** for young people not on free school meals.



30% of people with a long term physical health condition have a mental health condition

and...



46% of people with a mental health condition have a long term health condition.

Suicide and undetermined deaths doubled between 2005-07 (26) and 2011-13 (54).

Self harm rates amongst males increased by 38% between 2010/11 and 2011/12.

By 2030 5,000 more people aged 65+ unable to manage at least one self-care activity on their own.

1 in 10 people aged over 18 define themselves as a carer.

155 young carers known to services.



Appendix

23

The following pages set out the three themes and eleven priorities of the Joint Health and Wellbeing Strategy. They are not an exhaustive list of everything that the Council and NHS are doing; but rather a set of priorities for the Health and Wellbeing Board to really focus on and make a difference over the next few years.



The themes and priorities

24



Theme 1

Preventing ill health by helping people to stay healthy

Priority 1

Helping children to be a healthy weight

Priority 2

Improved support for families with complex needs

Priority 3

Reduced rates of alcohol misuse

Priority 4

Create healthy and sustainable places



Theme 2

Improving the quality of people's lives

Priority 5

Improved support for people with long term conditions

Priority 6

Promoting mental wellbeing and supporting recovery

Priority 7

Enhanced quality of life for people with dementia

Priority 8

Improved services for older people



Theme 3

Tackling health inequality by creating fairer life chances

Priority 9

Improved skills and employment

Priority 10

Reduce the health and wellbeing consequences of domestic abuse

Priority 11

Take action on loneliness

Priority	Outcome	Examples of current service delivery	Measures
Priority 1 Helping children to be a healthy weight	All pregnant women, children and young people are a healthy weight.	<ul style="list-style-type: none"> Integrated weight management pathway for the whole population. Control exposure to and demand for consumption of excessive quantities of high calorific food and drinks. Increase opportunities for uptake of walking, cycling, play and other physical activity. Establish lifelong habits and skills for positive behaviour change through mental health and early life interventions. Increase responsibilities of organisations for the health and wellbeing of their employees. Develop a workforce that is competent, confident and effective in promoting healthy weight. Influence decision and policy making to create healthy environments. 	<ul style="list-style-type: none"> Excess weight in 10-11 year olds. Level of exercise undertaken (school health survey). Number of people who start breastfeeding and who continue at 6-8 weeks. Excess weight of pregnant women at 1st antenatal appointment.
Priority 2 Improved support for families with complex needs	Families with complex needs are enabled to turn their lives around by making positive changes.	Work intensively with 700+ families, including: <ul style="list-style-type: none"> A dedicated worker for families. Practical hands on support. Persistence backed up by sanctions. An agreed outcome plan. Working to address family issues using a whole family approach. 	<ul style="list-style-type: none"> Criminal and anti-social behaviour rates. Domestic violence rates. School attendance rates. Number of family members are helped on a pathway back to work. Reduce the requirement of a child protection or child in need plan, keeping children safe. Number of positive health and wellbeing outcomes.
Priority 3 Reduced rates of alcohol misuse	Children grow up free from alcohol related harm. Communities are safe from alcohol related harm. People can enjoy alcohol in a way that minimises harm to themselves. People can access support that promotes and enables sustained recovery.	<ul style="list-style-type: none"> Training programmes for frontline staff and screening introduced into the NHS Health Check Programme. Holistic approach to promoting health and wellbeing across educational settings. Resources developed for children and young people including an alcohol drama project for secondary schools. Integrated commissioning model for Adult and children's treatment services. Alcohol Liaison service at the Royal United Hospital. 	<ul style="list-style-type: none"> Number of alcohol specific hospital admissions of under 18 year olds. Number of alcohol related hospital admissions 18+. Rate of night-time economy related crime and disorder. Number of people successfully leaving treatment with no return within 6 months.
Priority 4 Create healthy and sustainable places	A built and natural environment which supports and enables people in our communities to lead healthy and sustainable lives.	<ul style="list-style-type: none"> Fit4Life – an active living strategy for B&NES which delivers on leisure, travel and active environments. Maximise health improving opportunities in our most deprived areas through the refresh of the Open and Green Spaces strategy. Expansion of the B&NES Energy@Home scheme. Local food action plan to improve local food production, provision and access to good food, and healthy and sustainable food culture. 	<ul style="list-style-type: none"> Rates of cycling and walking. Access to high quality open and green spaces. Local food production rates. Numbers of energy-efficient, safe and affordable homes. Number of mitigation measures to reduce the impacts of climate change and environmental hazards. Influence of the local planning system.

Priority	Outcome	Examples of current service delivery	Measures
Priority 5 Improved support for people with long term conditions	Improved coordination of holistic, multi-disciplinary long term condition management (initially focused on a redesigned diabetes care pathway).	<ul style="list-style-type: none"> The Community Cluster Team model – a model of care which facilitates the proactive case management of 'at risk' patients through improved partnership working between primary care and community teams. The community Bladder and Bowel Service - undertaking more preventative work and initiatives to raise awareness. The expansion of the Parkinson's Disease multi-disciplinary team at the Clara Cross Rehab Unit and the Early Supported Discharge service for Stroke patients. 	<ul style="list-style-type: none"> Number of patients with diabetes receiving all care processes each year. The amputation rate per 1000 people with diabetes does not increase over the next 5 years. Number of patients with a diabetic foot care emergency referred to a multi-disciplinary team within 24 hrs. Ongoing monitoring of national indicators from NHS Outcomes Framework to improve quality of life for people with long term conditions.
Priority 6 Promoting mental wellbeing and supporting recovery	Emotional health and wellbeing is promoted and people are supported to talk about and seek help for mental health problems.	<ul style="list-style-type: none"> Emotional health and wellbeing is being promoted through the Director of Public Health Award for schools and the Wellbeing College for adults as well as the Children and Young People's Emotional Health and Wellbeing Strategy. B&NES Health and Wellbeing Board have signed a pledge committing to end discrimination against people who experience mental health problems and have developed an action plan for delivering this. Continued work to improve in-patient pathways of care . Multi-agency action plan delivering the Emotional Health and Wellbeing Strategy for children and young people . A range of actions to reduce the risk of self-harm or suicide. 	<ul style="list-style-type: none"> Parity of Esteem embedded for physical and mental health Support for people in a mental health crisis is embedded across all sectors. Accommodation options for adults with serious mental health problems in B&NES are improved. Employment options for adults with serious mental health problems in B&NES are improved. Stigma about mental health is reduced and wellbeing is promoted.
Priority 7 Enhanced quality of life for people with dementia	Increased dementia diagnosis rates and improved post-diagnostic support for people with dementia.	<ul style="list-style-type: none"> A Dementia Support Worker service for people who are diagnosed with dementia. Integrated hospital and community pathways for patients. Dementia Friends sessions for CCG and Council staff and now offered to other organisations including Bath Sainsbury's store. A Rural Independent Living Support Service to help people living in rural areas access services and a Home from Hospital service to support discharge from hospital. Care Home Support and Liaison to help care homes better care for residents with dementia. 	<ul style="list-style-type: none"> Dementia diagnosis rate. Performance indicators for the Dementia Support Worker service including being offered an appointment date within 4 weeks, being provided with information and guidance and a survey of service user experiences.
Priority 8 Improved services for older people	Integrated, safe and compassionate pathways for older people.	<ul style="list-style-type: none"> Re-design of adult community services (with more emphasis on supporting people to maintain and regain skills and independence, short term services which promote people's recovery and less emphasis on longer term packages of care which may create dependency). An integrated reablement and rehabilitation service. Personalised care planning supported by the Think Local Act Personal and Making It Real initiatives. End of life care planning and sharing of these wishes appropriately with all who care for the individual, recognising that this is an issue across the age range. 	Monitoring of a range of national indicators including: <ul style="list-style-type: none"> Quality of life. Proportion of service users who have control over their daily life, receive self-directed support or payments and have as much social contact as they would like. Permanent admissions of older people to residential and nursing care homes. Delayed transfers of care from hospital. Satisfaction of service users with their care and support and proportion who feel safe and secure. Whether individuals are able to fulfil their wishes in terms of their location at end of life.

Priority	Outcome	Examples of current service delivery	Measures
Priority 9 Improved skills and employment	All residents have access to training and employment.	<ul style="list-style-type: none"> • Apprenticeship schemes across the public sector. • A programme of work to support skills and employment in the core sectors including care, retail and hospitality. • Work experience placements in construction sites across Bath and North East Somerset. • A programme of work to support care leavers into employment training or education. 	<ul style="list-style-type: none"> • JSA claimant count below 1% (including a reduction in long term claimants). • Reduction in Not in Education Employment or Training.
Priority 10 Reduce the health and wellbeing consequences of domestic abuse	People are free from domestic abuse.	<ul style="list-style-type: none"> • A multi-agency approach to assessing and responding to high risk cases. • IRIS (Identification and Referral to Improve Safety) GP referral scheme. • Successful local projects including IDVAs and perpetrator programmes. • Innovative, high-quality local training on domestic abuse. 	<ul style="list-style-type: none"> • Development of local perpetrator programmes. • Extension of domestic abuse training to more front-line services, and inclusion in relevant commissioning. • More emphasis on preventative approaches, particularly for young people. • Improved and earlier reporting of domestic abuse.
Priority 11 Take action on loneliness	Everybody has a network.	<ul style="list-style-type: none"> • Independent Living services delivered in local communities. • A wide range of locally-based projects including the Village Agent Scheme (operating in 20 parishes) and "The Hub in a Pub" in Chew Stoke (a joint initiative providing services and support to older people living in the Chew Valley). 	<ul style="list-style-type: none"> • More "on the ground" projects to tackle loneliness in local areas, building on local community links and networks. • Addressing loneliness through key strategies, plans and commissions. • Better targeting of projects and support in areas of identified need.

Wellbeing refers to the wider social, physical, psychological, environmental and economic factors which affect our lives and our health.

You can find out more about the Bath and North East Somerset Joint Strategic Needs Assessment at www.bathnes.gov.uk/jsna

You can find out more about the Bath and North East Somerset Children and Young People's Plan 2014-2017 at www.bathnes.gov.uk/cypp

This document can be made available upon request in a range of languages, large print, Braille, on tape, electronic and accessible formats from Strategy and Performance:
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