



#doityourway

**Connecting communities to the
heart of what matters
TLAP November 2018**

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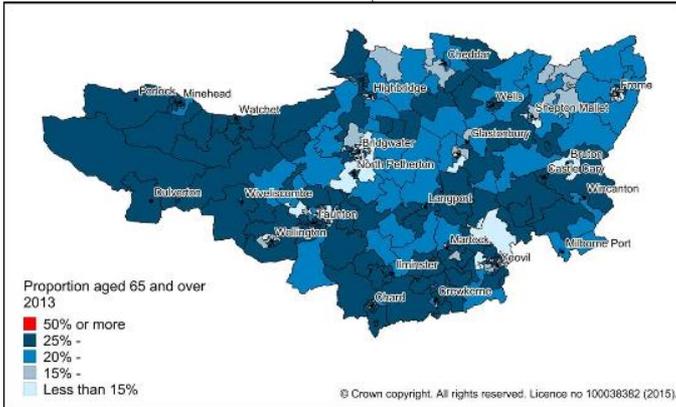
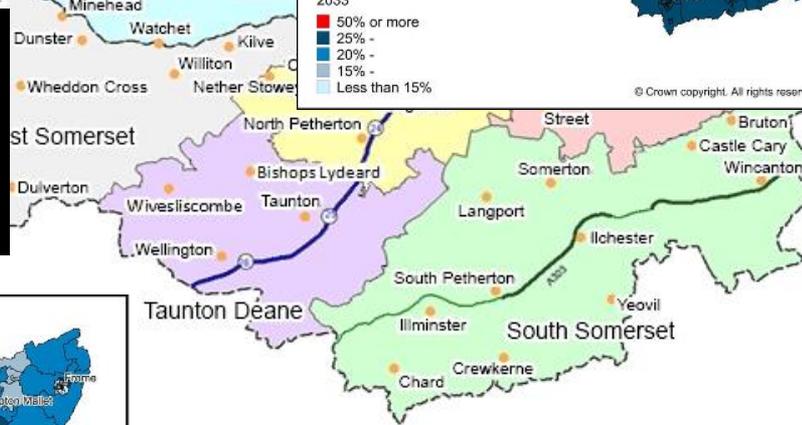
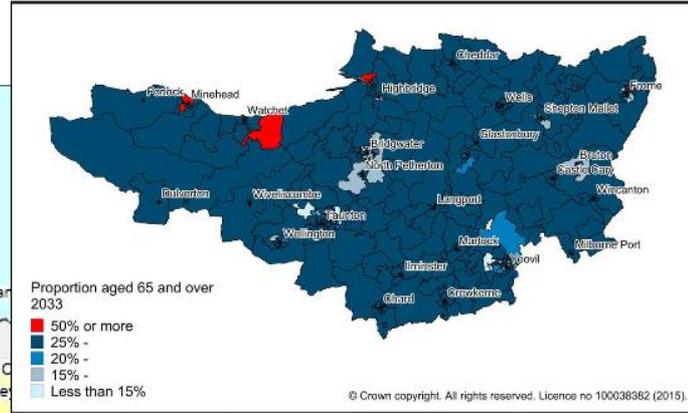
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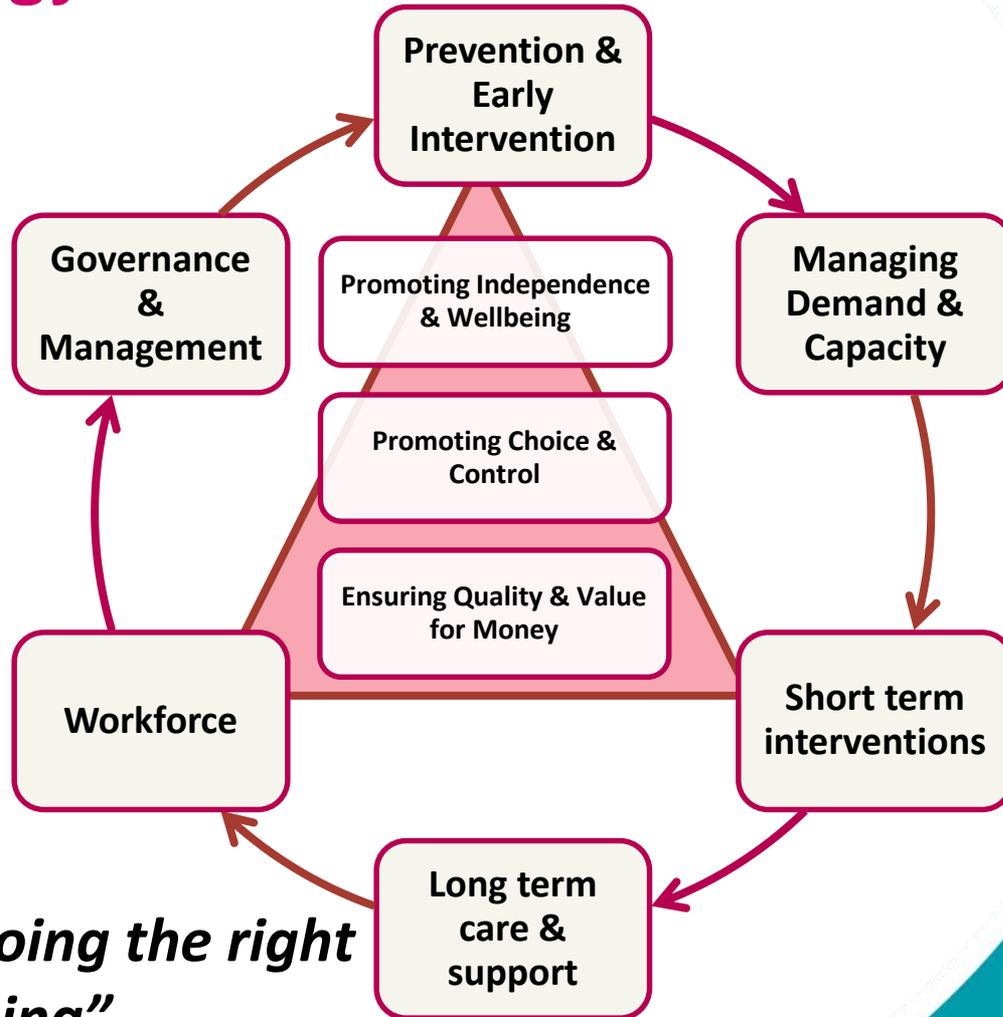


People over 75yrs
projected to
double by 2039



Population:
545,000

Strategy



Belief in “doing the right thing”

3 important initiatives over 3 years

- Community Connect: a new way of thinking; a new way of working
- Micro enterprise project and partnership with Community Catalysts
- Home First Integrated Discharge: right time, right place, right support



Community Connect

The new way of Somerset



- Community development (including community events, mapping, community presence, community connectors)
- Change of conversation (including what matters to me, network map, peer forum)
- Early intervention and improved customer service (call back, drop ins)
- Data collection to evidence and support change
- Getting feedback and listening to people's experience and ideas

Our approach

- **Changing the conversation** - focus on what matters to the person, what they can do to help themselves and what is available in their community
- **Partnership working** - Integration of Community (Village) Agent and volunteers into team
- **Peer Forum** to challenge practice and improve outcomes for people This is a multidisciplinary meeting and includes the Community Agent
- **Authorisation** – the team has authority to agree care packages and placements but they have a budget.
- **Reduced bureaucracy** - faster processes
- **Community events and online forum** bringing local networks together
- **Local engagement** with Living Better, GPs and District Nurses
- **Development of Taking Cafes** so people have local access



Finding solutions that matter



- When we understand someone's story and have completed their support network map, we agree outcomes and actions
- We use 3 Conversations Model to help guide the conversation:
 1. Information and advice ('Help to help yourself')
 2. Small short term intervention and "stick like glue" ("Help when you need it")
 3. Eligibility assessment ('Ongoing support for those that need it')

Aligning our services



- Drop ins and Talking Café's are now open in 8 locations throughout the County and these can be accessed through our first point of contact, via Triage and through Community and Village Agents
- Community Agents are now part of Peer Forum, in every Locality, and are able to offer community support and non funded solutions at the point of options being discussed
- Community Connect Map being used at first point of contact and on triage to inform available alternative options at every conversation with the client
- Community Agents working in acute settings to support discharge planning as part of Home First

The town that's found a potent cure for illness - community

George Monbiot



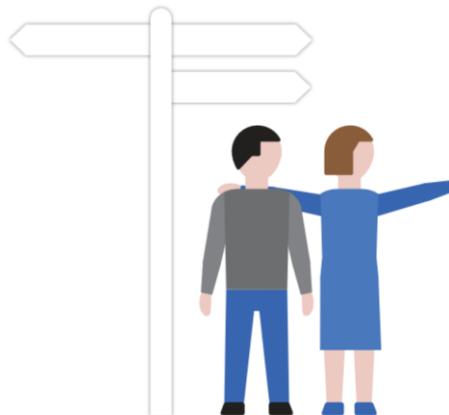
Frome in Somerset has seen a dramatic fall in emergency hospital admissions since it began a collective project to combat isolation. There are lessons for the rest of the country

How Flatpack Democracy beat the old parties in the People's Republic of Frome

On 7 May, a small Somerset town voted against traditional party politics and gave a coalition of independents control of all 17 seats on its council. As the crucible of 'flatpack democracy', Frome is leading a small-scale political revolution - and it's one that is spreading



Community Connectors



somerset
village & community
agents



Frome Talking Café

Cheese and Grain, Market Yard, Frome, every Monday term time, 10 am to 12 noon

Glastonbury Talking Café

Wish You Were Here Cafe, 12 Market Place, Glastonbury, every Tuesday, 10 am to 12 noon

Street Talking Café

The Street Food Cafe, Crispin Hall, 83 High Street, Street, every Wednesday, 10.00 am to 11.30 am

Shepton Mallet Talking Café

Pepper's, High Street, Shepton Mallet, every Tuesday and Thursday, 10 am to 12 noon

Wells Talking Café

Pickwicks Country Kitchen, Broad Street, Wells, every other Thursday term time, 10 am to 12 noon

Somerset micro enterprise project



Community Catalysts – unlocking potential – affecting change

- **Sustain and stimulate market and support countywide enterprise**
- **Nurture entrepreneurship** and help get new ideas off the ground, explore new ways of working and imaginative models of support to maximise the community and its resources
- **Promote and support delivery of independent living, choice and control** by supporting the development of new community micro-enterprises responsive to local need
- **Demonstrate quality and value** by supporting micro-providers and unregulated services to find cost effective ways to demonstrate quality to commissioners and customers

What do community micro-enterprises offer?



- Personal and tailored support, rooted in communities
- Co-produced services
- Flexible and responsive to change
- Choice of services that help people to live their lives and meet health and support needs
- Help people to link to their community and build social capital
- Help people to make their money go further
- Local people helping other local people

Success enablers

- Flexible commissioning approach – models and targets
- Listening and changing the parameters
- Truly encompass community development – allowing people / communities to shape the service
- Good communication and relationship with provider
- Using good as exemplars
- Letting project learn and develop along the way
- Creating relationships with communities and social care teams
- Building trust between professionals and micro providers



What sort of things do Micros do?



From low level:

- Dog walking
- Gardening
- Cleaning and cooking
- General support and shopping

To high level:

- End of life
- Dementia Care
- Complex Care
- Washing and dressing
- Reablement and mindfulness

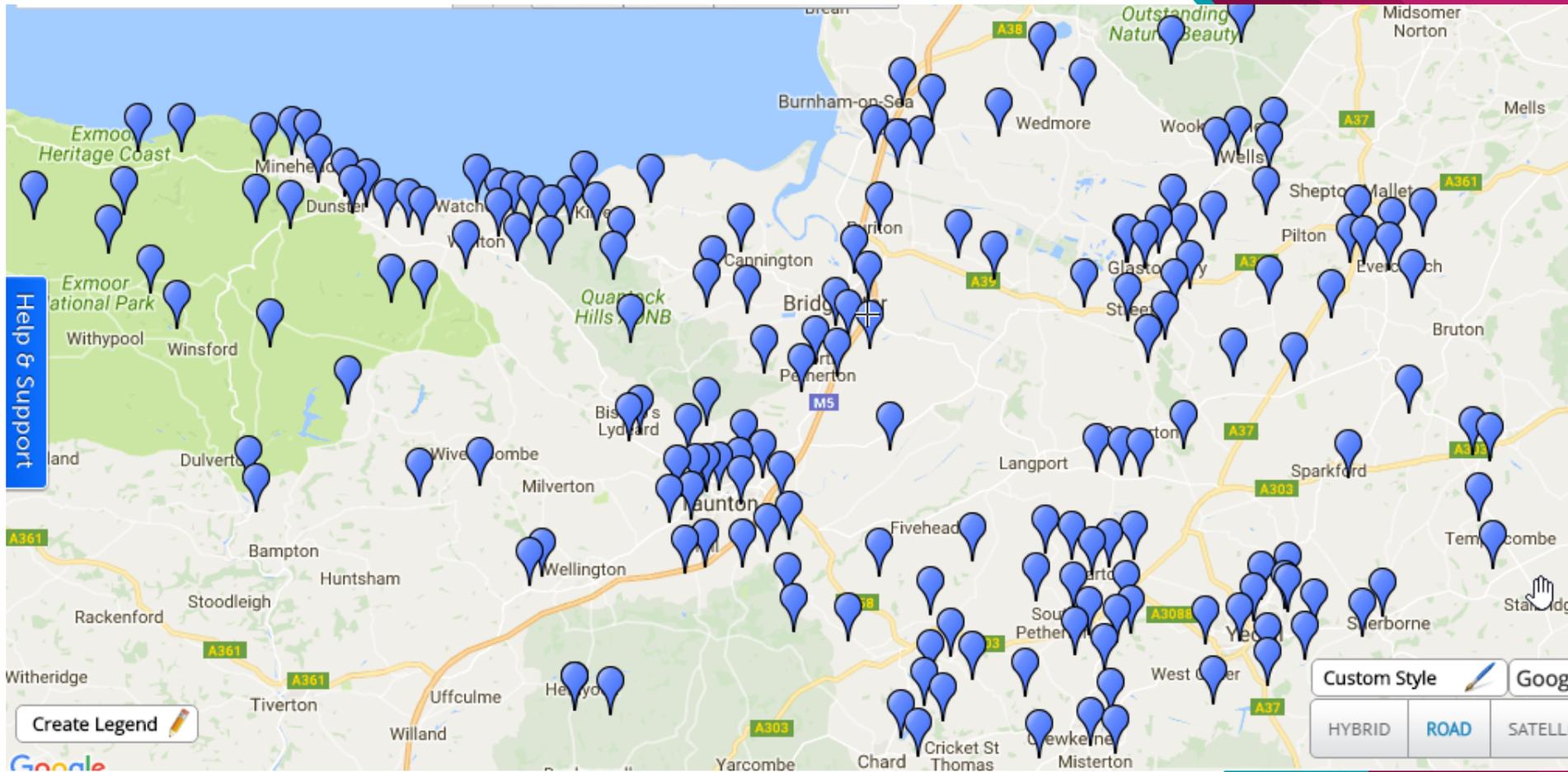
And anything in between!

What sort of people are attracted?

- Professionals who have worked as nurses, social workers, teachers
- People who work as Care Workers for large agencies
- People who are interested in supporting people locally
- People who want to do something closer to home

Becoming a Micro Provider has attracted many people from many walks of life. They are all passionate about supporting people.

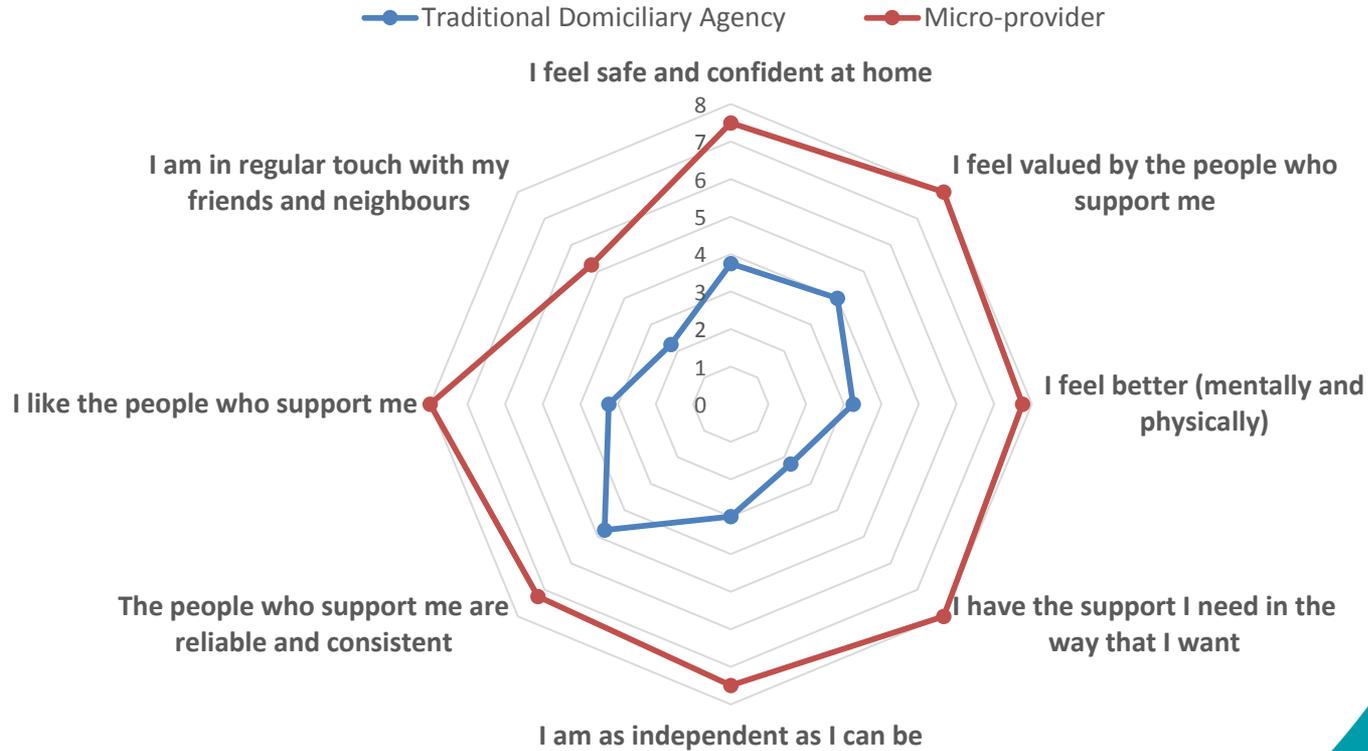




Feedback



Customer Feedback



Cost savings

- 32 community micro-enterprises in rural West Somerset are delivering £134,712 in annual savings
- Projected across the **259 micro-enterprises** supported by the project in Somerset, delivering **over a million pounds** in annual savings
- 56% of people supported to use direct payments, showing a direct annual saving to the Council of £596,437



Principles of Home First (D2A)



No decision about a patient's long term care needs should be taken in an acute setting



Follow up assessment and care should be timely and pro-active in the post-acute recovery phase with links to on-going community support



Improved patient outcomes and experience at each part of the acute urgent care pathway and timely options for discharge with the appropriate assessment for "home" in the appropriate setting

Care at home where-ever possible with a view to enabling people to remain safe and independent in their own homes for as long as possible

HOW?

Patient no longer has needs that can only be met in an acute hospital and may need further support

Pathway 1

Patient's needs can safely be met at home

Avg < 3 weeks

Pathway 2

Patient requires a short-term interim rehabilitation placement to enable a safe return home

Avg < 3 weeks

Pathway 3

Patient unable to return home initially, has more complex needs which may require permanent on-going care

Avg < 4 weeks

System Funded

- All pathways have additional therapy support provided by acute hospitals, Sompar & SCC
- All pathways have retrained reablement staff
- All pathways are the responsibility of discharging hospital pathway manager, including escalations. Pathway providers have a contact in the hospital
- All pathways monitored by daily MDT meeting

4 Simple Integration Tips



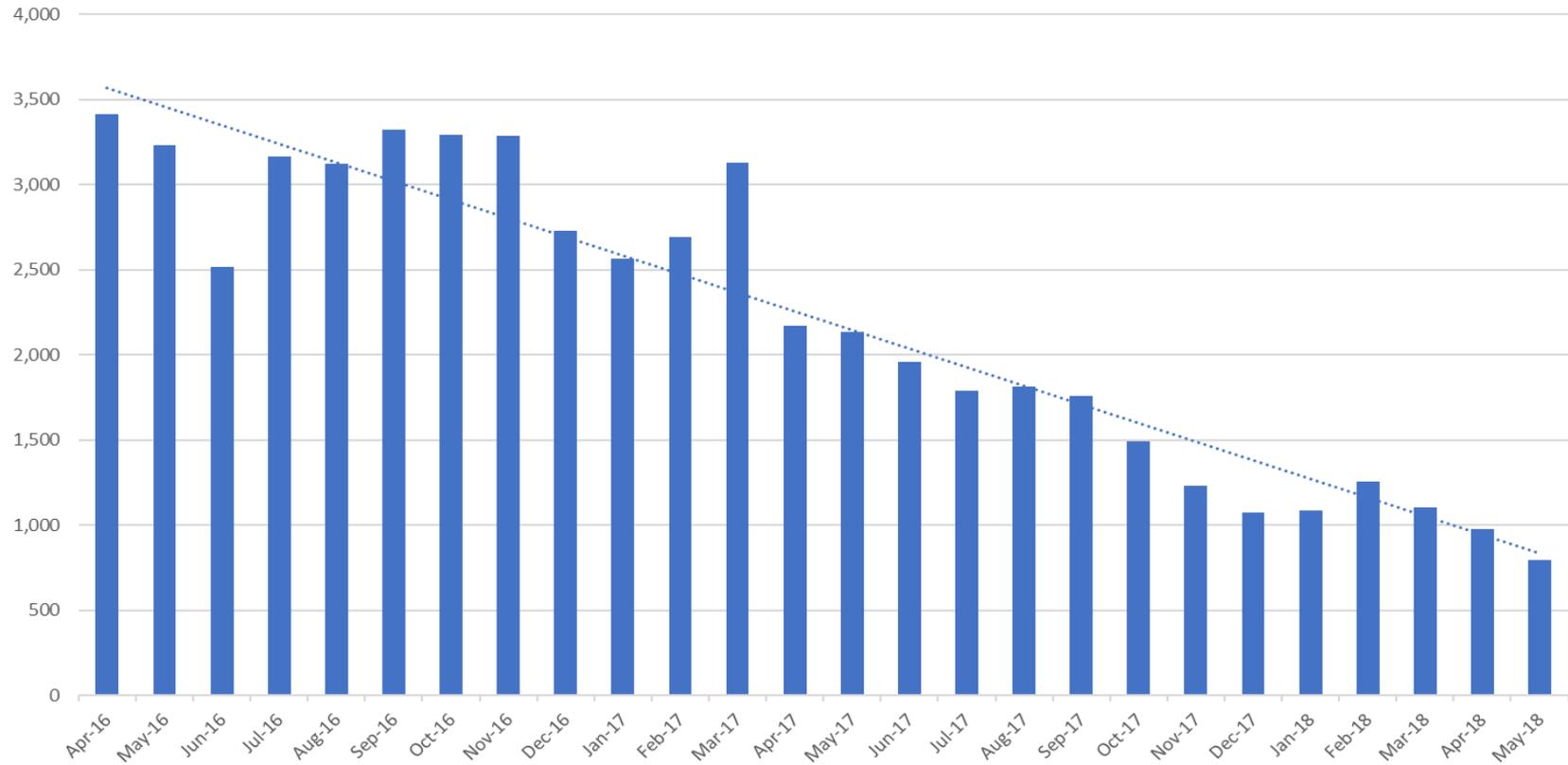
- Identify key joint drivers
- Challenge is healthy (at all levels) – the “PDF” methodology
- Mechanisms for joint decision making
- Provide training differently across acute and social care services.

“This work has enabled and encouraged a challenge to traditional thresholds of decision making, attitudes to risk and established patient pathways”

DToC improved markedly (-75%)



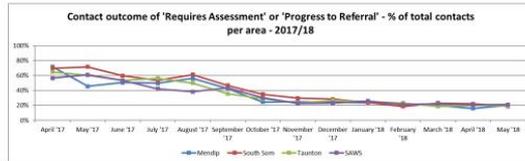
DToC's - lost bed days



Impacts



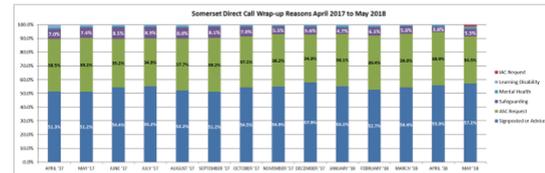
Impact – reduction in number of contacts requiring assessment



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Impact – increase in number of people having solution at first contact



In Dec 16 the number resolved at first contact was 30%

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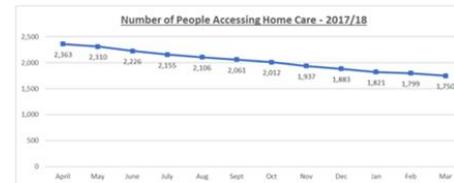
Impact – reduction in placements



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Impact – Reduction in formal home care



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