Our Future Wellbeing

Focusing on the principle of home first and designing the "Perfect Locality" from the lens of the community

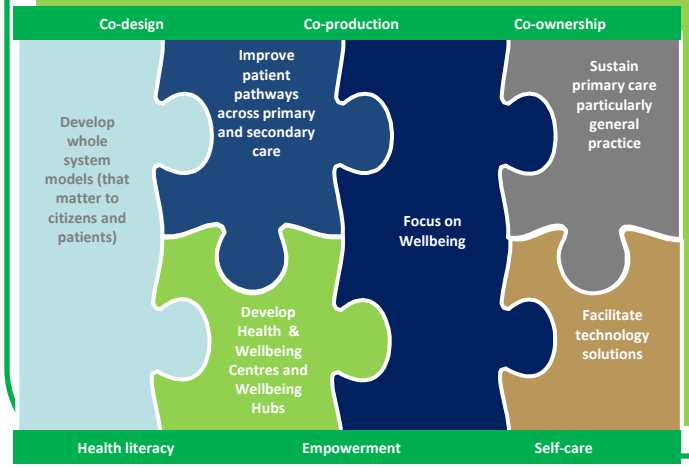
Issue 5
Apr 2017

Welcome to the fifth issue of "**Our Future Wellbeing**", a regular update on the successes of our major programmes of work helping to describe a "Perfect Locality", BIG 2, and Shaping our Future Wellbeing: In Our Community. Each issue we are sharing a piece of the jigsaw that comprises of all the pieces needed to produce the Perfect Locality. In this issue, we are looking at **developing whole system models (that matter to people).**

Develop Whole System Models (that Matter to Citizens and Patients)

Develop whole system models (that matter to citizens and patients)

To enable the next steps in making *Shaping Our Future Wellbeing Strategy* a reality, those that commission and provide services across health and social care need to have a common understanding of how their services fit together; what needs they are seeking to address; how a citizen, patient or service user accesses and moves through the services; and where there are gaps in existing services. Taking a whole systems approach, this requires the development of a shared **whole system service model** based on the **citizen model**.



A commonly adopted way to describing services is to take a stepped approach recognising that people move up and down the steps and sometimes jump more than one depending on their needs.

The whole system model described in this newsletter, starts with those services which are universally available and moves through services which support rising complexity, towards longer term, more specialist care. The model describes the service only, not the location or the workforce/ skill mix. These details will be developed as part of applying the whole system model to population groups or specific long term conditions.

Bold Improvement Goals
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Cardiff and Vale University Health Board
CARDIFF CAERDYDD
VALE of GLAMORGAN BRO MORGANNWG
C3SC Cardiff Third Sector Council Cyngor Trydydd Sector Caerdydd
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Develop Whole System Outcomes of the Perfect Locality Programme

People in Cardiff and Vale of Glamorgan are healthy and active and do things to keep themselves healthy

Inequalities that may prevent people in Cardiff and Vale of Glamorgan from leading a healthy life are reduced

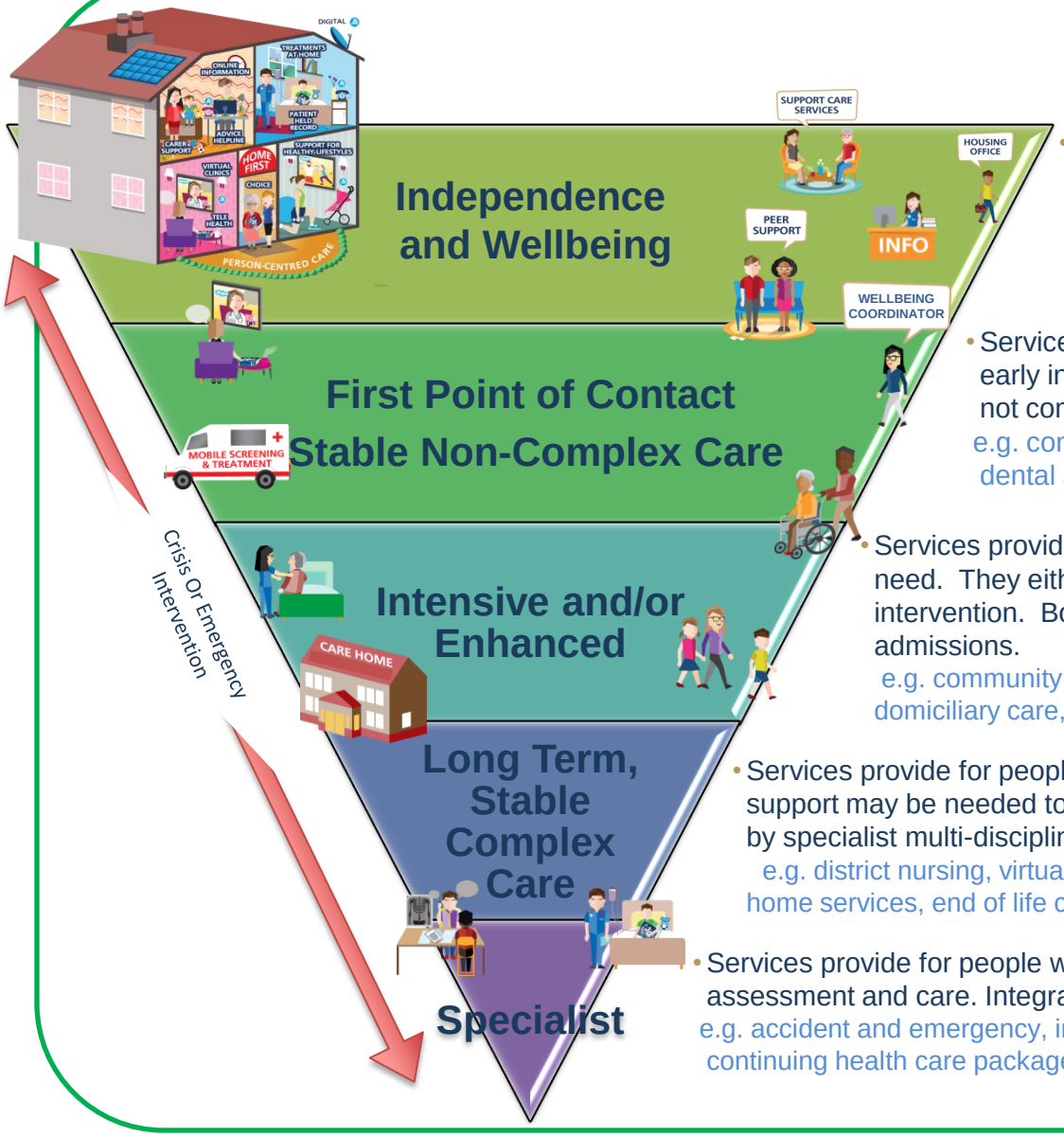
Care and support in Cardiff and Vale of Glamorgan is delivered at or as close to home as possible

People in Cardiff and Vale of Glamorgan know and understand what care, support, and opportunities are available and use them to achieve their health and wellbeing

People's voice in Cardiff and Vale of Glamorgan is heard and listened to

Children in Cardiff and Vale of Glamorgan have a healthy start in life

Whole System Service Model



- Services promote prevention, health and wellbeing, independence and empowerment, recognising that a wide range of social and health needs may have an impact on a persons wellbeing.
  e.g. public health promotion, healthy communities, leisure and learning services, self help services, mental health promotion

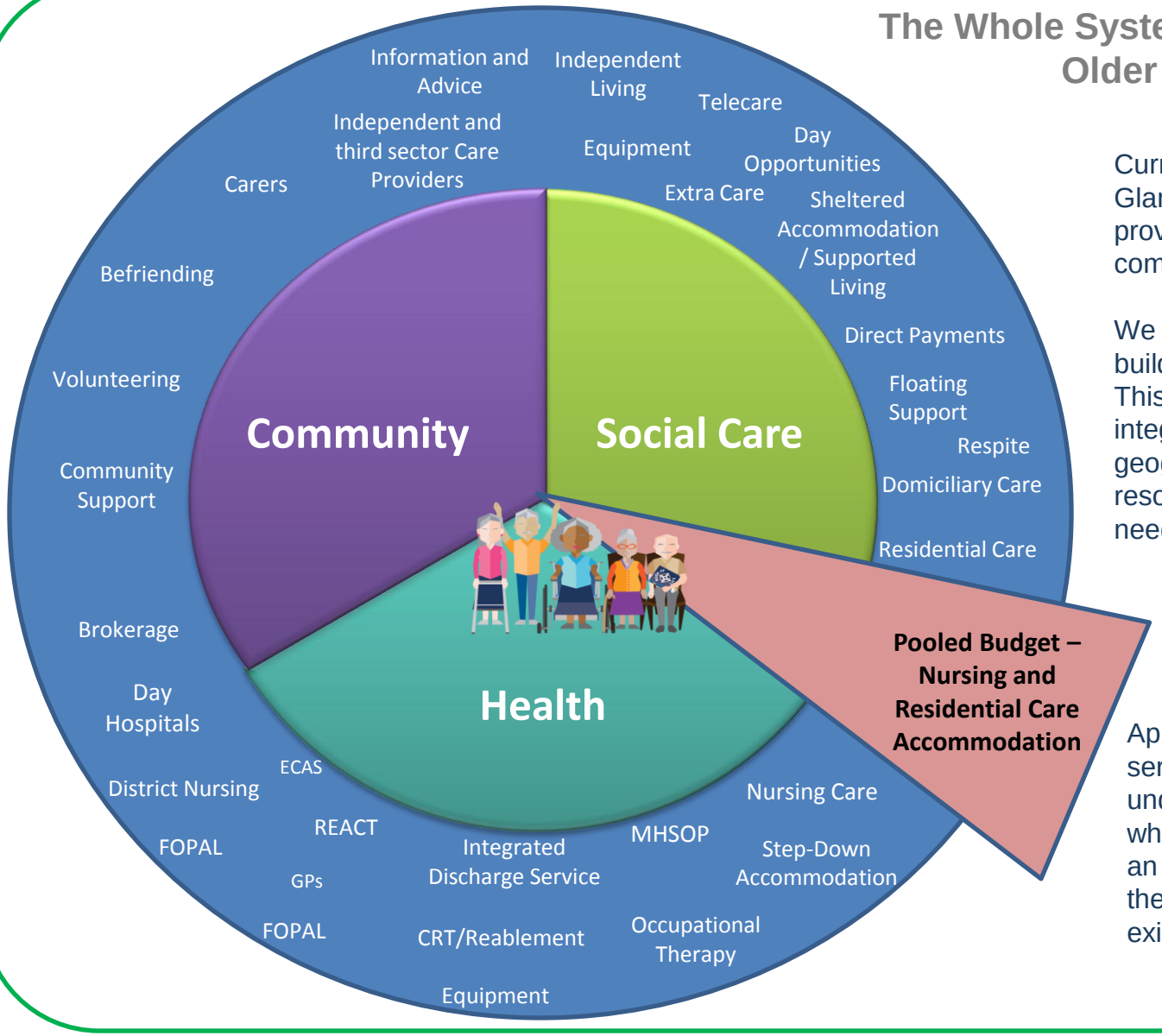
- Services provide a first point of contact, they screen and assess, providing early intervention and sign posting. Where a persons needs are stable and not complex, services provide routine on-going support.
  e.g. contact centres, wellbeing co-ordinators, third sector, general medical, dental and optometry services, community pharmacy, flying start.

- Services provide a flexible and coordinated response to a persons rising unstable need. They either provide, an intensive reablement service or an ambulatory care intervention. Both prevent inappropriate long term care and avoid hospital admissions.
  e.g. community resource service/teams, community mental health, acute response team, domiciliary care, children's speech and language assessment, REACT.

- Services provide for people whose needs are not necessarily low but are stable, additional support may be needed to meet daily living needs. Rising complexity can mean care planning by specialist multi-disciplinary teams to avoid unstable acute hospital or care home admission.
  e.g. district nursing, virtual diabetes clinics, community paediatric clinics, residential and nursing home services, end of life care, multi-condition service, community mental health teams.

- Services provide for people whose needs are highly unstable and/or for highly specialist assessment and care. Integrated discharge planning supports timely discharge.
  e.g. accident and emergency, inpatient services, integrated discharge teams, children's centres, continuing health care packages, specialist mental health services, specialist outpatient / diagnostic.

The Whole System Service Model Applied to Older Peoples Services

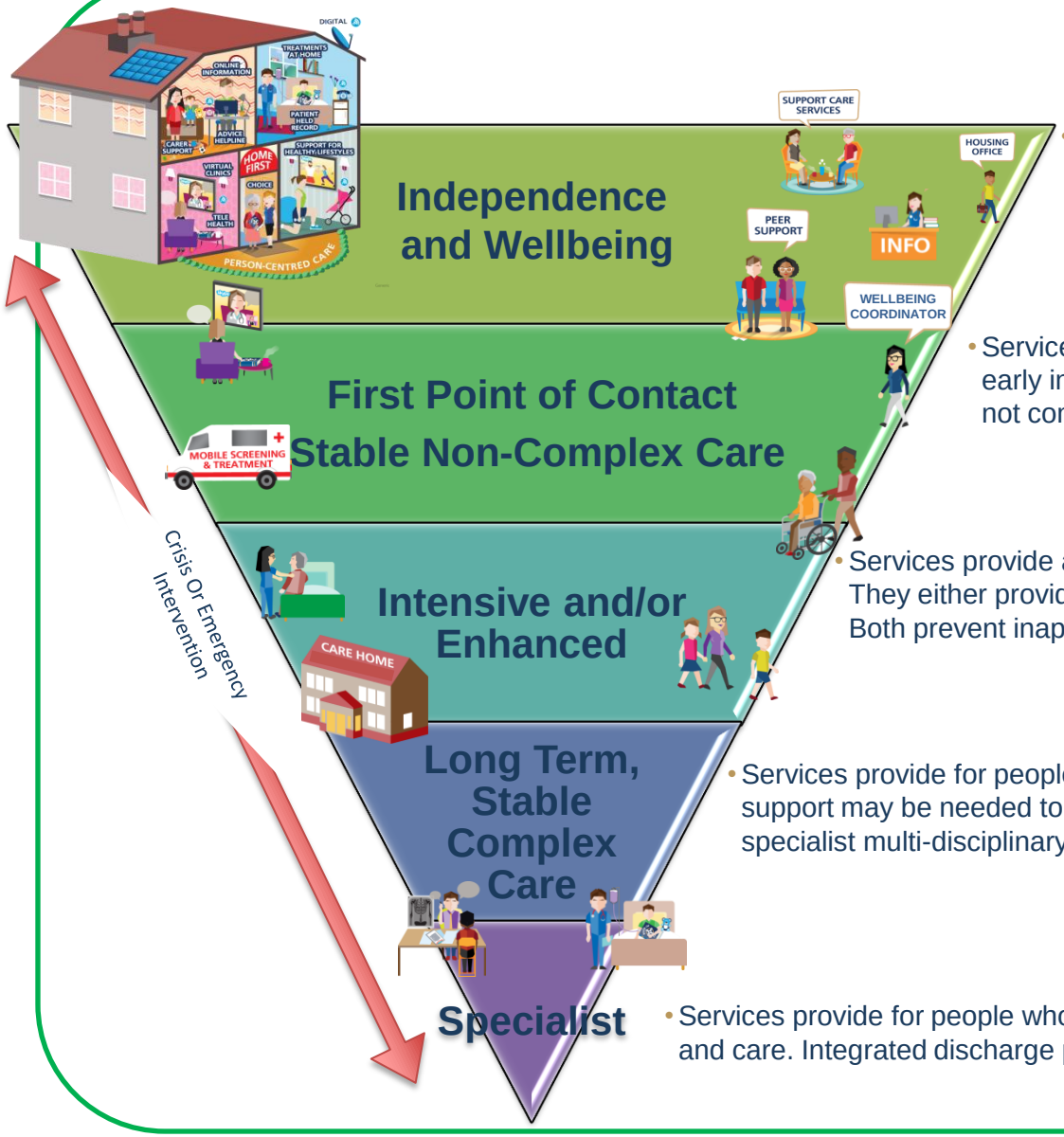


Currently across Cardiff and the Vale of Glamorgan, most services for older people are provided either by health, social care or community services.

We have a complex system and we need to build on an integrated, partnership approach. This requires pooled budgets, joint allocation, integrated planning and a change in geographical culture. Working together to target resources in a cohesive manner to address need, with the widest range of available options.

Applying the Whole System Service Model to services for older people provides a common understanding of how services fit together; what needs they are seeking to address, how an older person accesses and moves through the services and where there are gaps in existing services.

Older Peoples Service Model



- Services promote prevention, health and wellbeing, independence and empowerment, recognising that a wide range of social and health needs may have an impact on a persons wellbeing.
  - Public health/healthy communities
  - Community networks/befriending
  - Leisure and learning activities

- Services provide a first point of contact, they screen and assess, providing early intervention and sign posting. Where a persons needs are stable and not complex, services provide routine on-going support.
  - Contact centres
  - Equipment / aids
  - Third sector
  - Care and Repair
  - GP and dental surgeries
  - Sheltered housing

- Services provide a flexible and coordinated response to a persons rising unstable need. They either provide, an intensive reablement service or an ambulatory care intervention. Both prevent inappropriate long term care and avoid hospital admissions.
  - Community resource teams
  - Step up/down accommodation
  - Mental health teams
  - OTs
  - Telecare Plus
  - Domiciliary care

- Services provide for people whose needs are not necessarily low but are stable, additional support may be needed to meet daily living needs. Rising complexity can mean care planning by specialist multi-disciplinary teams to avoid unstable acute hospital admission.
  - Extra care accommodation
  - District nursing
  - End of life Care
  - Residential care homes
  - Nursing care homes

- Services provide for people whose needs are highly unstable and/or for highly specialist assessment and care. Integrated discharge planning supports timely discharge.

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Locality Working- Llanishen Project

In line with the aims of the Social Services and Wellbeing Act, Independent Living Services are working with citizens of Cardiff by providing them with a voice and the control to achieve “what matters” to them, to enable them to live independently and improve their wellbeing, with the aim of reducing demand on adult social care and health.

What we are doing:
Through our first point of contact we will provide enhanced triage, via multi-disciplinary teams of contact officers, independent living officers and social workers. By listening to “what matters” to the client we will provide information, advice and assistance, directing citizens to alternative solutions for independent living. Through increased local networks and partnership working with the third sector, health and other council departments, Independent Living Services are taking a whole systems approach to help people stay at home. By embedding a preventative agenda and finding out “What Matters” to the client, First Point of Contact have laid the foundations of a cultural shift away from dependency on the social care system towards Independent Living. This is further enhanced through a whole systems approach in partnership with Social Care.

Why we are doing it:
To keep people at home; to give people the options and tools to make informed decisions; and have control of their life outcomes. As a result we will reduce the demand on social care; prevent unnecessary GP appointments and hospital admissions; and support and sustain discharge.

Part of this process is developing a locality approach, building community resilience with longer term sustainability. To achieve this aim, Locality Based Working commenced delivery in August 2016. The first phase will run through to the end of March 2017, funded by Integrated Care Fund (ICF) and centred around North Cardiff, mainly focussed on Llanishen ward. The project takes a holistic, community based approach to improving the wellbeing of older people who live locally.

We have **improved community resilience** by enabling and encouraging community participation and volunteering, and keeping older people informed of what is available to them.

We are doing this by:

- Organising a 'Llanishen Gets Together' community event attended by around **40 exhibitors** and **125 local residents**, with 40 of those identifying a new activity to try, reducing their risk of isolation
- Mapping local activities and services and sharing that information with residents
- Working with local third sector organisations to update DEWIS Cymru
- Identifying a potential network of 'Locality Champions'
- Carrying out a gap analysis or missing support services linking into the population needs assessment, working on developing alternative solutions to meet demand, such as volunteers via back to work project for domestic support
- Extensive engagement between day opportunities and local partners in the public, private and third sector has gained an oversight of current day opportunities available to older people in North Cardiff, which led to a series of events to create an information and networking platform for the locality.

The evolution of the services, bringing together services to meet the preventative agenda

June 2014	August 2015	January 2016	February 2016	April 2016	June 2016	August 2016
•Independent Living Services •Accommodation solutions	•Independent Living Services •Accommodation Solutions •Step Down •First Point of Contact	•Independent Living Services •Accommodation Solutions •Step Down •First Point of Contact •Occupational Therapy	•Independent Living Services •Accommodation Solutions •Step Down •First Point of Contact •Occupational Therapy •Disabled Facilities	•Independent Living Services •Accommodation Solutions •Step Down •First Point of Contact •Occupational Therapy •Disabled Facilities •Joint Equipment Service	•Independent Living Services •Accommodation Solutions •Step Down •First Point of Contact •Occupational Therapy •Disabled Facilities •Joint Equipment Service •Day Opportunities	•Independent Living Services •Accommodation Solutions •Step Down •First Point of Contact •Occupational Therapy •Disabled Facilities •Joint Equipment Service •Day Opportunities •Citizen Driven Health

This led to a development of the day-opportunities team working with people to re-engage in the community, to give back the confidence for the individual to get out and about:

- Developing a peer-to-peer approach, matching clients with similar interests and goals to provide sustainability to developing relationships within the community.
- We have designed a more **flexible, person-centred model of domiciliary care,** working jointly with social care and taking best practice and learning from other local authorities, to create a Raglan-style model which incorporates reablement and builds on existing joint working with health undertaken by the community resource team (CRT) to ensure the best outcomes for service user independence and wellbeing.

We are working with local health professionals to ensure easier, **more streamlined access to some lower level healthcare** and other statutory services, by:

- Redeveloping Sandown Court to include communal facilities, allowing the complex to become a local facility where older people from the wider community can take part in classes, information sessions, social events and access council services. In 2017, a therapeutic room will be available to healthcare professionals which can be used to deliver flu vaccines, health checks and advice and support for residents and older members of the local community, alongside other key services such as chiropody and confidential social services meetings.
- Creating plans for the redevelopment of the larger complex at Brentwood Court along similar lines, with a larger communal space, and consultation with residents and health professionals to help shape how this space can be best utilised.
- Placed Independent Living Services officers in North Cardiff Medical Centre 2 mornings a week – due to lower than expected referrals, we are reviewing our work to date and will integrate with older persons' nurses in the near future.
- We are fostering **dementia friendly communities** in support of the strategic aim to create a dementia friendly city, with public, third and private sector able to meet the needs of people living with dementia and their families and carers. So far in 2017 we have:
  - Run 2 Dementia Friends talks, creating 29 Dementia Friends in North Cardiff and identifying 2 potential new Champions
  - Planned three more events before the end of March focussed on dementia and volunteering

Shaping Our Future Wellbeing:
In Our Community

Partnership Planning Events

We started our series of workshops to develop the outcomes that matter to the people of Ely, Caerau, Riverside and Canton in the *South West Cardiff Cluster* at the Western Leisure Centre, and for the Health & Wellbeing Centre@CRI for the people of *South & East Cardiff* locality.

Each Workshop explored how to:
Improve health and wellbeing outcomes for the residents, focusing on:-

- Key needs identified by the Cluster/Locality;
- The wider determinants of health;
- Those residents living with a diagnosed condition(s) as identified in the Shaping Our Future Wellbeing Strategy.

In partnership and within existing resources, we want to improve the effectiveness, capacity and access to the community services and assets of the Cluster/Locality through the development of fit for purpose facilities and the transformation to a social model of health, ultimately reducing health inequalities.

We will continue the series with our next workshops across the localities of North & West Cardiff and Vale of Glamorgan as we develop the network of Health & Wellbeing Centres and Wellbeing Hubs. **We look forward to seeing you there!**

Like to Find out More?

We are going to produce regular updates on BIG 2, the Perfect Locality, and Shaping Our Future Wellbeing via ***"Our Future Wellbeing"***, but we would love to hear from you! If you have any suggestions or would like some more information visit or contact:

http://www.cardiffandvaleuhb.wales.nhs.uk/the-perfect-locality

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