NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Adult Community Health services

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Integrated Network Teams

- Multi-disciplinary teams working with Primary Care to identify people who need support to remain well
- Teams include mental health and social care
- Team members should adapt to local peoples needs
- Access to therapies e.g.: physiotherapy
- Single point of access including self-referral
- Care co-ordinators who know the person and their circumstances
- Working closely with care homes

Locality Hubs

- Geographical locations within localities providing proactive and reactive care
- Includes frailty services in the community
- Minor injury units, walk-in centre and urgent treatment centres
- People can access third sector and other services to keep themselves healthy, well and independent
- Transport solutions to reduce social isolation and improve access
- Links to 7 day access to Primary Care

Acute and Reactive Care

- Access to urgent care – 2 hours for those at risk of admission, 4 hours for urgent needs
- Access to step-up and step-down community beds across localities
- 24/7 rapid response service across BNSSG
- Integrated Care Bureau to actively support people to return to the community from hospital
- Access to intravenous therapies in the community

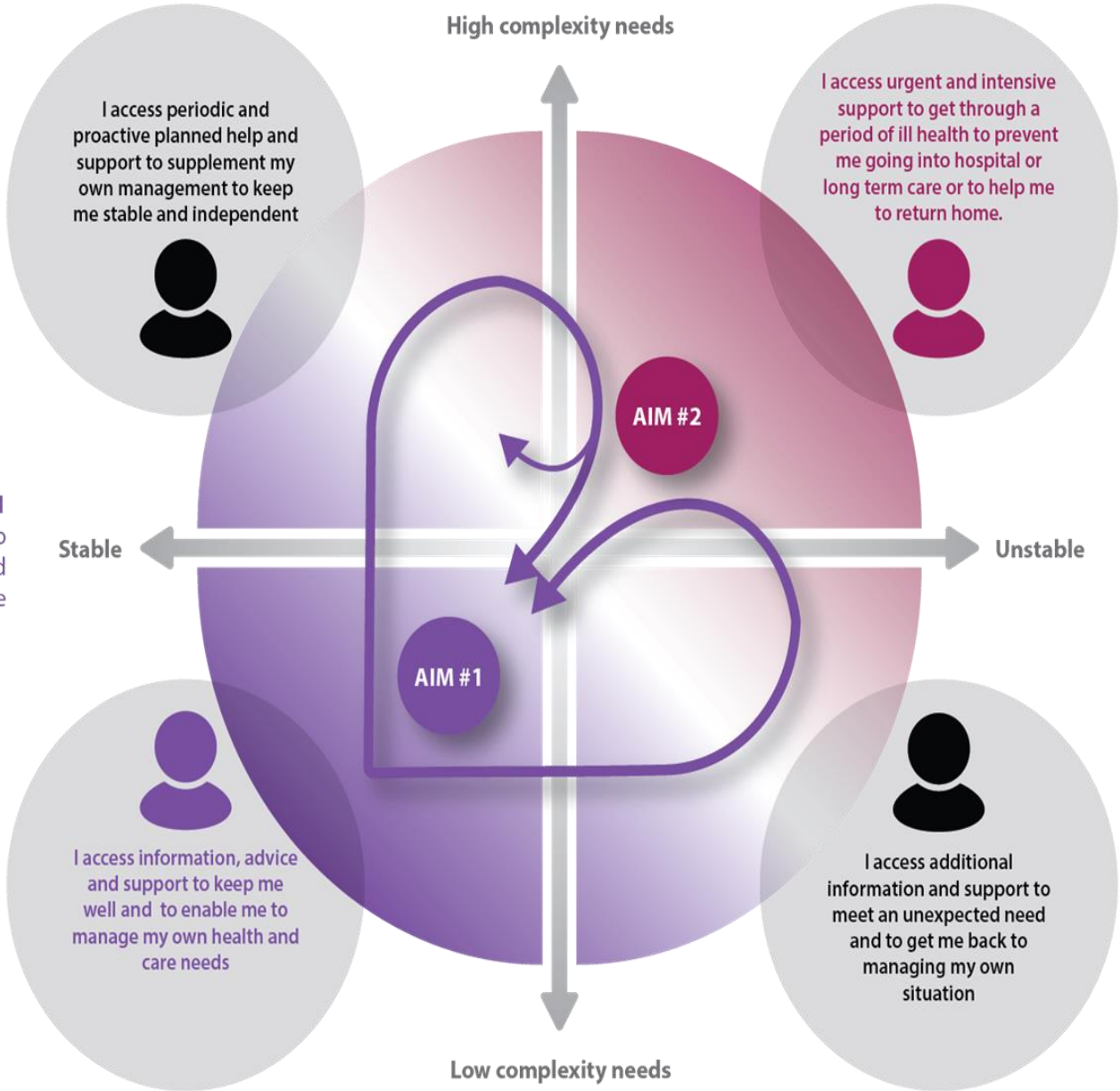
Specialist Advice & Support

- All services will have a BNSSG offer
- Includes refugee and translation services
- Diabetes, respiratory, heart failure, musculoskeletal conditions included
- Includes education to up-skill professionals and people about how to best manage their condition to stay healthy, well and independent
- We expect strong links with hospitals to support specialist care in the community e.g.: clinics near home

Contract award

- Single contract awarded for BNSSG
- 10 years in length
- £100m+ per year
- 3% of contract to support Third Sector
- Awarded to Sirona care & health
- Service starts 1st April 2020
- Mobilisation underway
- Services will transfer from North Somerset Community Partnership and Bristol Community Health

Integrated Care Approach

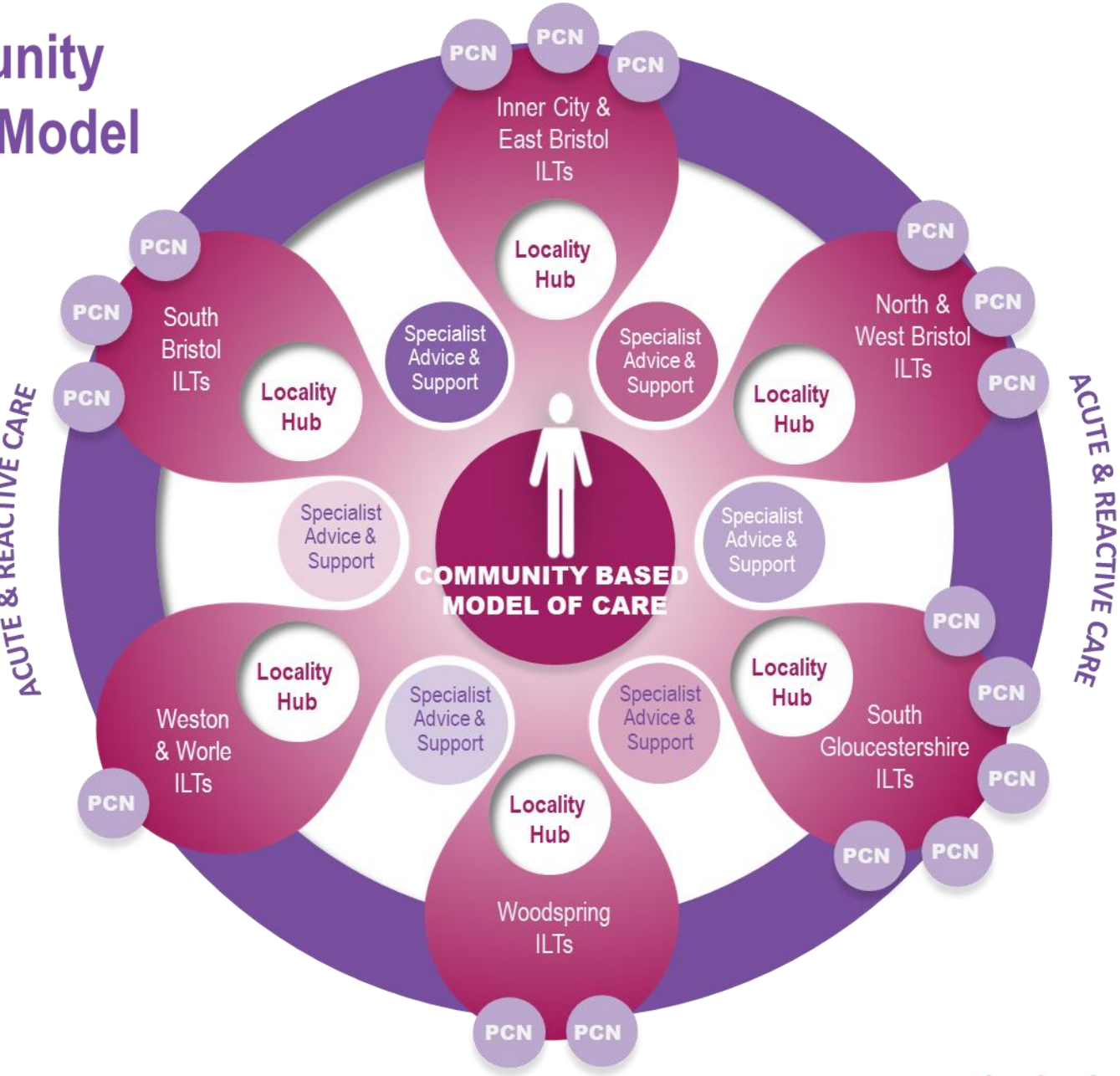


AIM #1
Support people to stay healthy and self care

AIM #2
Reduce the number of emergency hospital admissions; A&E attendance and admissions into long term care

Shaping better health

Community Based Model of Care



Commitments to Improvement

- Building on Strengths
  - Individual
  - Communities
  - Existing Services and Providers
- Simplifying
  - No wrong door
  - Care Navigators
  - Care Co-ordination for those with complex needs
- Consistency and Fairness
  - Targeting Resources/Level Up
  - Consistency of approach
  - Local Autonomy
- New Ways of Working for Some - Digital
- Community Outcomes Framework

Strong local governance

- Structure is based around 6 Localities
  - One in South Gloucestershire
  - Three in Bristol
  - Two in North Somerset
- Active and Visible in local communities
  - Locality operational structure – Associate Director for each Locality
  - Locality Engagement Groups x 6
- Joined up Working
  - Physical and Mental Health
  - Health and Social Care
  - Wider determinants of health – housing; education; employment