



Caring Bridport Research Report

Making Bridport an Even More Caring Place

Lead authors: Clare Smith and Caroline Gamble

CONTENTS

Acknowledgements	3
1. Executive Summary	4
1.1 Why ask the question?	4
1.2 What's the opportunity?	4
1.3 Where do we start?	6
2. Introduction	6
2.1 What is the Caring Bridport research?	6
2.2 Why are community responses important?	7
2.3 Why a focus on mental health and wellbeing?	10
2.4 What did we do?	12
2.5 Who is behind this project so far?	13
3. What challenges do we face?	14
3.1 National context	14
3.2 Dorset context	15
3.3 Some specific challenges	16
4. What do we aspire to?	18
4.1 Vision and aspirations	18
4.3 Aspiration 1: Community connection	20
4.4 Aspiration 2: Information	21
4.5 Aspiration 3: Confidence	22
4.6 Aspiration 4: Community spaces and activities (to be cut to one page)	23
5. What are the opportunities?	29
5.1 Changes to adult care services - Dorset Care Framework	29
5.2 Changes to Mental Health Services - Community Front Room	29
5.3 Changes to Personal Budgets - Individual Service Funds	30
5.4 Changes to Commissioning Models	31
5.5 Creation of a new Community Hub – Bridport Connect	31
5.6 Funding and Support	31

6. Where do we start?	33
6.1 Key Activities Plan	33
6.2 Summary of actions according to their timescale	38
6.2 Some recommendations & next steps for Caring Bridport Champions Group	39
7. APPENDICES (1-4)	40

Acknowledgements

The Caring Bridport Research was led by Clare Smith and Caroline Gamble, with initial input from Linda Hull. Their work would have been impossible without the collaboration and support of the Bridport Local Area Partnership Health & Wellbeing Group and the Caring Bridport Champions' Group.

Champions were:

- David Powell – The Minerva Learning Trust
- Elise Ripley – Bridport Dementia Action Alliance
- Fiona Kent-Ledger - Partnership for Older People (POPP) & Early Help
- Jo O'Farrell - The Living Tree
- Kelvin Clayton - Town Councillor
- Lesley Windsor - Transition Town Bridport
- Maureen Jackson, Bridport Local Area Partnership (BLAP)
- Max Mackay-James, Diealog Compassionate Community
- Rita Bechervaise – The Living Tree
- Sarah West, Transition Town Bridport
- Simon Williams, Hughes Unit Group Supporters (HUGS)

The research process has involved many sectors of the community and been supported by Frances Northrop through the Community Economic Development Programme, and Jay Tompt through the Reconomy Centre Totnes, Sarah Robens and Fiona Ward of Caring Town Totnes, and coordinated by Candida Blaker for Dorset Community Action.

1. Executive Summary

The Vision that emerged through this stage of the Caring Bridport research process (February to May 2017) is:

By 2025, the people of Bridport area will feel connected with others in their community and a sense of belonging. They will have the information they need and the confidence to participate in activities and community life in support of their mental wellbeing. There will be a range of community-based spaces and activities that meet people's diverse needs, and services will work in a joined up way. Transport will not be a barrier. The people of Bridport will have a caring, inclusive ethos that supports the mental wellbeing of all.

1.1 Why ask the question?

The impact of cuts to statutory sector funding over the last ten years has taken its toll on all health and social care services in Bridport. People in households across the area are also feeling the effects of the economic downturn with many under increasing financial pressure. There is an opportunity to redirect statutory sector spending through local enterprises, which will enable people's needs to be met more effectively as well as benefit the local economy. Also, good mental health is important facet of a thriving resilient local economy.

There is clearly a very broad range of pressing needs within the health and social care sector. Over the course of the research for this report, it became clear that some of the biggest gaps were in the area of prevention and early intervention, rather in the response to acute illness. Additionally, stakeholders felt strongly that mental health and wellbeing was a key component of individual and community resilience, and should be the focus of this CED process.

Mental health and social isolation are national and county priorities. **Nationally, 1 in 4 people will experience a mental illness. In Dorset 1 in 6 people will have a mental health issue at any one time, and among children (5-16 years) the figure is 1 in 10.**

The highest levels of anxiety and depression are among 50-64 year olds, with the highest suicide rates being amongst older men. It is now recognised that lack of community connection has myriad detrimental effects on mental health and wellbeing – loneliness, stress, depression, self-neglect and dementia are some problems that can be worsened. In quantitative terms, the health impact of social isolation & loneliness has been equated to that of smoking 15 cigarettes a day. **There is a difference of up to 20 years in the life expectancy of people with mental health problems.**

How this might be addressed using a combination of raised awareness, co-production and increased capacity for the voluntary and social enterprise sector became a critical question for the Caring Bridport group.

1.2 What's the opportunity?

Across the catchment area of West Dorset Clinical Commissioning Group, there are approximately 1500 people vulnerable to poor mental health, and 13,000 people vulnerable to social isolation. Within Bridport itself 1141 households are highly vulnerable to social isolation and loneliness. Figures for dementia are set to rise with a predicted 24% increase in Bridport area between 2012 and 2020.

Isolation is a particular issue for older people which is a growing concern in an ageing population.

Additionally, many activities do not cater well for young people, for whom there is also a lack of targeted support to cope with the stresses relating to employment, school, family and social life, including the impact of social media.

Four in ten of us (42%) have felt depressed because we felt alone. This is higher among women (47%, compared to 36% men), and higher among those aged 18-34 (53%, compared to 32% of those over 55).

People with both low-level mental health issues and those with a diagnosis of a severe mental illness identified that help to access to formal support services, community events and groups would be of real benefit to overcome their illness and feelings of isolation, through providing information on available services and activities, and supporting people to develop the self-confidence to participate in them. They want safe, community spaces to meet, gather information, find support and socialise in a non-judgmental environment.

Domiciliary care and maintaining independence was recognised as a way of supporting emotional health and wellbeing, however much of Bridport's domiciliary care is brought in from outside. Dorset County Council have estimated that over £2 million is spent on homecare in Bridport town – with about 40% being local authority spending. They've suggested that no more than 25% of DCC's spending is with the home care agencies based within the area. So, there is a potential £600,000 of DCC funding which could be spent with local home care services in Bridport town.

Additionally, in 25% of adult care cases no care package could be found, nor in 30% of cases for CCG, many in villages nearby to Bridport. This represents a market for new providers of home care services.

Through the new Dorset Care Framework commissioned care providers will be required to prove how they are linking clients with wider community resources and supporting them to integrate more with community life with the aim that this will offer a more enhanced level of support than practical care alone. For an initial period, providers will receive a financial incentive to do this. They want to further develop commissioning and procurements systems to make it easier to fund small but critical community-based services.

In particular this shift offers opportunities for linking the VCSE sector to main domiciliary and residential care provision. Groups need to contact providers to find out what they might be interested in, or need support in providing. From their side, they have to show they are engaged with the local community. Once again, there is a gap in locally provided homecare, so there is also an opportunity to fill this gap in community based and innovative ways.

Additionally CCG commissioners are starting to talk about moving towards an outcome-based approach, to make space for some creative solutions to be brought forward. This will take some time, but could present a positive opportunity for community-led solutions, if the tendering process is simplified and geared to enable access for smaller initiatives.

The development of a Community Front Room (CFR) in Bridport, based in a familiar community setting and staffed by peer support workers with lived experience of mental illness working in conjunction with mental health specialists offers opportunities for the CED approach. Indications to date suggest willingness on behalf of the NHS (CCG and Dorset HealthCare) to partner with local Bridport organisations in the co-production of the CFR service.

1.3 Where do we start?

Despite, and partly because of, the challenging policy context, there are a large number of initiatives already underway in the Bridport area which support mental health and wellbeing. However, the challenges are such that it is important to take advantage of all new opportunities as they arise and the opportunity is to establish a group which can respond to them, ensuring a joined up service which makes the most of all resources.

Through this CED plan process a Caring Bridport Champions Group was formed and continues to meet to ensure there is a coherent approach to building on this wealth of existing local initiatives, expertise & collaborations. The benefit of having a Bridport-based group meeting regularly with a clear view of existing services and how they join up means that they can respond quickly in this changing landscape, taking advantage of funding opportunities and identifying gaps in services which might be met by the VCSE sector.

As many factors determine our mental health and well-being, there are opportunities to promote a wide range of interventions that involve community groups that may not necessarily have mental health as an explicit part of their remit. These would be non-medical in nature, responding to evidence of needs, and could potentially be provided through new financial models. Other opportunities arise because of changes to statutory services that will, or have already started to, happen.

The Caring Bridport Champions Group will uphold the vision for this project and carry the forward this work into the future. Their initial efforts will focus on effectively supporting the forthcoming first Bridport Mental Wellbeing Festival in October 2017.

2. Introduction

2.1 What is the Caring Bridport research?

Bridport is a very caring place to live, with lots of people working to make the town and parishes more vibrant, more caring, and more inclusive of the most vulnerable. However the impact of cuts and austerity measures mean that more and more people are falling through the gaps. All across the country, community driven initiatives in health and social care are popping up in response – doing things differently, working in new partnerships, forming new socially minded and community run businesses.

This research intended to explore the potential for Bridport to add to the momentum of this movement. Specifically it aimed to:

assess the potential for new community tailored and owned responses which meet the health and social care needs of the most vulnerable in our community, while keeping money local and sustaining local livelihoods.

The research forms part of a longer-term process of Community-led Economic Development (CED) to strengthen the local economy in Bridport in three sectors – local food, local materials in construction, and local health & social care. As part of this longer-term process, this research serves as a first step by:

- **Building a picture of Bridport area's unmet needs** in the area of health and social care.
- **Identifying opportunities for meeting those needs**, including if parts of Bridport's health and care system were to become more localised.

- **Identifying possible community solutions** that could be developed further, including the potential for community enterprise.

As such, this report will act as a snapshot of evidence of need around health and social care in the Bridport area. It is intended to be used to: support funding bids in the future; inform a business case for any new initiative; galvanise community support; and help clarify community priorities of what can be worked on together.

The research will make a useful contribution to the wider work of BLAP, its members and other dedicated people of the Bridport area. BLAP members have been working hard on many issues that face our town and villages, including gaps in service provision, the implications of Vearse Farm adding pressures to services, and the Clinical Services Review amongst others.

This study took place from February to May 2017 and broadly covered Bridport market town and the surrounding rural communities linked to Bridport catchment health & care services.

2.2 Why are community responses important?

Drivers for a community response consist of a push and a pull. The push is that we face cuts to statutory provision. The pull is the desire to respond. Responding to the needs of the most vulnerable - effectively and sensitively - has always been the great strength of the voluntary sector, and now that the public sector is pulling back the role of this sector becomes even greater.

This research is premised on the widely shared belief that local control of more of our services will result in their being better targeted, more sustainable and more cost effective. It asks: what opportunities are there to use the skills, resources, energy and creativity of local people, working with others to come up with solutions that go further in meeting the needs of the community? It also recognises that no sector can go it alone, and that the private, public and voluntary sectors need to find ways to work better together. Through creating a greater sense of community ownership and belonging it should be possible to decrease the use of primary care facilities (i.e. hospitals). This in turn will reduce the intensive carbon footprint of these valuable resources.

In addition, the numbers of social care cooperatives are growing in the UK, providing more local examples of the benefits of shared ownership. Most UK examples are care worker owned, and which work to a set of values and principles that put the person receiving care at the heart of what they do. In Italy, there are 13,000 small-scale social care cooperatives that are co-owned by workers and people using the services alike. This shifts the balance of power, and gives the service users a more meaningful say.

BOX: Caring Town Totnes

Caring Town Totnes is a local network of public, voluntary and private organisations and groups that care about their community.

They have developed some principles to help them in their thinking about where to put their efforts collectively, and to help them judge the merits of their ideas.

Their vision is a vibrant, economically viable, community-based, integrated health and social care system, one that's based on meeting all of our needs from birth to death.

A key element of the research approach was to take a new look at the economic dimensions. Developing the local care enterprise sector has an immediate multiplier effect on the local economy - if money is spent and then re-spent locally then it helps to strengthen the local job market and economy. Additionally, there is the potential for finding ways to meeting needs that are affordable to those who most need them, including new means of exchange that are not exclusively monetary.

The diagram in Appendix 1 represents the idea of the local or 'community economy' as a leaky bucket – showing how some of the money flowing into the local economy leaks out again. In the case of health and social care, what flows into the economy (in terms of public funds, welfare benefits, and private income and investment) is shrinking due to cuts in Local Authority and NHS budgets, and because of the economic downturn. As the image suggests, there are two ways of keeping the bucket fuller, and it can be easier to plug the leaks than to keep more water pouring in.

Overall, the research project found it challenging to compile a picture of what the health and social care sector could be worth to our local economy from publicly available data. This would require further focused research. Nevertheless, the research identified several important indicators of the scale of potential:

- Much of Bridport's domiciliary care is brought in from outside. Dorset County Council have estimated that over £2 million is spent on homecare in Bridport town – with about 40% being local authority spending. They've suggested that no more than 25% of DCC's spending is with the home care agencies based within the area. **Therefore there is a potential £600,000 of DCC funding which could be spent with local home care services in Bridport town.**
- No home care package could be found for some 25% of local authority adult social care cases and 30% of home based health care cases for CCG, many in villages nearby to Bridport¹. This represents a market for new providers of home care services.
- 60% of the market for home care is self-funded, making it immune from public sector cuts and a potential sustainable source of demand for local enterprises which offer something different, and that are affordable to those who are least able afford them, or who lose their welfare benefits or free social care entitlements.
- In 2016 Dorset spent £12 million on agency fees, much of which will have gone into recruiting staff from outside local area.
- There is a double economic impact associated with the stress suffered by carers. When carers break down or burn out, they themselves need care and make demands on the care system; meanwhile, the people they have been caring for often end up in hospital, an unfamiliar environment which makes their conditions worse and their care more costly. This was identified as an issue by staff working at Bridport Community Hospital. Additionally, in Dorset's hospitals, the contract value for acute hospital inpatient care across the three main hospitals in Dorset is £208m. Audit evidence from reviewing patient admissions into hospitals shows that one of the reasons for admission is that the carer can no longer cope.

So put simply **if by supporting carers better, admissions into Dorset acute hospitals reduced by 1%**

¹ Anecdotally, villages where it is difficult to find homecare include Charmouth, Wootton Fitzpaine, Marshwood, Askerswell, and Litton Cheney.

then this would represent £2m of cost avoided². These findings suggest the following areas of potential for local community enterprises:

- **Procurement:** Becoming a supplier of goods and services, such as food, medical consumables or site maintenance, to providers of health and social care services. Becoming a local independent care business of a care product or service with a supply chain closer to home.
- **Services:** Offering care services in partnership with, or as a sub-contractor to, commissioned care service providers. Developing more demand for local care products and services, delivered by local independent businesses.
- **Personalisation:** Offering care services directly to clients, or indirectly via an ISF provider, that are locally provided.
- **Staff:** Using locally recruited staff, maximising the multiplier effect on the local economy. Additionally, the improved mental health of employees in general also benefits the local economy in the form of greater productivity.

The case for localisation is compelling. Just developing 10% of Bridport area's potential in relation to food and construction materials could contribute over £5m to our local economy within the next three years. This is worth even more than its face value as more of the money continues to recycle locally when it is re-spent on local things from other local independent businesses (called the local multiplier effect)³.

“Caring is an expression of care, respect and affection for another person or sometimes a sense of duty. As such, the actual value of the care and support provided by unpaid carers cannot fully, objectively be quantified. However, it is important to recognise the scale of carer support. In the Census of 2011, there were 744,000 people living in Dorset 1 and there were 82,900 unpaid carers in Dorset (CCG area). Nationally it is estimated that 1 in 10 of the population is a carer. There are approximately 6.3 million carers in the United Kingdom” [Valuing Carers in Dorset - Vision 2016 - 2020](#)

BOX : Examples from elsewhere (1)

[The Filo Project](#) is a social enterprise offering a different type of day care. Small groups of older people are collected by their host and spend the day in an intimate home setting in their community. Because transport is provided, even the most rurally located can be supported. The Filo Project aims to bring a sense of normality to the lives of older people experiencing symptoms of moderate dementia or isolation, providing an environment that is both supportive and akin to a day out with friends. They are now working in 600 places in Devon and are expanding into Dorset.

² Example of data from acute hospitals in Dorset, page 7 of [Valuing Carers in Dorset - Vision 2016 - 2020](#)

³ <http://bit.do/DCA-Report2016>

BOX : Examples from elsewhere (2)

Oomph is a London based social enterprise working across the UK whose complementary services are bought in by residential and day-care providers to enhance the mental, physical and emotional wellbeing of older adults in their care. They offer training and support to help care organisations deliver a programme of everyday activities for their clients that are fun and which promote mental stimulation, physical activity, new experiences and connection, and an 'out and about service' providing regular outings for those in residential care.

Stir to Action – Has created a useful [Community Toolbox](#) to help set up Co-Operatives etc..

2.3 Why a focus on mental health and wellbeing?

There are clearly a very broad range of pressing needs within the health and social care sector. However, with the limited resources and time available for this research, it was felt an agreed focus was essential. In consultation with stakeholders, including the Caring Bridport Champions, mental health and wellbeing was agreed as a priority. The view that we all have mental health and wellbeing needs and experience the peaks and troughs of emotional well-being through daily living was important. Mental health and wellbeing touches everyone - we are all on the mental health spectrum somewhere. Some have more extreme experiences of poor mental health which can cause isolation and stigmatisation within the community. Additionally, stakeholders also felt strongly that mental health and wellbeing was a key identifier and component of individual and community resilience, and should be the focus of the Caring Bridport research.

Mental health and social isolation are national and county priorities.

Nationally, one in four people will experience a mental illness. In Dorset 1 in 6 people will have a mental health issue at any one time, and among children (5-16 years) the figure is one in ten⁴.

It is now recognised that lack of community connection has myriad detrimental effects on mental health and wellbeing – loneliness, stress, depression, self-neglect and dementia are some problems that can be worsened. The physical impact of social isolation has also been recognised, with a link between isolation and malnourishment established¹⁴. In quantitative terms, the health impact of social isolation & loneliness has been equated to that of smoking 15 cigarettes a day¹⁴.

Mental health conditions cause about one quarter of all ill health in England, whilst NHS Dorset CCG allocates 12% of the total funding allocation to mental health services.²¹

There is a difference of up to 20 years in the life expectancy of people with mental health problems.²¹

Across the catchment area of West Dorset CCG, there are approximately 1,500 people vulnerable to poor mental health, and 13,000 people vulnerable to social isolation. Within Bridport itself 1,141 households are highly vulnerable to social isolation and loneliness. Figures for dementia are set to rise

⁴ [Dorset Joint Strategic Needs Assessment](#)

²¹ [Dorset County Council Mental Health Vulnerability Report](#)

with a predicted 24% increase in Bridport area between 2012 and 2020.

Our primary research has revealed a range of needs, and it became clear that some of the biggest gaps were in the area of prevention and early intervention, rather in the response to acute illness. People with both low-level mental health issues and those with a diagnosis of a severe mental illness identified that help to access community events and groups would be of real benefit to overcome feelings of isolation, through providing information on available activities, and supporting people to develop the self-confidence to participate in them. They want safe, community spaces to meet, gather information, find support and socialise in a non-judgmental environment. Isolation is an issue for older people which is a particular concern in an aging population. Additionally, many activities do not cater well for young people, for whom there is also a lack of targeted support to cope with the stresses relating to employment, school, family and social life, including the impact of social media. Friendships conducted largely in the virtual realm scored highly as one of the most significant factors in triggering intrusive thoughts and promoting self-harming.

Impact of loneliness: Four in ten of us have felt depressed because we felt alone. This is higher among women (47% compared to 36% men), and higher among those aged 18-34 (53% compared to 32% of those over 55) - [The Lonely Society? Mental Health Foundation](#)

Box: Local Statistics on Mental Illness

- In West Dorset - over 2,200 with depression - one in 15 of adults on GP registers
- Over 200 people with severe mental illness registered at Bridport Medical Centre
- Bed occupancy running at 99%
- Bridport Minor Injuries Unit receives largest no. of people who have self-harmed (out of Dorset MIUs)

Most people are seen by their GP and treated in the community but not everyone with a mental health issue will see their doctor to get help: 1 in 3 people with depression and 1 in 2 with anxiety do not seek help.⁸

These needs were all affirmed by organisations working in Bridport who participated in the research. It was suggested that the kind of informal support that could be provided by friends, family, peer support groups and volunteers as befrienders or buddies could really make a difference to an individual's sense of wellbeing and belonging within the community. The demise of public transport makes access to the opportunities, spaces, and social connections even more problematic for young and old alike.

"If I didn't drive, it would be easier for me to get to Dorchester Hospital than it is to get to Bridport Hospital!" (Focus group participant)

There is also a great concern about the support needs of carers, who are increasingly called on to shoulder the burden as services decline. Lack of support is leading to carer breakdown in some cases which can in turn, create more demand and costs for health and social care services.

"I don't get support because I give it" (Participant in Bridport 50+ Forum Focus Group)

The vast majority of organisations were keen to have better ways of interacting with each other, exchanging information and collaborating across sectors. Staff and volunteers need to know more about

the services available from others so they are able to inform people confidently about what is available, this is the idea that “there is no wrong door.”

Domiciliary care and maintaining independence was recognised as a way of supporting emotional health and wellbeing. However much of homecare focuses on the practical and what is needed is an equivalent service for emotional support. For those without informal networks of support in place, the VCSE sector has a lot to offer if resourced to support this development.

Box: Harmony Support Group

Harmony Support Group is run on the values of recovery, peer support and respect. Two facilitators are employed on a job-share basis. Members provide informal peer support plus organising activities and fundraising events. There is a small amount of funding provided by Dorset Healthcare. Referrals are made by CMHT, Community groups within Bridport and self-referrals. The nature of the peer support often has a ‘snowball’ effect: people attending start to feel less isolation, develop social networks and friendships which in turn develops confidence in accessing community events and activities. As mental health and wellbeing improves and confidence builds, some people then go on to volunteering and employment opportunities.

2.4 What did we do?

The researchers conducted a document review, held three focus group discussions and a number of stakeholder interviews, and staged one drop-in event. They used an on-line survey to gain the views of local community groups and individuals who deliver both formal and informal mental health and wellbeing support and those who have identified that they provide this type of support as a by-product of their main focus. There were 55 respondents to the survey; 40% of respondents were from the VCSE sector and 25% from statutory agencies, with the remaining 35% being individuals or small community groups.

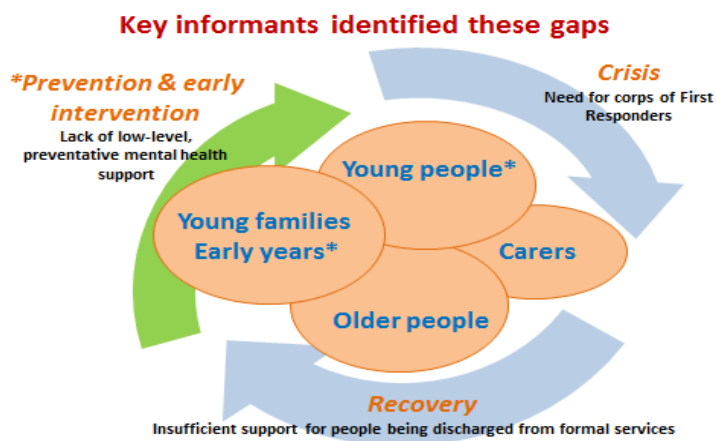
Participants in face to face interviews ranged from staff in statutory services e.g. NHS to Clerics from the local Churches, and the researchers were supported by Aspire who conducted informal discussions with young people. 16 people participated in Focus Groups held with specific groups from the local community e.g. young people, older people and people with a diagnosis of mental illness.

The researchers attended meetings and community events⁵ making information available and present to talk about the project, and hosted a Caring Bridport workshop in partnership with Bridport Local Area Partnership which was attended by 24 people representing a range of community organisations and service providers.

The researchers worked closely with BLAP 's Health & Wellbeing Group and were joined in the research by a group of Champions – some 8 key people in the local community who were invited or expressed

⁵ Such as the Bridport Local Area Partnership’s (BLAP) Health and Wellbeing group meetings, Bridport Community Fair, Bridport Community lunch, Bridport Soups, meeting of the Town Council, public meeting on the CSR, and the public consultation for the Mental Health Review

their interest to join. Two mini-workshops were held specifically with the Champions Group. BLAP and the Champions provided invaluable advice and guidance, and acted as an informal steering group for the research.



2.5 Who is behind this project so far?

This research project – as part of the Community-led Economic Development (CED) process⁶ in Bridport - has been supported by Dorset Community Action (DCA) as a follow up from the Communities Living Sustainably (CLS) in Dorset project. DCA secured a £5000 grant⁷, with match funding from the BIG Lottery funded CLS programme, for the research and community engagement toward creating a three-year plan for the way forward.

DCA has supported this process in Bridport because the town offers a special combination of characteristics and potential, and they have experience here from CLS work. The intention is that this can be a ‘pilot’ that can help to roll out the model across Dorset to make better use of collective resources, and create local ecosystems of support, by getting people to think of themselves as potential investors and social entrepreneurs.

DCA recognises that it needs to be embedded within and driven by people and organisations within the local community to create solutions that are community owned and led. DCA may have spearheaded the economic blueprint project, but Caring Bridport Champions will be the driving force taking it forward.

⁶ This is based on a particular approach called the “[Economic Blueprint](#)” pioneered in Totnes, Brixton and Herefordshire. The Economic Blueprint *report* made a case for transforming parts of their economy to become more localised; the Blueprint *process* created an eco-system of support around the project ideas and actions that were generated.

⁷ [Dorset Community Action](#) is one of 20 organisations nationally to have been awarded a small grant under the Department for Communities and Local Government (DCLG) [Communities Economic Development Scheme](#).

3. What challenges do we face?

The health and social care sector is going through big changes. The NHS is under a great deal of pressure and services in Dorset are under review, with uncertainty about the changes to come. Councils are cutting funds for social services. Less people are qualifying for support, and the same services are being delivered for less and less money. Benefits people are entitled to are changing and that also has an impact on vulnerable people. At the same time, our older population is growing, and within it those with long term health conditions – and demand for care will keep increasing. So as a county, and as a town, we face some major challenges. But as this report shows, there are also opportunities, and we also have our strengths that can be harnessed to take advantage of them.

3.1 National context

National policy developments have increasingly reflected a number of different linked agendas: putting communities and people in control of their care; integration of health and social care; promotion of wellbeing; and the role of prevention and early intervention.

In 2014 the Five Year Forward View set out a vision for how NHS services should change to meet the needs of the population. It called for the development of local models of care and put the focus on prevention. Criticism is that it assumes a radical upgrade in prevention and public health, as well as improvements in social care, whilst in reality these services are under critical strain. The Forward View also needs to meet more than two billion pounds worth of cuts. The Forward View for Mental Health made a case for transforming mental health care, committing to deliver ‘parity of esteem’ – giving mental health equal priority to physical health – and the biggest financial investment in mental health in a decade.

The Care Act 2014 put into law an approach to social care that is personalised and outcome focused, introducing mechanisms such as Personal Budgets. It put responsibility on local authorities to give people control over their care, foster a greater variety of services for users to choose, and to align these with the outcomes people themselves want to see. Whilst much in the law was celebrated, the changes required for its implementation are taking place at a time when local council budgets are being drastically cut and community organisations are losing their funding. It also requires major cultural shifts while old systems and thinking still dominate.

It is now also universally recognised that health and social care services need to be much better coordinated around the individual, and the government allocated the Better Care Fund to this end. Progress has been slower and less successful than envisaged⁸. There is also a shift towards collaboration with the Voluntary Community and Social Enterprise (VCSE) sector⁹, increasingly being seen as the crucial missing piece. There is a long way to go before these are a reality for most in the current care system.

The shift to outsourcing of NHS services has been part and parcel of the cost cutting agenda. While this

⁸ [National Audit Officer Report - Health and Social Care Integration](#)

⁹ See [Care Act 2014](#); [NHS England Five Year Forward View](#); [NHS England Mental Health Review](#)

was promoted as an opportunity for the emergence of social enterprises in the health sector, outsourcing has tended to fall to large private corporations driven more by economy and profit than quality of service. This has been mirrored in the privatisation of social care.

3.2 Dorset context

Towards the end of 2015, Dorset health and care actors were asked to come together to create a Sustainability and Transformation Plan (STP) to accelerate the implementation of the Forward View. According to the STP for Dorset - entitled Our Dorset – the Plan aims to describe a shared understanding of Dorset’s current situation, ambition for 2021 and the steps needed to get there. The reality is that the Plan is underpinned by the need for Dorset to meet its allocated portion of public spending cuts. In terms of content, the Plan gives a greater focus to ‘prevention at scale’ that takes into account the wider factors that have an impact on health and wellbeing (from education to housing etc.) It also covers elements of the proposals within the Clinical Services Review (e.g. integrated community services and a single acute service) and the Mental Health Review (improved crisis response, more choice, more ability to self-refer and community front rooms).

Both these Reviews have completed their public consultations and their final conclusions are awaited. Regarding the Dorset Clinical Services Review, there are major concerns about the loss of services with the centralising of acute care.

Other than for acute care, it is unlikely that the CSR will have major implications for provision in Bridport where innovation with integrating resources and teams is already underway. Indeed, it is from the experience of Bridport and Weymouth that the integrated community services proposals (‘community hub’) in the CSR were drawn. In these two places, local changes to ways of working have already been made to promote integration of health and social care. Thus some key informants believe that it is unlikely that the CSR will change a great deal for Bridport in the foreseeable future. However, it may turn what has been a locally determined initiative into a mandated top down requirement.

Unlike the CSR, the Mental Health Review has emphasised that it is not a cost cutting review, in line with the national vision for increasing investment in mental health services and achievement of parity of esteem⁹. An additional funding pot has been allocated to the support mental health in primary care and communities (e.g. community front rooms). There is much in the proposals that has been positively received, though it does not alter the fact that mental health services are currently massively underfunded and overstretched, a history of cuts that includes the closure of the Hughes Unit.

It is also worth noting that mental health has been given prominence by the Dorset Police and Crime Commissioner in his Policy and Crime Plan, where he commits to campaign for additional mental health investment and to focus on early help and intervention, services for people experiencing trauma, and services that prevent people entering custody due to mental health crisis.

The proposal to restructure local government in Dorset to form two unitary councils, thereby reducing the number of local authorities from nine to two will devolve power to town and parish councils, and the consequences of this for health and social care have yet to be understood.

The Bridport Local Area Partnership has consistently advocated on these issues as a voice for Bridport and the surrounding parishes. As the above changes and uncertainties resolve themselves, Bridport

based organisations will need to continue to press for the needs and interests of local people, particularly the most vulnerable, to be met.

3.3 Some specific challenges

The following challenges have been identified through the research.

Shortage of health & care staff

In the past there have been bed closures at Bridport Community Hospital over lack of nurses (June 2016 there were 24 out of 38 beds open¹⁰). Dorset HealthCare is spending millions on agency staff across Dorset to fill vacant posts¹¹.

Bridport has a particular characteristic of having high than average housing costs in relation to lower than average earnings because of the preponderance of second home owners and incoming retirees. The shortage of affordable housing is one reason why it is difficult to attract high calibre professionals such as nurses to the area.

There is also a concern that the introduction of personal health budgets will lead to nurses leaving public services and becoming private employees.

Employment conditions in the care sector are difficult, with zero hours contracts widely used. Care staff do not commonly get paid for travel costs or time. Thus it is not an attractive profession and there can be gaps in home care in surrounding villages especially for example during school holidays.

Fear of impersonal homecare

According to a consultation by DCC in 2013, many people fear that privatisation leads to home visits becoming short and impersonal. The common perception is of a 15 minute turnaround per visit and never knowing who is coming to your door – though in Bridport the reality is believed not to be so severe. However, a new social enterprise could come up with a completely different approach, as has been demonstrated by The Filo Project, based in Devon (see Box – page 14).

Health and social care integration has some way to go

The local Bridport CAB office is currently picking up a lot of the signposting that discharged patients need when leaving hospital in order to access care services. Whilst this support is provided within the hospitals in some areas, it does not seem to be consistently available and there is concern that some patients will continue to fall through the gaps between health and social care provision¹². Getting the right information into the hands of patients, and ensuring clearer communication between services and departments, needs to be an ongoing priority so that precious NHS resources are not wasted, and the anxiety felt by patients and their family members or carers lessened.

Mistrust between the statutory and voluntary sectors

Diversity and lack of standardisation across the voluntary sector leads to a degree of confusion and mistrust from statutory bodies.

¹⁰ [View from Bridport July2016 - Bed closures Bridport Hospital](#)

¹¹ [Dorset Echo Jan2017 - Dorset HealthCare spending millions on agency nurses](#)

¹² BLAP response to CSR consultation

Health and social care professionals are reluctant to refer patients to the voluntary sector when there are no guarantees of quality of service and patient confidentiality. This is exacerbated by lack of knowledge and information to distinguish between the many groups and their respective capacities. Information they lack include who offers what to whom, to what standard, and whether they are able to take on new clients. There is a perception that they are not coordinated.

What health professions are asking for is a level of quality assurance for voluntary organisations, and for information to be more easily ready at their fingertips. In conducting their VCSE Navigator role, DCA provided a role in quality assurance alongside their role in linking chronic patients to GP surgeries to non-medical sources of community support. ([DCA – VCSE Navigator Report 2016](#)).

“There are hundreds of community groups – it’s difficult to know what they offer and what are their quality and capacities – it’s challenging for us [statutory services] to link with these community resources” (stakeholder interview)

Financial and resource constraints for local organisations and groups

78% of survey respondents (staff or volunteers of local organisations) want to improve their support to people with mental health issues, and 60% cite lack of finance and time to be major barriers. This demonstrates that there is willingness and potential to develop community led initiatives if resources can be made available. Thus there is a clear role for social enterprise and alternative business models that are self-sustaining. This needs to be done in a way that avoids prohibitive costs for people who cannot afford it.

Lack of support for volunteers

Clearly a large and growing component of the solution is in the use of volunteers. This is not only an inevitable consequence of cuts and financial constraints, but also recognising that act of volunteering carries its own wellbeing benefits. However, for volunteering to be a positive experience, volunteers need to be well-supported, receive the training they need, and be valued. Expanding the pool of volunteers is a task in itself that also requires resources.

Box: Survey results

From the survey, we found out that: 98% feel their group supports the mental health and wellbeing of local people; 78% that their group has explicitly declared it wants to help people with mental health issues; and 78% again that their group wants to be more deliberate in their support in the future. *Examples of quotes from survey respondents:*

“Our summer project aims to include YP and adults experiencing mental health issues - at present we do not have funding to support this however”

“No because we are already very stretched with regard to time and resources”

“We have been asked to expand but are limited by financial and time restraints”

“Funding is the main gap for groups. I know of at least two groups that have had to close because funding has ceased.”

“All voluntary agencies are being overwhelmed by having to breach the gap by the reduction of central funding for social services, counselling services and referrals to the leisure centre”

4. What do we aspire to?

4.1 Vision and aspirations

The Caring Bridport research has identified a number of overarching themes for helping to make Bridport an even more caring local community and town than it already is. The aspirations listed below have been drawn up after examining all the responses from the different research tools used and the different Stakeholder Groups involved.

To be celebrated is the wide range of activities and services identified by survey respondents as supporting local people's mental health and wellbeing. This is very encouraging, demonstrating that our local area has so much support on offer.

Please see Section 2.4 for more information on the tools used to gather information.

Based on the advice of the Caring Bridport Champions, the research conclusions are framed as a set of seven Aspirations rather than specific Outcomes at this stage.

These can be collectively expressed as a vision statement:

By 2025, the people of Bridport area will feel connected with others in their community and a sense of belonging. They will have the information they need and the confidence to participate in activities and community life in support of their mental wellbeing. There will be a range of community-based spaces and activities that meet people's diverse needs, and services will work in a joined up way. Transport will no longer be a barrier. The people of Bridport will have a caring, inclusive ethos that supports the mental wellbeing of all.

Vision
Aspiration 1 All people feel connected to their community and a sense of belonging
Access
Aspiration 2 All people have the information they need (*in support of their mental wellbeing)
Aspiration 3 All people have the confidence to participate in activities and community life*
Aspiration 4 There are a range of community based spaces and activities that meet all people's diverse needs*

Aspiration 5

Transport is no longer a barrier to people having access to the services they need*

Enablers**Aspiration 6**

Informal and formal services work together in a joined up way

Aspiration 7

Volunteers are valued, recognised and adequately supported

Aspiration 8

The people of Bridport have a caring, inclusive ethos that supports the mental wellbeing of all.

4.3 Aspiration 1: Community connection

Aspiration 1: People feel connected to their community and a sense of belonging.

Why is this important?

- Social isolation & loneliness is a national priority and a priority for Dorset & Bridport area. DCC has created a 'social isolation and loneliness index' that identifies 1,141 highly vulnerable households for the DT6 postcode. For POPP, social isolation and loneliness is one of the biggest issues facing older people in Dorset.¹³
- Lack of community connection has myriad detrimental effects on mental health and wellbeing – stress, depression, self-neglect and dementia are some problems that can be worsened. Risk of malnutrition is also linked to loneliness. Lonely people have a 64% increased chance of developing clinical dementia.¹⁴
- Social integration is fundamental to our sense of wellbeing and this came out strongly in focus groups, interviews and the survey e.g. when people are asked: What makes you feel well? *'People, like at Harmony, or I meet * ____ * and we go for a beer at the weekend'*

What already exists?

- There is a wide range of support groups for specific needs from Cruse to Harmony Mental Health Support Group and groups provided by Bridport CMHT. In addition, there are many community groups - arts, singing, sports, gardening, and lunch clubs – to name but a few.
- Befriending has a Good Neighbours scheme with volunteers who can lend a hand, and Age UK Dorchester runs a Reach Out Service which supports older people to participate in social activities, as well as a telephone matching service to make Phone Friends.

What are the main gaps?

- Domiciliary care was identified as a way of supporting emotional health and wellbeing that can often be missing. Much of homecare focuses on the practical.
- Classic befriending seen to be important source of reassurance and company but what people are often missing (beyond companionship) is a sense of purpose: being able to give and contribute, to be of value and feel valued. Can more creative approaches to befriending address this?
- Residential homes can feel 'cut off' from rest of community.

What are some possible strategies?

- People thought that intergenerational approaches are important. Ideas included an 'adopt a granny/teenager' (similar to HomeStart support to young families). Young people described grandparents as providing a multitude of support: vital structure to leisure activities, a place of refuge when things at home become unbearable, wisdom in times of conflict, wholesome food, reassurance, help with revision, paying for activities, outings, treating them and making them feel special.
- Use postmen/women to support vulnerable people by providing community contact
- Provide emotional support and complimentary services within home care and residential care.

¹³ [POPP - Loneliness & Isolation](#), and also [Evaluation of the Economic Value of Dorset POPP Services](#)

¹⁴ [Holwerda et al, 2012](#)

4.4 Aspiration 2: Information

Aspiration 2: People have the information they need.

Why this is important?

- People need to be able to easily access information in the right way, at the right time, in the right place, about the local support available for their emotional and mental wellbeing. Staff and volunteers need to know more about the services available from others so they are able to inform people confidently about what is available – the idea that “there is no wrong door.”

What already exists?

- One-off events to promote health and wellbeing e.g. Ideal Health Event, Community Fair, and more regular events such as the Community Lunch.
- Some essential and recognised information sources e.g. Bridport CAB, POPP Wayfinders, and the newly in place Care Navigators. Dorset has useful past experience e.g. DCA’s VCSE Navigator role.
- Initiatives such as Bridport Leisure Centre visiting Colfox Academy to encourage young people to use the leisure centre.

What are the main gaps?

- 60% of survey respondents felt that information was not accessible to their clients.
- Bridport Medical Centre Patient Volunteer role initiated but has not taken off. POPP Wayfinders highly appreciated but thinly stretched. Care navigators are important new resource but social care referral only.
- Research identified need for more regular events where people can meet local groups (including events attractive to young people).
- Insufficient support for people being discharged from formal mental health services (there needs to be better ‘step-down’ including reconnection with their community).
- Lack of support for older people with the process of finding care. People are seeking support from CAB because of the stress and worry in finding care.

What are some possible strategies?

- Bridport has a ‘one stop shop’ for information on community activities, groups and specialist services.
- Set up a community café (pop up or permanent).
- Use more imaginative ways to signpost. Ideas have included: using supermarkets to deliver information on community services with shopping deliveries; training hairdressers and barbers to talk about mental health and what community support is available with their clients; working with existing volunteers and pop up events, such as Flourish’s volunteer Health Champions.
- Run regular events where people can meet local groups and find out about what’s available to them
- Take advantage of the Bridport Mental Wellbeing Festival.

4.5 Aspiration 3: Confidence

Aspiration 3: People have the confidence to participate in activities and community life.

Why is it important?

- Lack of confidence is a barrier to participation creating a lack of connection with the local community, loneliness and isolation.
- Participation creates an equitable, diverse and thriving community that cares.
- The majority (88%) of survey respondents felt one-to-one support, available when people need it, is a high priority (e.g. peer workers, buddies, social support, mentoring).

What already exists?

- Dorset has expertise in peer support and mentoring via Dorset Mental Health Forum who offer peer support training to others.
- START team provides some one-to-one as well as group support in the community. Age UK Dorchester's Reach-Out Service offers 'social support' to older people who might not otherwise have the confidence to get out of the house and make new friends. HomeStart West Dorset offers one to one support for young families.
- Care Navigators can offer help to people aged 18+ (in receipt of social care) to attend groups for the first time. They will be linking with POPP.
- Currently a buddy volunteer scheme is incorporated into funding bid to support the Exercise on Prescription scheme (led by Bridport & West Dorset Sports Trust).
- Members of the Harmony Group identified that the peer-to-peer group support they gave each other was invaluable, which in turn can lead to buddying up with one another to attend community activities.

What are the main gaps?

- Accessing some of the community groups and activities continues to be difficult. 49% of survey respondents identified that their clients don't have the support needed to access community groups. The Harmony Mental Health Group expressed this as "*Walking in and joining on your own is difficult.*"
- Although there is a small dedicated group of volunteers, Bridport needs a bigger pool of Peer Workers, Volunteers, Befrienders, Buddies, Good Neighbours to address the gaps.
- Early intervention is needed for people considered to have low-level mental health issues to give them confidence and social skills to seek and access community events, activities and groups.
- The proposed Community Front Room would be open only from Thursday to Sunday from 3pm to 11pm. What is required is a Front Room open for longer hours all days of the week – though staffed by mental health professionals at the key periods during those hours.

What are some possible strategies?

- Staffing the extended hours of the Community Front Room through organisations such as Harmony and Peer Support Workers. Support should provide an 'ambassadorial element' – helping someone to have the confidence to get to a group.
- Use publicity and promotion to raise awareness of how peer support, befriending, volunteers help. This will need financing.

4.6 Aspiration 4: Community spaces and activities (to be cut to one page)

Aspiration 4: There are a range of community based spaces and activities that meet people's diverse needs.

Why is it important?

- Genuine choice relies on there being a wide range of options for people to choose from. Community based groups, activities and places therefore need to be inclusive, accessible and age-appropriate. Groups need to exist that fit with people's interests and that they want to use. *"What makes me feel well is being able to do things that interest me"* – focus group participant.
- Whilst inclusivity is important, there needs to be groups and activities that are 'protected spaces' for Carers so they are afforded a genuine break.
- Arts and nature scored highly in the Focus Groups as ways to improve people's mental wellbeing. *'It's good to have access to things that interest me eg: art'*

What already exists?

- Over 98% of respondents to the survey felt that their group supports the mental health and wellbeing of the people of Bridport; 78% that their group has explicitly declared it wants to support people with mental health issues.
- Bridport has a diverse range of community groups which describe their support to people's mental wellbeing in different ways: social connection, emotional and social skills, self-esteem, physical well-being, healthy eating, connection with nature, self-expression, and spiritual well-being.
- Dialog develops spaces that support self-organisation towards helping oneself and helping others.
- Friendly and inclusive community spaces include the Bridport Youth & Community Centre, Bridport Community Orchard and Churches. Cooper's Circle is a new outdoors facility.
- Safe spaces are being developed for people with dementia. Stepping into Nature is working to make dementia friendly green spaces and activities.

What are the main gaps?

- There is a need for a greater mix of accessible, inclusive social opportunities, individual support and group support. 60% of survey respondents felt that the range of local activities available is not wide enough to allow their clients choice to pursue their personal interests, and wheelchair users have difficulty with accessibility.
- Lack of services that address prevention, early intervention, and young people's services were highlighted by many.
- There is insufficient support for carers. In addition, when carer's burn-outs, back up care is not always available and the cared for person can end up in hospital where they can go downhill.
- Specialist dementia support e.g. Admiral Nurses that can work alongside people and their families. Bridport area has insufficient places in residential homes that can provide dementia care.
- More support is needed for young people around the pressures and stresses of contemporary life and they say they want more safe spaces e.g. free from drugs. There is a lack of places and activities where young people want to go- *"we need open supportive groups, clubs and activities... that somehow make it so it's not just full of retired people, then they would feel accessible to younger people"*
- Need for more free and affordable community spaces for rent by groups.

What are some possible strategies?

- Introduce a support group service for young people with mental health issues (similar to the model used by The Project in Axminster).
- Support and encourage existing groups to be more inclusive
- Improve the number of safe and friendly community spaces for groups to meet: more good quality, affordable and accessible spaces for groups; more spaces where young people like to socialise; making more outdoor spaces dementia friendly (with support from Stepping into Nature).
- Create 'safe spaces' within the town (e.g. Caring Bridport logo in cafes and shops which have trained staff).
- Consider the possibility of creating a collaborative social prescribing network of VCSE sector groups.

4.7 Aspiration 5: Transport

Aspiration 5: Transport is no longer a barrier to people having access to the services they need.

Why is it important?

- Community activities, groups and services can only bring benefit if people can get to them
- People who do not drive or have access to a car feel isolated and excluded from the local community and its events and activities.
- 49% of respondents to the survey felt that transport and access was a very real barrier to people getting the support and connectivity they needed for their emotional and mental wellbeing. Quote from Bridport Area 50+ Forum: *'I think people living in the villages around Bridport have a difficult time accessing services... If you don't have a car you can become very isolated.'*

What already exists?

- Bus services in some areas around the town and between towns e.g. Bridport, Dorchester and Weymouth.
- Taxis – at a price - with very limited numbers that are wheelchair accessible
- Limited existing community transport, with a new community transport initiative at the scoping/consultation stage
- Hospital Car Service for those that meet the criteria (though only to and from NHS buildings)

What are the main gaps?

- A big issue for this area as public transport has been decimated. There is only one taxi for wheelchair users in Bridport.
- Support for older people who are isolated in rural villages is poor.
- Rural isolation and the cost and infrequency of transport makes young people feel completely trapped. Quote from Young People's Focus Group: *None could ever hope of there being enough money to afford driving lessons let alone owning a car. Isolation makes them all feel very depressed and they wonder how and if they'll ever escape.*

What are some possible strategies?

- Consider transport and accessibility issues in all future initiatives.
- Make use of Community-based transport initiative currently underway.
- Country Car Scheme extended to include Bridport area. (Currently runs in Beaminster and Maiden Newton).
- Consider possible parking incentives for community drivers.

4.8 Aspiration 6: Joined up working

Aspiration 6: Services work in joined up way

Why is it important?

- Joined up and collaborative service provision minimises duplication and uses finite resources in the best possible way.
- Knowing about the services available from others and being able to inform clients confidently means “there is no wrong door” when people are trying to access support and services. 60% of respondents felt that information was not accessible for their clients.
- The majority of respondents to the survey identified networking opportunities as a priority, with only 30% feeling there were enough opportunities. More joined up working between statutory, voluntary and private sectors was also a priority.

What currently exists?

- Bridport will run a Mental Wellbeing festival 6th– 10th October. This is a great opportunity to raise awareness, and build relationships between the growing number of groups and organisations getting involved.
- One-off events allowing services to network, for example the Ideal Health Event and the Community Lunch which happens intermittently.

What are the main gaps?

- There are no regular opportunities for groups/ organisations to meet and share information with one another.
- There is frustration of community groups and voluntary sector providers that statutory agencies generally struggle to work in partnership and share relevant information. *‘We would certainly like to run more social recovery focused activities in the area but for these to work we need referrals from statutory and other agencies’.* Survey respondent
- 81% of survey respondents felt that addressing the lack of confidence statutory services have in the VCSE services needed to be addressed.

What are some possible strategies?

- Set up regular networking opportunities is a quick win, with clear demand and evident benefits. Review the Dorset Compact and perhaps create a Bridport one, to promote a joined-up approach and partnership working.
- Develop this alongside a Framework / Data Collection that all organisations could use to provide evidence of outcomes and efficacy of community cohesion. Ensure good mapping, databases and information gathering
- Identify good quality, affordable and accessible space for groups to meet. Continue to advocate for affordable space in the new Bridport Connect community hub (South Street)
- Develop new commissioning models similar to the approach being taken in Totnes.
- Consider the possibility of creating new networks eg: [Community Cooperatives](#).

4.9 Aspiration 7: Volunteers

Aspiration 7: Volunteers are valued, recognised and adequately supported.

Why is it important?

- Volunteers embody the ethos and values of a caring community.
- In the current political and financial climate, volunteers will be fundamental to the success or otherwise of developments within Caring Bridport.
- Volunteers are the most important resource community organisations have. The ability of people to work willingly together for the betterment of their community and themselves is a valuable resource.¹⁸
- Volunteers can provide creative, innovative opportunities and solutions not always easily provided by organisations.
- People attending Focus Groups and responding to the survey (95%) identified 'Befrienders' as important for reducing isolation.
- The act of volunteering carries its own well-being benefits for individuals - a feeling of value and usefulness

What currently exists?

- Many community groups are established and successfully run by volunteers. Eg: Living Tree
- Dorset Volunteer Centre promotes volunteering opportunities across Dorset
- Some organisations run volunteer schemes eg: Harmony Mental Health Group.

What are the main gaps?

- Some groups struggle to recruit, train and retain volunteers. Resources in time and finance have an impact on this.
- High quality marketing of opportunities under-pinned by good training and support for volunteers
- Expectations of volunteers can be very high, leading to volunteer burn-out. *'They call in a crisis, we aren't a crisis service'* (Cruse Volunteer)

What are some possible strategies?

- Development of a community volunteer co-ordinator
- Community volunteer newsletter delivered throughout the area
- Creating links with more isolated groups of people eg: people in residential homes
- Development of a 'Training Exchange' for organisations to share specialist knowledge and skills for volunteers. Eg: START team offering 1st Aid for mental health training.

[Volunteers: The Heart of Community Organizations](#)

4.9 Aspiration 8: Caring ethos

Aspiration 8: The people of Bridport have a caring, inclusive ethos that supports the mental wellbeing of all.

Why is this important?

- A Caring Culture and attitude is integral to Bridport life, and promotes good neighbourliness and self-organising community initiatives
- Reducing stigma, prejudice and discrimination against people with mental health issues or any other disability is fundamental
- Encouraging people to speak more openly and be willing to seek help early reduces the likelihood of developing a longer-term need for more specialist and costly services.
- People feel that acts of kindness are important whether generally or more specifically such as Pay it forwards meals in local cafes (survey & focus groups).

What already exists?

- Dorset kindness initiative in Sheltered Housing
- Initiative to make Bridport a Rights Respecting Town, including the writing of a Bridport Citizens' Charter.
- Bridport has a Good Neighbours scheme, and a LETs skills exchange scheme
- Dorset Race Equality Council is hosting a community feast to celebrate community and diversity at Court Orchard.
- Chapel in the Garden are setting up a volunteer-run community fridge, to link with Food Banks.
- Many of the community groups and activities naturally promote support for members.

What are the main gaps?

- Lack of safe spaces within the town for people to use that are truly inclusive of all.
- Need to raise more awareness and understanding of the myriad ways to support people, big and small.
- People knowing where and how to start to develop their own community initiatives.
- Non-judgmental support and guidance for young people to cope with feeling excluded and with cyber-bullying.

"Ask people to smile at strangers more, and visit/talk to the sad and lonely and just to try and be a bit kinder as they go through life!"

What are some strategies?

- Run events and campaigns to raise awareness e.g. through Bridport Mental Wellbeing Festival.
- Promote rights & responsibilities (e.g. Bridport Charter): everyone in Bridport is aware of their rights and is able to exercise their rights and responsibilities confidently.
- Promote good neighbourliness and kindness. For example, strengthen helping hand type initiatives. Pay it Forward meals & drinks a new idea that was shared.
- Support groups and organisations to identify training needs and gaps in knowledge.
- Training for groups in mental health awareness and skills
- Training for individuals in Mental Health First Aid
- Caring Bridport stickers in shops, cafes, and for groups (who meet certain criteria)

5. What are the opportunities?

Despite, and partly because of, the challenging policy context, there are a large number of initiatives already underway in the Bridport area which support mental health and wellbeing. However the challenges are such that it is important to take advantage of all new opportunities as they arise.

As many factors determine our mental health and well-being, there are opportunities to promote a wide range of interventions that involve community groups that may not necessarily have mental health as an explicit part of their remit. These would be non-medical in nature, responding to evidence of needs, and could potentially be provided through new financial models. Other opportunities arise because of changes to statutory services that will, or have already started to, happen.

5.1 Changes to adult care services - Dorset Care Framework

Dorset County Council (DCC) have recently launched their new adult care service, called the Dorset Care Framework (DCF). It integrates health and social care services within the remit of domiciliary care, residential care and day opportunities, and includes older people, people with physical disability, and people over 65 with mental health issues.

The biggest potential lies with the inclusion of 'community innovation' as one of the three pillars within the formal framework. Through the new DCF, commissioned care providers will be required to prove how they are linking clients with wider community resources and supporting them to integrate more with community life e.g. a befriending service or a singing for dementia group, with the aim that this will offer a more enhanced level of support than practical care alone. For an initial period, providers will receive a financial incentive to do this.

DCC is encouraging community based organisations - big and small - to register their interest in the DCF on their web-based tendering platform. This will alert DCC to local groups and what they can offer to meet a need, and in turn DCC will alert groups to opportunities for training, dialogue, and funding. They want to further develop commissioning and procurements systems to make it easier to fund small but critical community-based services.

In particular this shift offers opportunities for linking the VCSE sector to main domiciliary and residential care provision. Groups need to contact providers to find out what they might be interested in, or need support in providing. From their side, they have to show they are engaged with the local community. Once again, there is a gap in locally provided homecare, so there is also an opportunity to fill this gap in community based and innovative ways.

5.2 Changes to Mental Health Services - Community Front Room

Changes to Dorset's acute mental health services are imminent and will likely include the provision of a Community Front Room (CFR) located in Bridport as part of the proposed new structure of mental health support. The CFR would be based in a familiar community setting and would be staffed by peer support workers with lived experience of mental illness working in conjunction with mental health specialists. During open hours, people can walk through the door and be supported in an ongoing crisis, or to avoid going into crisis in the first place.

Indications to date suggest willingness on behalf of the NHS (CCG and Dorset HealthCare) to partner with local Bridport organisations in the co-production of the CFR service. This offers community groups

the opportunity to shape and link with the service. The CFR would need to work in conjunction with other aspects of mental health - and wider mental wellbeing support.

5.3 Changes to Personal Budgets - Individual Service Funds

National government policy is to give users more choice and control over the health and social services they receive, through mechanisms such as Personal Budgets (money allocated to a person for their care needs). According to DCC, all adults eligible for funded social care receive a Personal Budget in Dorset, which in most cases the Council manages on the person's behalf. There is evidence that under this system people do not necessarily know how much their budget is, nor have a role in determining which services meet their needs best.

About 25% of people receive a portion of their personal budget in the form of Direct Payments¹⁵, which give them more control and flexibility, but requires meticulous accounting and might entail becoming an employer of their own Personal Assistant or carer. Many people are unable to take on, or are simply put off by, this level of responsibility¹⁶.

To strike a balance between choice and responsibility, DCC has developed the Individual Support Fund (ISF) concept, whereby a client's budget is managed by a chosen care provider. The ISF provider is required to make budgets transparent and work with people in designing support. People can buy a mix of services from their chosen provider and from elsewhere, including social and community-based groups. This is likely to become the main way adults access their care and support in the future, and DCC is currently inviting organisations to register as ISF providers¹⁷. Further information can be found on - [My Life My Care](#).

There is a concern is that there are no mechanisms in place to assess the quality of brokerage services that ISF providers offer, the impartiality of their advice, or their awareness of the range of community organisations and activities available. The absence of minimum standards or quality control mechanisms leaves open the possibility of some ISF providers restricting clients' choice, and offering poor value-for-money¹⁸.

"Most ISF providers will charge a management fee but some may waiver this management fee if the client agrees to purchase most or all services from them. While this may appear to be a cost-effective option, some ISFs may use it to promote only their own services thereby limiting options for the client. It goes without saying that if people don't know what their options are then they will not be able to "choose" what they want – they will always be limited by what they are told, or what they already know." (Interviewee)

Nevertheless, this shift offers community groups the opportunity to promote their services to potential clients through ISFs, and to receive payment for providing those services. Many will find it timely to engage with this mechanism early, before it is fully up and running. The following are possible actions for community groups:

¹⁵ [Centre for Welfare Reform - ISFs in Dorset](#)

¹⁶ [Centre for Welfare Reform - Letter on Obstacle for Personal Budgets](#)

¹⁷ [DCC's ISF Contract Paperwork on ProContract](#)

¹⁸ Project Interviews

- Have good marketing materials to explain clearly what they offer and what it costs.
- Make contact with ISF Providers to build a relationship and promote their services.
- Improve visibility on web-sites such as My Life My Care, and direct links on ISF provider websites.
- Promote their services via other relevant channels that ISF providers might use, such as Natural Choices and LiveWell Dorset.

Bridport groups could also consider establishing themselves as an ISF provider, either individually or in consortium with others. The current list of ISF Providers is here: [List of ISF Providers on My Life My Care](#)

5.4 Changes to Commissioning Models

CCG commissioners are starting to talk about moving towards an outcome-based approach, to make space for some creative solutions to be brought forward. This will take some time, but could present a positive opportunity for community-led solutions, if the tendering process is simplified and geared to enable access for smaller initiatives.

5.5 Creation of a new Community Hub – Bridport Connect

A new hub to be created in Bridport, named the Bridport Connect, will see the coming together of several day services run by Tricuro into a single building within the town. Bridport's existing Community Hub refers to the range of services offered at Bridport Community Hospital which brings health and social care teams together. Discussions on these two hubs have been ongoing over many months and years, and Bridport Local Area Partnership continues to spearhead efforts to advocate on behalf of the missing piece of the 'integration puzzle': that is the role of community groups and their links with the formal service system. There is also a question over how the two 'hubs' will work together.

5.6 Funding and Support

There are several up and running funded programmes that are potential sources of funding and support for local groups. There is also a move towards less traditional funding mechanisms, predicated on the idea that everyone can be an investor in their community. Community support can mean small but important financial capital, but other types of investments too, from expert mentoring, to use of a venue, to offers of child care.

- [Bridport SOUP](#) is a live crowdfunding event and community dinner. Four local projects pitch for diners' votes and the winning project receives the takings from the door. The event is also about making connections and building a culture of community support. Bridport has already staged two Bridport SOUPS, each attended by some 70-80 members of the local community. They have demonstrated a great deal of community goodwill to support local initiatives, and will pave the way to the development of Local Entrepreneur Forums¹⁹.
- [Building Better Opportunities](#) is a newly funded three year project run by Dorset Community Action alongside partners. It aims to use community enterprise to address employability barriers, and will support unemployed young people, adults (particularly women) and the recently unemployed towards making enterprising ideas happen.
- [Crowdfunder](#) is one of the better known crowdfunding platforms, with an office here in Bridport. Crowdfunding is a way to raise money, awareness and support for a project from the people around you. The public can back your idea with pledges of money and project owners

¹⁹ <https://reconomycentre.org/home/lef/>

can thank their backers with rewards that reflect the money contributed. Bridport has a good track record in successful crowd-funded projects²⁰.

- [#Crowdfund Dorset](#) is a DCC Youth Fund that can be accessed through using Crowdfunder for a project that provides young people with places to go, things to do, or which helps them improve their community through social action. If a project reaches 25% of its fundraising target, it may be eligible for a contribution from DCC of up to 50% of the target.
- [Creative Care Dorset](#) is a network for organisations from the health, social care, culture, education and community sectors who share the belief that creativity improves wellbeing. The network provides information, support and opportunities to make useful partnerships but does not offer grants. It is run by The Arts Development Company as part of its health related arts work.
- [Dorset Community Action](#) supports the Voluntary Community and Social Enterprise (VCSE) sector. They offer a range of services to from funding advice for established groups to how to set up a new community enterprise.
- [Dorset Partnership for Older People \(POPP\)](#) have expert staff and funds to support the setting up of locally identified activities and services. Older people are supported to bid for seed funding of up to £2,000 to develop local initiatives relating to health, wellbeing and independence. Community Development Workers are available to offer support on how to set up and run projects, they offer help on how to be sustainable and how to connect with other groups and volunteers.
- [Volunteer Centre Dorset](#) supports volunteering across Dorset, both for recruitment and ongoing volunteer support.
- [START](#) is a community mental health team attached to the Dorchester and Bridport Community Mental Health Teams (CMHT). Their focus is on developing sustainable community resources for people with mental health issues in their local community. The team has a focus on social inclusion, setting up new sport and social activities, and supporting people into employment.
- [Stepping into Nature](#) is a newly funded three year project run by the Dorset AONB alongside partners. The project aims to bring well-being benefits to people with dementia through nature-based activities and the natural landscape. Resources are available to support groups to establish and promote dementia friendly activities and green spaces, and for training.
- [Stir to Action](#) is a Bridport-based social enterprise which runs workshops and has expertise and resources for setting up co-operatives and community enterprises.

²⁰ <http://www.crowdfunder.co.uk/map/DT6/all/funded>

6. Where do we start?

The Caring Bridport Champions' Group has agreed to carry forward this work into the future. It will uphold the vision, and help ensure there is a coherent approach to building on the wealth of existing local initiatives, expertise and collaborations. The Group will initially focus on supporting the forthcoming first Bridport Mental Wellbeing Festival in October 2017.

6.1 Key Activities Plan

Thirteen work streams emerged from the research. (Each numbered item is hyperlinked to a row in the table that follows for more detail.)

1. [Develop networking opportunities & community events for the public to meet local groups](#)
2. [Develop a Community Front Room Service in partnership with NHS](#)
3. [Support Bridport's initiative to become a Dementia Friendly Community](#)
4. [Develop communication tools and channels](#)
5. [Strengthen the role that community facilitators play in community navigation](#)
6. [Develop one -to-one support and buddying opportunities](#)
7. [Develop group support opportunities](#)
8. [Develop social prescribing & GP signposting](#)
9. [Developing more safe & inclusive spaces](#)
10. [Training for groups & individuals](#)
11. [Further strengthen a caring, inclusive ethos](#)
12. [Develop Bridport area wellbeing monitoring tool and database](#)
13. [Develop ideas for other new project initiatives tackling social isolation](#)

Project Streams	Status	Potential Resources
<p>1. Develop networking opportunities for groups</p> <p>Develop community events - for the public to meet local groups</p> <p>Support the first Bridport Mental Wellbeing Festival</p>	<p>Existing networking include BLAP meetings and Community Fair. Bridport ran its first Ideal Health Festival in June 2016.</p> <p>However don't reach everyone who want to be better connected.</p> <p>Dorchester's TRY THIS yearly festival proved very successful in giving people ideas for activities and groups and has fostered connections and support between lots of small groups.</p> <p>Caring Bridport Champions Group ('Caring Bridport') has been formed. Caring Bridport agreed to:</p> <ul style="list-style-type: none"> - Run information stall at the annual Bridport Community Fair and other local events. - Draw lessons from Ideal Health Exhibition 	<p>Caring Bridport</p> <p>Bridport Town Council</p> <p>BLAP</p> <p>Organisers of Ideal Health Exhibition</p> <p>Bridport Mental Wellbeing Festival Committee</p>

	<p>- Support Bridport's first Mental Wellbeing Festival October 2017. Help create explicit networking opportunities as part of the mix of events.</p>	
2. Develop a Community Front Room Service in partnership with NHS	<p>Proposal from Mental Health Review, awaiting confirmation.</p> <p>NHS wish to develop this service in partnership with voluntary sector.</p>	<p>BLAP</p> <p>Dorset Healthcare University Foundation Trust</p>
3. Support Bridport's initiative to become a Dementia Friendly Community	<p>Active group now formed, and part of Dorset Dementia Action Alliance.</p>	<p>Bridport Dementia Friendly Community Group</p> <p>Stepping into Nature</p> <p>Arts4Dementia</p>
4. Develop communication tools and channels	<p>Existing information platforms include new Bridport & West Bay website (Town Council run), My Life My Care (DCC run) and BLAP.</p> <p>Coverage of existing platforms and directories is not yet comprehensive with many groups not represented.</p> <p>Groups are not always clear about what they offer, why and to whom.</p> <p>There is room for a more user friendly and easily accessible way of communicating between organisations and local people in the Bridport area.</p> <p>Could serve as a resource for community navigation (below). Caring Bridport vision is to be inclusive of all groups, and be a resource to them.</p>	<p>BLAP</p> <p>Caring Bridport Group</p> <p>Engage local groups & organisations across the sectors</p>

<p>5. Strengthen the role that community facilitators play in connecting people to formal and informal services in support of their wellbeing (also called community navigation)</p>	<p>Bridport Medical Centre Patient Volunteer role initiated but has not taken off.</p> <p>POPP Wayfinders highly appreciated but thinly stretched. Care navigators are important new resource but social care referral only.</p> <p>Flourish organise pop up events in and around Bridport to improve health and wellbeing providing conversation and tasters of activities. Now run by volunteer Health Champions including local people and some with lived experience.</p> <p>Dorset has useful past experience e.g. DCA's VCSE Navigator role and CAB experience.</p>	<p>Potential to draw on lessons from elsewhere e.g. Connections Mendip and Caring Town.</p>
<p>6. Develop one -to-one support and buddying opportunities</p>	<p>Currently being offered by some organisations (Age UK Dorchester Reach Out service and HomeStart West Dorset) and can happen informally.</p> <p>Currently buddy volunteer scheme incorporated into funding bid to support Exercise on Prescription scheme (led by Bridport & West Dorset Sports Trust).</p> <p>Widely recognised as an activity or service that needs to grow.</p>	<p>Community Groups</p> <p>POPP can help and has a new Community Development Worker in post to tackle loneliness and isolation.</p>
<p>7. Develop group support opportunities</p>	<p>Several peer support groups up and running, whilst others have ended due to lack of funding. Dorset's user-led organisations offer peer support expertise e.g. Dorset Mental Health Forum).</p> <p>Lack of mental health support group for Young People identified as a priority gap akin to The Project based in Axminster.</p>	<p>Harmony Group</p> <p>Dorset Mental Health Forum</p> <p>REC (Recovery Education College)</p> <p>Aspire Colfox School</p> <p>Minerva Learning Trust</p> <p>Bridport Youth & Community Centre</p>
<p>8. Develop social prescribing & GP signposting</p>	<p>Bridport has social prescribing schemes such as Exercise on Prescription and Stepping Out at Bridport Leisure Centre. Partners for is currently fundraising.</p> <p>GPs operate signposting to LiveWell Dorset, and other services.</p>	<p>Engage CCG and GP Surgeries</p> <p>Bridport & West Dorset Sports Trust, The Living Tree & other partners of existing schemes</p>

		DCA – expertise in supporting Collaborative/Consortium approaches as well as support with finding funding and setting up social/community enterprises
9. Developing more safe & inclusive spaces	<p>Existing friendly and inclusive community spaces include the Bridport Youth & Community Centre, Bridport Community Orchard and the Churches. Development of spaces that support self-organisation towards helping oneself and helping others (e.g. Diealog).</p> <p>Bridport has a new outdoor community facility called Cooper’s Circle (run by the volunteers of the Allington Hill, Cooper's Wood and Field Community Group). Stepping into Nature keen to work with Bridport groups to make dementia friendly green spaces and activities.</p> <p>Gaps identified in the research include need for: more safe spaces for young people (free from drugs); more meeting places accessible to wheelchair users; safe spaces logo in cafes and shops & trained staff; affordable community spaces for rent by groups.</p> <p>Links to training for organisations and individuals.</p>	<p>Bridport organisations</p> <p>Alzheimer’s Society</p> <p>Stepping into Nature</p> <p>Approach Chamber of Commerce</p> <p>Engage Dorset Police</p>
10. Training for groups & individuals	<p>Dementia training is ongoing (supported by Bridport Dementia Friendly Community Group) with more support available through Stepping into Nature. Beau Hairdressing in Bridport trained to offer specialist hair care for people affected by cancer. Bridport Runners members trained to be mental health ambassadors.</p> <p>START team will provide Mental Health First Aid workshops for prospective employers at October Festival.</p> <p>Potential project for further R&D is mental health training for hairdressers and barbers so they are able to recognise, talk, listen and</p>	<p>START</p> <p>Bridport Dementia Friendly Community Group</p> <p>Stepping into Nature</p> <p>Engage local groups and businesses</p>

	advice” learning from initiatives elsewhere (e.g. The Lions Barber Collective and This Stylist/Barber Listens.	
11. Further strengthen a caring, inclusive ethos	<p>Bridport has a Citizen’s Charter initiative. Dorset kindness initiative in sheltered housing. Bridport has a Good Neighbours scheme, and a LETs skills exchange scheme. Chapel in the Garden are setting up a volunteer-run community fridge, to link with Food Banks.</p> <p>Potential to strengthen helping hand type initiatives. Pay it Forward meals & drinks a new idea that was shared.</p>	<p>Parish & town councils Bridport Charter Group Local groups and businesses.</p>
12. Develop Bridport area wellbeing monitoring tool and database	Needs concept development and identification of funding potential. This is likely to fall to Caring Bridport to take forward.	<p>Once developed can be maintained by volunteers.</p> <p>Can be housed by a local organisation.</p> <p>Once developed, could be offered to others.</p> <p>POPP can make available the database of information it gathers on a yearly basis</p>
13. Develop other new project ideas tackling social isolation	<ul style="list-style-type: none"> -Expanding Post Office services to help reduce social isolation -Men’s Shed -Adopt a granny / teenager - Kindliness project 	Caring Bridport Champions to identify ways forward

6.2 Summary of actions according to their timescale

These timescales are indicative. In practice they will depend on the success in gaining support and the decisions of the Caring Bridport Champions Group moving forward.

Short term (up to 1 year)	Medium term (1 - 3 years)	Long term (3 years plus)
<p>Run information stalls at Bridport Community Fair & other local events (1)</p> <p>Support Bridport Rights Respecting Town Initiative (11)</p> <p>Support Bridport's first Mental Wellbeing Festival (1)</p> <p>Develop Caring Bridport communication tools and channels.</p>	<p>Support Bridport Dementia Friendly Community initiative</p> <p>Co-produce Community Front Room Service (if confirmed by NHS)</p> <p>Training for groups & individuals, including Mental Health First Aid</p> <p>Develop social prescribing & GP signposting</p> <p>Develop community navigation capacity</p> <p>Develop one-to-one support & buddying opportunities</p> <p>Develop group support opportunities including mental health groups for young people.</p> <p>Develop more safe & more inclusive spaces</p> <p>Further strengthen a caring, inclusive ethos</p> <p>Hairdressers and Barbers for mental health</p> <p>Develop Caring Bridport monitoring tool & database</p> <p>Conduct scoping exercise to expand Post Office Service to provide community contact & support</p>	<p>Pay in Forward meals</p> <p>Men's shed</p> <p>Adopt a granny – adopt a teenager</p> <p>Develop kindness project</p>

6.2 Some recommendations & next steps for Caring Bridport Champions Group

This is an initial set of recommendations, and will develop in the coming months:

1. Review the work streams, set priorities, and set milestones with a timeframe.
2. Maintain connection with what is happening in Totnes and other towns around the country, to stay abreast of the evolving context and the innovations tried elsewhere.
3. Reach out more proactively to the statutory and private sectors to invite their engagement with the Caring Bridport initiative.
4. Put together a plan for making Caring Bridport visible, accessible and inclusive, using a variety of conventional and social media.
5. Build group knowledge on cooperatives and alternatives for funding by accessing Bridport's local experts.
6. Seek funding for a part-time worker to help build the Caring Bridport network and continue taking the initiative forward.
7. Take advantage of the opportunities presented by the Community Front Room and Dorset Care Framework.
8. Link further with young people via social media.

This document is seen as a live document that will be developed and adapted as the Caring Bridport initiative evolves.

Please report any errors or omissions to Dorset Community Action.

7. APPENDICES

APPENDIX .1. - Money Flows – Plugging the Leaks

APPENDIX .2. - Data Log

APPENDIX .3. - Examples from Elsewhere

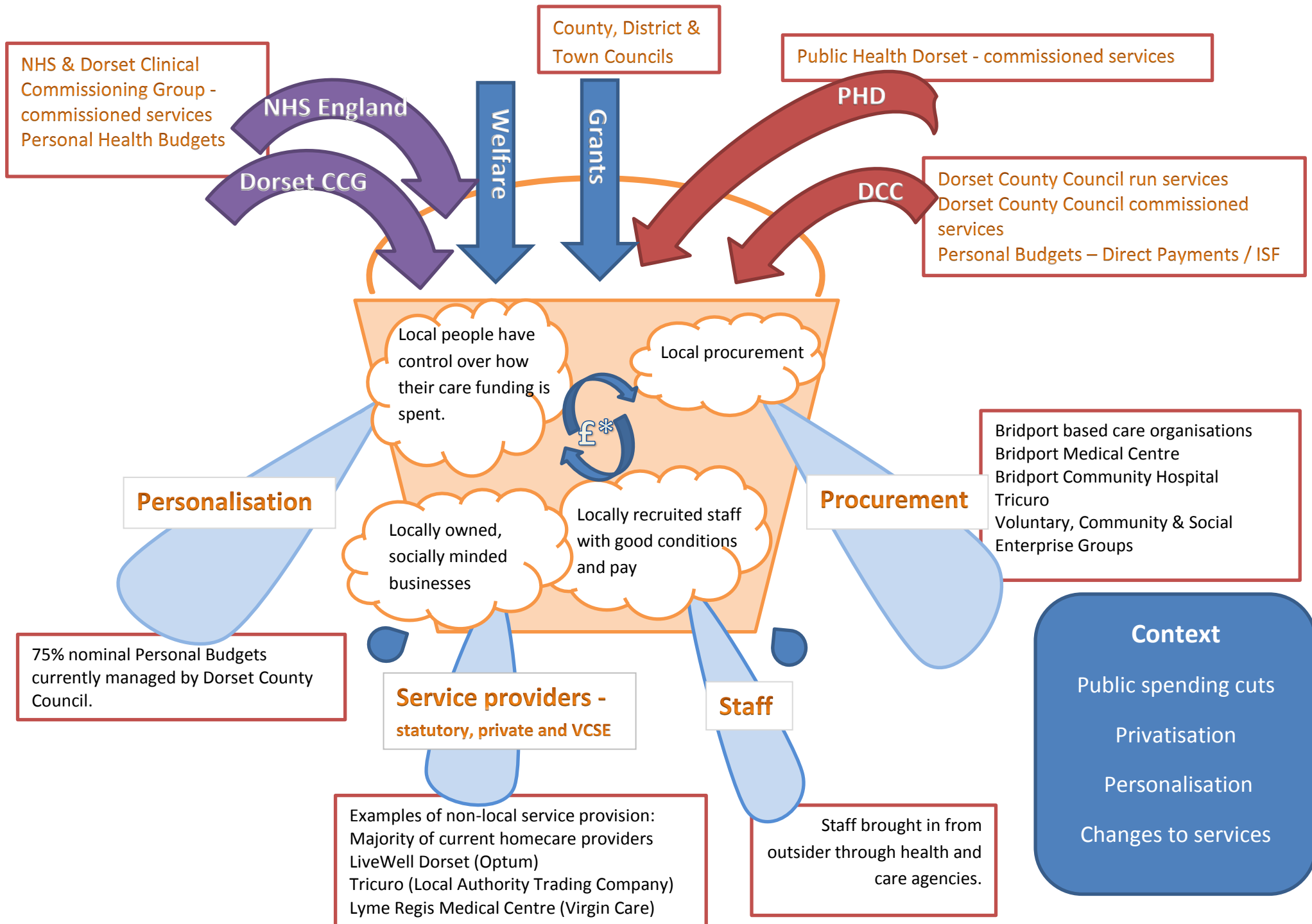
APPENDIX .4. - Key Documents

APPENDIX

. 1.



APPENDIX .1. Money Flows – Plugging the Leaks



APPENDIX

. 2.



APPENDIX .2. Data Log

Contents:

1. [Dementia](#)
2. [Demography](#)
3. [Deprivation](#)
4. [Drug & alcohol addiction](#)
5. [Employment](#)
6. [Learning disability](#)
7. [Loneliness and isolation](#)
8. [Malnutrition in later life](#)
9. [Mental health](#)
10. [Morbidity & limiting long-term illness](#)
11. [Nature-based activities/spaces and the arts](#)
12. [Obesity](#)
13. [Personal budgets](#)
14. [Spending](#)
15. [Unpaid care](#)

1. Dementia

Data Type	Detail	Document Source
	In Dorset the number of people aged over 65 with dementia is estimated to be 12,857.	Mental Health Dorset Dementia Partnership - Dementia Strategy 2016-18
	<p>Big Numbers Box: 11,000 people aged 65+ living with dementia by 2025</p> <p>By 2025, we expect to see more than 11,000 people aged 65 or over living with dementia locally, with the greatest increase among those aged 75+ in line with population</p>	<p>State of Dorset 2015</p> <p>Geowessex.com/stats/Topics/Topic/Health-and-Care</p>
	<p>From 23rd September to 30th November 2016 you will be able to give your views on dementia services. Dorset CCG are evaluating services which are specifically accessed due to memory loss or dementia. These services may include:</p> <ul style="list-style-type: none"> • Your GP • The Memory Assessment Service • The Memory Support and Advisory Service • Care whilst in hospital • Community mental health teams • Dementia respite care • Care homes that care for people with dementia • Care at home <p>Please make sure that dementia services help people to maintain their independence, choice and control over their lives.</p> <p>This is a joint project between the local authorities and the NHS in Dorset.</p>	<p>Dementia Services Review</p> <p>Dementia Services Review - View Seeking Report March 23017</p>
	<p>Pg. 6 The term 'dementia' is used to describe a syndrome which may be caused by a number of illnesses in which there is progressive decline in many areas of function, including decline in memory, reasoning, communication skills and the ability to carry out daily activities. Alongside this decline, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering.</p> <p>The majority of people who are diagnosed with dementia have either Alzheimer's disease or</p>	<p>JSNA Older Vulnerable Adults</p>

vascular dementia, or a combination of the two.

Dementia and depression are the most common mental health disorders of later life. The prevalence of dementia increases with age: the proportion of people with dementia doubles for every five-year age group and one in six people aged 80 and over have dementia.

People with learning disabilities are a group at particular risk: at least 55% of people with Down's syndrome aged 60-69 are affected by dementia, compared with 5% of the general population aged over 65. With the increased life expectancy of people with Down's syndrome, this is a growing area of need.

Prevalence of dementia in Dorset

The estimated Dorset-wide (Dorset, Poole and Bournemouth) prevalence of dementia by 2016 was just over 13,300 people (NHS England).

Dementia diagnosis rates have been the focus of attention for Dorset CCG in recent years and they have been working with providers, their membership and the local authorities with the aim of meeting the national 67% diagnosis target set by the Prime Minister (end March 2016). As a result, rates have risen such that, across Dorset, by the end of May 2016 60% of individuals estimated to be affected had received a formal diagnosis and had this logged on their GP's system. In the Bournemouth Health and Wellbeing area this was 68% while in the Dorset Health and Wellbeing area this was 54%.

2. Demography

Data Type	Detail	Document Source
Demographic CCG - West Dorset Locality	<p>West Dorset Locality has seven GP practices across eight locations and one Community Hospital serving a registered population of approximately 41,187.</p> <p>27.3% of the population are aged 65-84 years; and 4.7% of the population are aged 85 years and over (Dorset figures are 20.3% and 3.8% respectively), giving a higher than Dorset average age demographic.</p> <p>West Dorset has a widely spread practice footprint serving a ruralised population.</p>	Draft Primary Care Commissioning Strategy v17.1
Demographic West Dorset Dorset (including B&P)	<p>Pg. 5 West Dorset has 41,102 registered GP practice population - 51.6% female / 48.4% male which constitutes 5.2% of the overall registered Dorset population including Bournemouth & Poole (December 2014)</p> <p>Pg. 6 The adult resident population of Dorset is expected to grow by 5.8% between 2015 and 2025 from 621,100 to 657,100. The predicted increase is almost exclusively in the 65 and older age group with an expected growth of 18.8% from 2015 to 2025.</p> <p>Pg. 86 Registered practice population for Bridport Medical Centre is 30,472 (2014)</p>	MH Acute Care Pathway - Needs & Data Analysis Report
Demographic West Dorset	<p>Population 100,750</p> <ul style="list-style-type: none"> • 0-15 years 15.6% • 16-64 years 55.0% • 65+ years 29.4% • 4.3% BME • 7% households lone parents • 5.2% second homes • 15.7% no car 	Dorset Statistics - West Dorset
Demographic Neighbourhood Plan area (5 parishes: Bridport; Bradpole; Bothenhampton	<p>Population 14,670</p> <ul style="list-style-type: none"> • 0-15 years 14.5% • 16-64 years 55.6% 	Dorset Statistics - Area Profiles

& Walditch; Allington; and Symondsburry)	<ul style="list-style-type: none"> • 65+years 29.9% • 3.7% BME (1.1% main language not English) • 6,449 households • 5.4% second homes • 22.2% have no car 	
Demographic Bridport catchment area – Social Care (Local Authority)	<p>29% of the population in Bridport and the surrounding area are aged 65 or over (14.5% of the population are aged less than 16 years)</p> <p>Estimated population growth for people aged 65 years and over 2012 to 2020 – rising overall 20%</p> <p>40% of over 65s predicted to have limiting long-term illness – and 7.5% dementia (2012) – Predicted overall 21% increase in the number of individuals with limiting long-term illness between 2012 and 2020 in the Bridport area.</p> <p>Predicted overall 24% increase in the number of individuals with dementia between 2012 and 2020 in the Bridport area.</p> <p>0.54% of population in Bridport area predicted to have moderate or serious physical disability aged 16 to 64 years (2012)</p> <p>11.72% of population in Bridport area predicted to have moderate or severe learning disability aged 16 to 64 years (2012)</p> <p>12.5% male and 19.7% female predicted to have common mental disorder (2012)</p> <p>12% providing unpaid care in West Dorset (2011)</p>	Consultation Documents 2013 - Bridport Connect
Demographic - Aging Population Dorset	<p>The number of people living in Dorset is growing and is set to rise by around 50,000 by 2020. Of these 70% will be aged over 70.</p>	CSR Dorset NHS/need-to-change/

3. Deprivation

Data Type	Detail	Document Source
Deprivation Dorset	<p>Dorset is a largely rural county with a population of 418,300 residents and a sparse population density at 163 persons per square km (375 for England and Wales). 41% of Dorset population lives in rural areas.</p> <p>According to the Indices for Multiple-Deprivation, Dorset's most deprived areas are largely located in the most urban areas, in particular Weymouth & Portland. The rural areas have an image of affluence, but hide pockets of deprivation and considerable need across all ages.</p> <p>Many of Dorset's rural communities are considered deprived according to the Indices, in terms of barriers to housing and essential services: 67 areas (out of 247) fall in the 20% most deprived nationally for this measure. 21 are in West Dorset.</p> <p>For those suffering deprivation in rural areas, poor access to services can exacerbate problems that they already face. As the number of older people living in rural areas grows, the challenge of access to facilities and pressure on health and care services will accelerate.</p>	<p>State of Dorset 2015 - Deprivation</p> <p>State of Dorset 2015 - Older People</p>

4. Drug & alcohol addiction

Data Type	Detail	Document Source
	Substance abuse	State of Dorset 2015

5. Employment

Data Type	Detail	Document Source
West Dorset	<p>340 out of 6320 business health and social care (5.46%)</p> <p>5,365 out of 6320 business employ 0-9 people 84.8%</p> <p>Only 1.9% is medium and large sized businesses where over 50 people employed</p> <p>Total number residents in employment 45,714, 14.55% in health and social care</p>	Dorset Statistics - West Dorset

Dorset	<p>Summary</p> <ul style="list-style-type: none"> -There were an estimated 658 establishments providing social care Pan Dorset as of September 2015. -The number of social care jobs Pan Dorset as of September 2015 was estimated at 23,900. -The proportion of jobs that were direct care providing was 74% in 2015 -The estimated Whole Time Equivalent (or full time) median annual pay is largely influenced by job role, ranging from £14,000 a year for a direct care worker to £31,600 for managers/supervisors. -The median hourly rate for care workers, as of September 2015, was £7.42. The median hourly rate was higher for local authority care workers (£9.20) than for private and voluntary workers (£7.28 and £7.82 respectively). 	2016 Dorset JSNA Wage Levels in Social Care Sector
--------	--	--

6. Learning disability

Data Type	Detail	Document Source
	<p>Pg. 2 Based on national estimates of prevalence, it is expected that around 2.5% of school ages girls and 4% boys have a learning disability. Of these 0.4% girls, and 0.6% boys will have profound and multiple LD</p> <p>Pg. 3 Dorset moderate to severe / all</p> <ul style="list-style-type: none"> • School age: 337 / 786 • 18-64: 1228 / 5409 • 65+: 320 / 2370 <p>Pg. 7 Health status inequalities: early death, respiratory disease, epilepsy, mental health, sensory impairments.</p> <p>Also likely to experience inequality in terms of their exposure to social determinants (poverty, poor housing, unemployment, social isolation, discrimination). Also less likely to have good nutrition and physical activity.</p> <p>Third type of inequality: access & quality of healthcare</p> <p>Pg. 8 LD and dementia (5 x as likely Downs)</p> <p>Pg. 9 How well are services currently meeting needs?</p> <p>...</p> <p>p. 16 What are important gaps locally?</p>	JSNA 2014 Learning Disability Summary of Health Needs

	<p>Take up of health checks</p> <p>Suitable housing options</p> <p>Gap for people in crisis in community or home settings.</p>	
	<p>By 2030, the number of adults aged 70+ using services for people with learning disabilities is expected to more than double⁵</p> <p>Around 50 children in each school cohort are being identified as having ASC (Autistic Spectrum Condition)⁷</p> <p>There are about 6,000 adults with an ASC in the wider Dorset population (including Bournemouth and Poole)</p> <p>Young people with a learning disability now prefer to leave the family home and move into supported living packages in the community.</p>	<p>State of Dorset 2015</p>

7. Loneliness and isolation

Data Type	Detail	Document Source
Loneliness and isolation Dorset	POPP website “The feedback received from POPP Wayfinders, Champions and funded projects, as well as information and consultation with public partners, indicates to us that possibly the biggest issue facing older people in Dorset is loneliness and isolation.”	POPP - Loneliness & Isolation
	<p>Pg. 9 Between June 2014 and May 2015 the Wayfinders made 48,670 contacts at an estimated total cost of £336,312. This represents an estimated cost per contact of £6.912. In addition the Wayfinders undertook 5,776 queries of a more complex nature that often required a home visit. These more complex contacts are monitored according to which of the eight desired outcomes they primarily fulfil (whilst recognising they may also address one or more outcome areas) and are distributed in the following way:</p> <ul style="list-style-type: none"> • Social integration – 2,021 contacts (35% of the complex contacts) • Dignity, choice and control – 1,004 (17%) • Housing – 988 (17%) 	<p>The Economic Value of Dorset POPP Services - Malnutrition and Fire Safety</p>

	<ul style="list-style-type: none"> • Financially secure – 739 (13%) • Good health and mind – 638 (11%) • Free from discrimination – 286 (5%) • Positive contribution – 55 (1%) • Feeling safe – 45 (1%) 																			
<p>Loneliness and isolation – older people Dorset West Dorset</p>	<p>Over recent years loneliness and social isolation, especially among older people, has become a national priority and research demonstrates its myriad detrimental effects on health and well-being – stress, depression and dementia are some problems that can be worsened.</p> <p>The fact that Dorset is a rural county with an increasing elderly population alone means that there are many areas where the most vulnerable can feel both lonely and isolated.</p> <p>115,100 or 28% of Dorset’s residents are aged over 65 (18 % in England & Wales) and over the next ten years, this number is expected to rise by 22,100, with 6100 of these aged 85 plus. At 16.6%, Dorset also has a higher proportion of one person households aged 65 plus (30,000 households). For one person households over 65, Christchurch and West Dorset are ranked 1st and 8th out of the 348 local authority/unitary areas within England and Wales.</p>	<p>State of Dorset 2015 - Older People</p> <p>Census 2011 Household Composition</p>																		
<p>Loneliness and isolation – vulnerability Dorset Bridport DT6 West Dorset CCG Bridport Town Lyme Regis Beaminster</p>	<p>Using Experian MOSAIS data, Dorset County Council has created a ‘social isolation and loneliness index’ which identifies vulnerable households by postcode unit. The map uses factors that are potential drivers, such as low income, health, community safety, single households, and not owning a car. According to the Index, 1 in 5 households are vulnerable to loneliness in Dorset and 14,000 households are highly vulnerable.</p> <table border="1" data-bbox="622 1031 1599 1364"> <thead> <tr> <th>Postcode</th> <th>No of highly vulnerable households</th> </tr> </thead> <tbody> <tr> <td>Weymouth DT4</td> <td>2257</td> </tr> <tr> <td>Christchurch BH23</td> <td>2066</td> </tr> <tr> <td>Blandford Forum DT11</td> <td>1807</td> </tr> <tr> <td>Bridport DT6</td> <td>1141</td> </tr> <tr> <td>Wimborne BH21</td> <td>1057</td> </tr> <tr> <td>Sherborne DT9</td> <td>885</td> </tr> <tr> <td>Ferndown BH22</td> <td>707</td> </tr> <tr> <td>Wareham BH20</td> <td>590</td> </tr> </tbody> </table>	Postcode	No of highly vulnerable households	Weymouth DT4	2257	Christchurch BH23	2066	Blandford Forum DT11	1807	Bridport DT6	1141	Wimborne BH21	1057	Sherborne DT9	885	Ferndown BH22	707	Wareham BH20	590	<p>DCC Vulnerability to Loneliness & Social Isolation Sept2015</p>
Postcode	No of highly vulnerable households																			
Weymouth DT4	2257																			
Christchurch BH23	2066																			
Blandford Forum DT11	1807																			
Bridport DT6	1141																			
Wimborne BH21	1057																			
Sherborne DT9	885																			
Ferndown BH22	707																			
Wareham BH20	590																			

	Alongside age, several other factors are associated with loneliness: gender, where people live, the environment, life events, income, marital status, health, housing tenure. Loneliness is strongly linked to deprivation. Access to transport is also vitally important in building and maintaining social connections.	
Loneliness and isolation	Whilst very much an issue in the older population, loneliness and social isolation can cut across all age groups – an area still to be researched.	

8. Malnutrition in later life

Data Type	Detail	Document Source
Dorset	<p>Social isolation and loneliness is linked to another priority public health issue in Dorset – malnutrition. An older population combined with limited access to facilities means the risk of malnutrition in Dorset is high. Eating alone can exacerbate feelings of loneliness, which in turn can result in less appetite and motivation to eat. Other risk factors include transport, knowledge and skills, affordability of food, and physical and mental health.</p> <p>One in ten older people suffer or are at risk of malnutrition which has serious health impacts for the individual and can compromise their independence. In Dorset, the County Hospital Dietetic Department has estimated the incidence of malnutrition amongst residents over 65 to be 14% in the general population, 12% in shelter housing, 25% receiving care at home, and 32-42% of care home residents on arrival.</p>	<p>Malnutrition Task Force Website</p> <p>Malnutrition Taskforce - Factsheet</p> <p>Dorset Nutritional Care Strategy 2013 (on Dorsetforyou)</p>
National	Current research indicates that malnutrition costs the NHS, £20 billion per year.	2015 Cost of Malnutrition Report

9. Mental health

Data Type	Detail	Document Source
Dorset, B&P	<p>At least one in four people will experience a mental health problem at some point in their lives, and at any one time one in six people will have a mental health problem (Department of Health). In Dorset, this means about 132,000 people at any one time will have a mental health issue.</p> <ul style="list-style-type: none"> • Most people have ‘common’ mental health problems like depression and this equates across Bournemouth, Dorset and Poole to about 47,000 people in 2014/15; • Fewer people have more serious mental health conditions like schizophrenia or bi-polar disorder. In Bournemouth, Dorset and Poole there were over 7,200 people on GP registers for serious mental illness in 2014/15; • People in persistent pain are four times more likely to have an anxiety or depressive disorder when compared to the general population; • Five Dorset CCG localities have a higher than national prevalence for depression: Weymouth & Portland, Poole North, Central Bournemouth, Purbeck and East Bournemouth. See table below. • Six Dorset CCG localities have a higher than national prevalence of people with a serious mental illness: East Bournemouth, Poole Bay, Weymouth & Portland, Central Bournemouth, Dorset West and Bournemouth North. See table below. <p>GP Practice Registers 20914/2015 For Dorset West: All ages: 41,102 18 and over: 34,503 No. with depression (18+): 2,241 No with SMI: 423 % with depression: 6.5% (7.33% Dorset CCG, 7.32% England) % with SMI: 1.03% (0.92% Dorset CCG; 0.88% England)</p> <p><u>Services and commissioning – Mental health services</u> The main commissioner for Mental Health services in Dorset is Dorset CCG and all mental health commissioning is currently managed through the Mental Health and</p>	JSNA Older Vulnerable Adults

	<p>Learning Disabilities Clinical Delivery Group. NHS England also commissions a number of mental health services in Dorset such as secure services and other specialist services such as the inpatient eating disorder services and inpatient perinatal service.</p> <p>Dorset CCG commissions mental health services from Dorset HealthCare University NHS Foundation Trust (DHC) and this includes older peoples' mental health services. Although Dorset HealthCare is the main NHS provider for Dorset the three Local Authorities and Dorset CCG commission some services from the third sector.</p> <p>Statutory mental health care is delivered by multi-disciplinary community mental health teams and, in this integrated approach, the Local Authorities provide social work input including the statutory role of Adult Mental Health Professionals (AMHP).</p> <p>If service users are in mental health crisis there are other services in the system that can help them, 24/7, for example crisis resolution home treatment teams, psychiatric liaison teams working in acute hospitals and, currently, Crisis Line linked to the crisis teams. The Local Authorities, with other statutory duties, also commit resources to funding residential care and day services that can be funded directly or through personal budgets. The Local Authorities also provide a range of supported living settings for such individuals (subject to them meeting eligibility criteria).</p> <p>The NHS five year forward view for mental health sets the national expectations for the full range of mental health services across the UK and each area has an implementation plan to enables them to deliver against key areas of the strategy</p>	
National	<p>Summary page 7.</p> <p>Mental health has gained prominence as a topic of national policy concern. Some mental health problems are relatively common, such as anxiety and depression, whilst others, such as psychoses, are less so. Roughly one in four people (nationally) are said to experience some mental health issue in any given year.</p> <p>Many people are helped with their issues by support, advice and information services. Others may go to their GP, some will be seen by local mental health teams and some will be referred on for specialist treatments.</p> <p>Statistical evidence shows that mental ill-health is less prevalent in rural than in urban areas, though it is rather more common in the most sparsely populated areas.</p> <p>Studies qualify this and consider that geography affects consultation rates, with people less likely to present in rural communities because of self-reliance, stigma, confidentiality and</p>	<p>State of Rural Services Report 2017</p>

	<p>service access.</p> <p>One issue that does appear to be more prevalent in rural areas is suicide. Farmers are an at risk group, with the largest number of suicides of any occupational category. In fact mental ill-health is not especially high among farmers, but the isolated nature of their work means that problems –when they occur –tend to be internalised and help is not sought.</p> <p>Analysis shows that mental health service provision is consistently more restricted in NHS Trust areas classified as rural, when compared with those that are urban. Issues include fewer professional staff, the infrequency of home visits, poor access to in-patient facilities and a lack of alternative care options.</p> <p>There are fewer doctors, nurses, social workers and therapists (per head of population) working in rural areas. Patients in rural Trust areas receive less contact with professionals and fewer patient bed days are available.</p> <p>Research finds that underlying reasons for lower service levels include issues with recruitment, transport and service delivery cost.</p> <p>Evidence, largely from Scotland, reaches similar conclusions about the (limited) provision of support services in rural areas for those with dementia. Given that dementia mainly afflicts older people and that older age groups form a large (and growing) share of the rural population, this would seem to be of particular relevance</p> <p>....</p> <p>Statistical evidence shows that mental ill-health is less prevalent in rural than in urban areas, though it is rather more common in the most sparsely populated areas. Studies qualify this and consider that geography affects consultation rates, with people less likely to present in rural communities because of self-reliance, stigma, confidentiality and service access.</p> <p>One issue that does appear to be more prevalent in rural areas is suicide. Farmers are an at risk group, with the largest number of suicides of any occupational category. In fact mental ill-health is not especially high among farmers, but the isolated nature of their work means that problems – when they occur – tend to be internalised and help is not sought.</p> <p>Analysis shows that mental health service provision is consistently more restricted in NHS Trust areas classified as rural, when compared with those that are urban. Issues include fewer professional staff, the infrequency of home visits, poor access to in-patient facilities and a lack</p>	
--	--	--

	<p>of alternative care options. There are fewer doctors, nurses, social workers and therapists (per head of population) working in rural areas. Patients in rural Trust areas receive less contact with professionals and fewer patient bed days are available.</p> <p>Research finds that underlying reasons for lower service levels include issues with recruitment, transport and service delivery cost.</p>	
	<p>One in five adults experience poor mental health during their life (3)</p>	<p>State of Dorset 2015</p> <p>Dorset Statistics/Topics/Health-and-Care</p>
	<p>66,000 Vulnerable to poor Mental Health in Dorset</p> <p>Mental illnesses are very common Among people under 65, nearly half of all ill health is mental illness Mental illness is generally more debilitating than most chronic physical conditions Mental health problems impose a total economic and social cost of over £105bn a year in the UK Yet, only a quarter of all those with mental illness such as depression are in treatment People with poor physical health are at higher risk of experiencing mental health problems People with poor mental health are more likely to have poor physical health.</p> <p>Facts:</p> <ul style="list-style-type: none"> • One in three people with depression and one in two with anxiety do not seek help • One in four people in their life will have a mental health issue and one in six people at any one time will have a mental health issue • In Bournemouth, Dorset and Poole, this means about 130,000 people out of 800,000 at any one time will have a mental health issue • Most people have 'common' mental health problems like anxiety and or depression and this equates in Bournemouth, Dorset and Poole to about 50,000 people • Fewer people have more serious mental health conditions like schizophrenia or bipolar disorder in Bournemouth, Dorset and Poole this is about 8,000 people • About 13,000 people in Bournemouth, Dorset and Poole have dementia with 	<p>Our Communities Topic Report – Mental Health in Dorset Dorset Statistics/Topics/Health-and-Care</p> <p>Looks like lots of this data from: Mental Health throughout Life in Dorset</p>

	approximately 9,000 living in the community and 4,000 in care.	
	<p>Mental Health Map</p> <p>Using Experian MOSAIC data, a 'mental health index' has been created to identify areas with a high vulnerability to poor mental health across the Dorset County Council area. The index included variables measuring self-reporting of common mental health issues as well as diagnostic data. Factors such as multiple deprivation, low income, low educational attainment, and low levels of social capital all have a significant relationship with vulnerability to poor mental health.</p> <p>Those areas (and households) across Dorset with households most vulnerable to poor mental health can then be identified. The 'mental health map' could enable resources to be targeted at the people and places that need them the most. This work should also be utilised in future research and help to inform and prioritise service delivery and early intervention initiatives that combat poor mental health.</p>	<p>Our Communities Topic Report – Mental Health in Dorset</p> <p>Dorset Statistics/Topics/Health-and-Care</p>
Mental Health throughout Life in Dorset	The highest suicide rate in the UK in 2014 was among men aged 45 to 59, at 23.9 deaths per 100,000, slightly lower than the record high seen in 2013. This age group also had the highest rate among women, at 7.3 deaths per 100,000 population.	ONS - Suicides in the UK 2014
SMI Dorset	Appendix 3	MH Acute Care Pathway - Needs & Data Analysis Report
Dorset	There is a difference of up to 20 years in the life expectancy of people with mental health problems (p.10)	Dorset STP - Draft

10. Morbidity and limiting long-term illness

Data Type	Detail	Document Source
Dorset	<p>The four big killers (cancer, cardiovascular disease, respiratory disease, liver disease). CVD includes stroke, heart disease and diabetes. Preventable conditions contribute to pressure on system & families.</p> <p>Health inequalities: differences in death rates, differences in the quality of care. (Most visible in Bournemouth, where men from poorer areas live on average 10 years less).</p> <p>Prevention & early help (means longer, healthier lives, fewer demands on health & care services, fewer demands on families & communities). For example focus of 2016 Public Health Dorset report.</p> <p>Risk factors: maternal weight in pregnancy, inactivity in childhood, poor diet in children, excess weight into adulthood, other risk factors e.g. smoking, drinking; poor control of health conditions.</p> <p>Behavioural or lifestyle risk affect people the most: diet, lack of physical activity, being overweight, smoking, misuse alcohol & drugs. Underlying this are other complex risk factors – lack of green space, quality housing, good jobs, decent income, good education, safe environment, healthy social engagement.</p>	Public Health Dorset Annual report 2016
Morbidity CCG - West Dorset Locality	<p>West Dorset has a better than average percentage than the England average for smoking related deaths and levels of adult. The rate of TB is better than average but rates of sexually transmitted infections and new cases of malignant melanoma are worse than average. Rates of homelessness, violent crime, long-term unemployment, drug misuse, early deaths from cardiovascular diseases and cancer are all better than average.</p>	Draft Primary Care Commissioning Strategy v17.1
Bridport catchment area – Social Care (Local Authority)	<p>40% of over 65s predicted to have limiting long-term illness – and 7.5% dementia (2012)</p> <p>Predicted overall 21% increase in the number of individuals with limiting long-term illness between 2012 and 2020 in the Bridport area.</p> <p>Predicted overall 24% increase in the number of individuals with dementia between 2012 and 2020 in the Bridport area.</p>	<p>Consultation Documents 2013 - Bridport Connect</p>

	<p>Pg. 14 In Dorset: It is estimated that by 2015 8.8% of people aged 16 years and older are living with diabetes. The total prevalence of diabetes is expected to rise to 9.4% by 2020 and 10.4% by 2030</p> <p>As of the end of 2010, around 30,000 people in Dorset were living up to 20 years after a cancer diagnosis. This could rise to an estimated 58,300 by 2030</p>	<p>Draft Primary Care Commissioning Strategy v17.1</p>
--	--	--

11. Nature-based & The Arts

Data Type	Detail	Document Source
	<p>Green space reduces health inequalities</p> <p>How to encourage more people to use green and blue spaces?</p> <p>95% Dorset residents think high quality natural environment is very important to them (source State of Dorset 2015, DCC)</p>	<p>Dorset Healthy Places project</p>
	<p>“Whether people are healthy or not, is determined by their circumstances and environment... factors such as where we live, the state of our environment... have considerable impacts on health...”</p> <p>“Most studies show spending time in or being active in natural environments is associated with multiple positive outcomes to mental health (3)</p> <p>“Most studies, which tend to have considered relationships at a population level, find greater amounts of natural environment around the home has a protective effect on self-reported mental health and is associated with reduced risk of stress, tendency to psychiatric morbidity, psychological distress, depressive symptoms, clinical anxiety, depression and mood disorders in adults</p> <p>“A Scottish study showed that physical activity in natural environments is associated with a reduction in the risk of poor mental health to a greater extent than physical activity in other environments (9)</p>	<p>Health Benefits Nature - Becca Lovell (2017)</p>

	<p>Mind's 'Ecominds' programme resulted in average £7,082 saving per participant via reduced NHS costs, benefits reductions and increased tax contributions.</p> <p>The Scottish 'Branching Out' programme (woodland based mental health intervention) found, based on 335 service users per year, a cost per QALY of £8600.</p> <p>3. Lovell R. Links between natural environments and mental health: evidence briefing (EIN018). 2016. https://beyondgreenspace.net/2016/07/15/natural-england-evidence-summaries/</p> <p>9. Mitchell, R., Is physical activity in natural environments better for mental health than physical activity in other environments? Soc SciMed, 2013. 91: p. 130-4.</p>	
	<p>Page 4 – provides snap shop to growing body of literature and evidence which has established the importance of the relationship between the environment, public health and wellbeing.</p>	<p>Position Paper of the Dorset Local Nature Partnership</p>
	<p>The report highlights that in 2010 £940 million was spent across England on dealing with physical inactivity with each Primary Care Trust (now Clinical Commissioning Groups - CCGs) spending on average £6.2 million. Due to the size of the Dorset CCG (with the second largest population in the country) this figures is likely to now be £12.5million. The Natural Value Report illustrates that the natural environment makes a major contribution to health and wellbeing but that this could be improved with improved access, more effective and well connected green and blue infrastructure and better information for the public.</p>	<p>Dorset LNP - Natural Value Report 2014</p>
Care Quality Commission report	<p>The report into the state of the social care sector has advocated the use of the arts as a means of care homes achieving excellence, and says that "making best use of the arts to find creative and innovative ways to enable people to have a fuller life" is key to care homes delivering the best service for older people. The report found significant variation in the quality of care provided across the country and offers up engagement with the arts as a useful asset for care homes seeking to provide a better service for residents</p>	<p>http://www.cqc.org.uk/content/state-of-care</p>

12. Obesity

Data Type	Detail	Document Source
	<p>1 in 5 adults are obese and almost 1 in 4 of reception age children (marginally above national average). 29% of year six children are overweight (31% for England). Obesity is linked to deprivation.</p> <p>There are physical and psychological consequences. For children, obesity increases the chance of being bullied at school and suffering from depression.</p>	DCC Our Communities Report 2015 - Childhood Obesity in Dorset
		JSNA 2014 Children & YP
	<p>Number of obesity admissions to hospital in Dorset SEVEN times what it was four years ago</p>	Bournemouth Echo headline - Dorset Hospital obesity admissions

13. Personal Budgets

Data Type	Detail	Document Source
National	<p>500,000 approximate number of adults in England whose social care services were paid for through local authority personal budgets in 2014-15</p> <p>£6.3bn spending by local authorities on long-term social care for adults in the community, 2014-15</p> <p>7% real-terms reduction in spend on adult social care by local authorities between 2010-11 and 2014-15</p> <p>...</p> <p>88% median proportion of users with personal budgets per local authority in 2014-15</p> <p>22% median proportion of users with direct payments per local authority in 2014-15</p> <p>p. 7 "(8)..Around 500,000 adults in England received personal budgets in 2014-15, varying between 10% and 100% of users across authorities, with a median proportion of 88%. The median proportion of community care users with a direct payment across authorities was 22%, with a range from 5% to 57%. Take-up of direct payments varies by user group, with higher take-up</p>	NAO Personalised Commissioning in Adult Social Care - March 2016

	<p>among younger adults (under 65) with primary support reasons relating to physical or learning disabilities, and lower take-up among younger adults with a primary support reason relating to mental health and older adults (65 and over).”</p> <p>Para 2.3 p.30 Spending on long-term community care managed by local authorities was £6.3 billion in 2014-15.14 Local authorities spent £1.37 billion on direct payments for users and £42 million on direct payments for carers in 2014-15.15</p> <p>...</p> <p>The NAO found that:</p> <ul style="list-style-type: none"> - Some authorities have transformed their care and support processes while others are finding personalisation a challenge as they seek to save money - Personalised commissioning can reduce costs (e.g. 120,000 Pas employed by users with DP - generally a cheaper option than homecare). However responding to users’ needs and their desired outcomes can increase the cost of care. - The Department expects the value-for-money of personalised commissioning to come from improved outcomes for users, not necessarily from savings, which differs from local authorities’ expectations that savings can be made by personalising care. - The Department’s monitoring regime does not enable it to fully understand how personal budgets and direct payments improve outcomes. - The Department has not investigated how services can be personalised when money is tight. It is not clear whether local authorities will achieve the spending reductions they have forecast without putting user outcomes at risk 	
National	<p>(9) Recent evidence suggests that personal budgets benefit most, but not all, users and that the way a personal budget is implemented is key to whether users benefit from it</p> <p>(10)(11) No national or LA level data or evidence re improved outcomes</p> <p>Few local authorities currently participate in an annual survey run by the charity In Control and there are limitations to that survey’s design.</p> <p>(12) Some local authorities are constrained in how, and the extent to which, they can personalise care by the need to reduce overall spending</p> <p>The Care Act guidance ... acknowledges that responding to users’ needs can increase the cost</p>	<p>NAO Personalised Commissioning in Adult Social Care - March 2016</p>

	<p>of care. For example, giving users greater flexibility over their care may require paying more to providers. However, authorities that need to save money cannot afford to increase the value of a personal budget above the cost of meeting the user's needs through authority-commissioned services. For the most common services which aim to meet basic needs – such as homecare – authorities cannot afford to lose the economies of scale they achieve through large framework contracts. Some users with personal budgets are therefore receiving services through authority-commissioned contracts that are not personalised. Similarly, some authorities that need to save money are adopting direct payment rates that relate to their own commissioning rates, rather than the market prices available to members of the public. Users in some areas told us they were unable to buy enough care using the authority rate, and made higher top-up payments than they would have expected based on their financial assessment. Some authorities are using innovative approaches to make the most of their care markets to identify the most efficient ways of meeting users' desired outcomes.</p> <p>(14) It is not clear whether local authorities will achieve the spending reductions they have forecast without putting user outcomes at risk.</p> <p>(15) Some local authorities are struggling to manage and support their local care markets as well as we would expect of a well-functioning public service market.</p> <p>(16) LA's taking different approaches to P.Budgets; some are struggling to make it workable.</p>	
National	<p>The most common way to use their budget was on care and support services (67.8%), followed by a personal assistant (42.2%), community and leisure services (25.8%), and for equipment (8.4%)</p> <p>Older people, followed by people with mental health difficulties, then people with learning disabilities and people with physical disabilities, were more likely to use their budget for a care and support service. People with learning disabilities, followed by people with mental health difficulties, then people with physical disabilities, then older people, were more likely to use their budget for a community and leisure service. People with physical disabilities, followed by people with learning disabilities and people with mental health difficulties, then older people, were more likely to use their budget for a personal assistant. Older people, followed by people with physical disabilities, then people with mental health difficulties, then people with learning disabilities, were more likely to use their budget for equipment.</p>	<p>Page 27, Third National Personal Budget Survey, Oct 214</p>

National	In terms of use of budgets there were better reported outcomes when people spent their budget on community or leisure activities and personal assistants, rather than 'traditional services'.	Page 7 Third National Personal Budget Survey, Oct 214
	<p>p. 45 No. of personal assistants 120,000...???</p> <p>...</p> <p>p. 12 Of these it is estimated approximately 70,000 were employing their own staff. Based on these figures, Skills for Care estimates there are currently 115,000 PAs in England. There is currently a lack of data regarding 'self-funders' (people who do not receive a direct payment) who employ PAs and who currently have limited contact with any local authorities.</p> <p>p. 20 self-funders</p> <p>...</p> <p>p. 16 It is estimated that, as at 2014, approximately 70,000 (29%) of these individuals [adults, older people and carers receiving direct payments] were employing their own staff.</p>	<p>NAO Personalised Commissioning in Adult Social Care - March 2016</p> <p>...</p> <p>Skills for Care March 2016 - Supporting Individual Employers & their PAs</p> <p>...</p> <p>Skills for Care 2015 - The size and structure report</p>

14. Spending & economic cost

Data Type	Detail	Document Source
West Dorset (WDDC)	Total Spending (excluding Public Health and Education): % change 2010 - 2014 Fell from 14.8 to 12.6 (x %)	Local Cuts Checker - West Dorset
Dorset (DCC)	Adult Social Care: % change 2010 to 2014 Elderly people receiving home care, per 1000 aged 65+, fell from 26 to 19 per 1000 (x%) 752 elderly people lost access to home care between 2009/10 and 2013/14 Net spend on adult social care fell from £128 to £118 million (x %) Council income from social care charges increased from 16.1 to 19.6 million (x %) (greater than average compared to other councils)	Local Cuts Checker - West Dorset
Dorset (DCC)	Early Years: Spending on Children's Centres per child	Local Cuts Checker - West Dorset

	% change 2011 to 2014 Fell £665 to £361million	
National	Pressures on the social care system are increasing. The need for social care is rising as people live longer with long-term and complex health conditions. Between 2010-11 and 2014-15, English local authorities' real-terms spend on adult social care fell by 7%.	NAO Personalised Commissioning in Adult Social Care - March 2016 p. 5
National	Better funding was needed to address rural social care needs compared to urban needs, said [Rural Services] network chief executive Graham Biggs. It was more difficult and more expensive to deliver services to isolated rural communities compared to people in urban areas. Core adult social care resources for the next financial year amounted to £22 per head in rural areas compared to £21 per head, said Mr Biggs. Rural areas were spending more per head but the government funded 24% of that expenditure with the remaining 76% coming from council tax. In urban areas, the government was funding 34% with just 66% coming from council tax.	Rural Social Care is underfunded Rural Services Network, 8 March 2017
National	Key findings:	CQC State of Care Report
National	The government spent £117.2 bn on the NHS in England in 2015/16; a 3.4% increase in real terms on the 2014/15 expenditure.	Research Briefing Parliament 2016 - Health Expenditure England & UK: Social Indicators
Dorset	<i>If Wayfinders' interventions prevented...</i> ...at least 82 of the 11,373 contacts made in the outcome area of addressing social isolation (0.72% of these contacts) needing GP treatment for mental health problems, the investment would represent value for money. ...at least 4 of the 11,373 contacts made in the outcome area of addressing social isolation (0.04% of these contacts) going into residential care for 12 months, the investment would represent value for money. ...at least 2 of the 6,204 contacts made in the outcome area of good health and mind (0.03% of these contacts) avoiding a fall resulting in hip fracture, the investment would represent value for money. ...at least 18 of the 6,204 contacts made in the outcome area of good health and mind (0.29% of these contacts) needing treatment for diabetes for a year, the investment would represent value for money. ...at least 2 of the 5,514 contacts made in the area of having housing suitable for needs (0.04% of these contacts) going into residential care for 12 months, the investment would represent value for money. <i>If attending a CICF group prevented...</i> ...at least 1 person who attended a group aimed at reducing	Economic Value of Older Peoples Community Based Preventative Services

	<p>social isolation (0.27% of those attending) going into residential care for 6 months the investment would represent value for money. ...at least 2 people who attended a group aimed at promoting physical exercise (1.16% of those attending) needing treatment for diabetes for a year, the investment would represent value for money. The economic value of older people's community based preventative services May 2014 5 For every £1 spent by the CICF on groups to prevent social isolation, an estimated £1.19 in health care costs is prevented. If quality of life is included, every £1 spent by the CICF on groups to prevent social isolation provides a total social value of £13.82.</p> <p>£8000 investment in SAIL could prevent... ...£25,267 in additional referral costs for partner organisations over a year. For every £1 invested in SAIL a further £3.15 may be saved in further referral costs.</p> <p>If the 'sloppy slipper' events prevent... ...at least 1 person (0.03% of the 3,000 people who received slippers) falling and fracturing their hip, the intervention represents value for money</p>	
Dorset	<p>p.4</p> <p>Malnutrition:</p> <p>If Wayfinders' interventions prevented... ...at least 31 of the 6,327 contacts made in the outcome area of feeling financially secure (0.49% of these contacts) needing additional healthcare due to malnutrition, the investment would represent value for money. ...at least 26 of the 5,354 contacts made in the outcome area of good health, mind and body (0.49% of these contacts) needing additional healthcare due to malnutrition, the investment would represent value for money. If referrals through SAIL prevented... ...at least 4 of the 787 referrals to Dorset County Council for income checks (0.51% of these referrals) needing additional healthcare due to malnutrition, the investment would represent value for money. If lunch clubs funded through CICF prevented... ...at least 6 of the 116 people attending each session (5.17% of those attending) needing additional healthcare due to malnutrition, the investment would represent value for money.</p> <p>Fire safety:</p> <p>If Wayfinders' interventions prevented... ...at least 1 of the 8,274 contacts made in the outcome area of housing (0.01% of these contacts) having a serious injury due to fire, the investment would represent value for money. ...at least 5 of the 8,274 contacts made in the outcome area of housing (0.06% of these contacts) having a slight injury due to fire, the investment would represent value for money. If referrals through SAIL prevented... 5 ...at least 1 of the 512 referrals to Dorset Fire and Rescue Service (0.20% of these referrals) having a serious injury due to fire, the investment would represent value for money. ...at least 1 of the 512 referrals to DFRS (0.20% of these referrals) having a slight injury due to fire, the investment would represent value for money.</p>	<p>The Economic Value of Dorset POPP Services - Malnutrition and Fire Safety</p>

<p>National Dorset</p>	<p>Second report analysing the average fees paid by councils in Great Britain (...and the Health and Social Care Trusts in Northern Ireland.)</p> <p>Dorset: £18.15 average</p> <p>4.6 million hours of state-funded homecare are purchased each week in the UK, with some 873,500 people estimated to be supported at home to live independently within their local community.</p> <p>Homecare services make a major contribution to the wellbeing and safety of older and disabled people, and increasing attention is being paid to whether homecare services are sufficiently funded to be economically viable, whether local care markets are stable and whether the homecare workforce are properly rewarded for the valuable work they undertake. There has been an apparent increase in homecare providers handing back homecare contracts to their statutory sector purchasers on the basis of inadequate fee levels</p>	<p>UK Home Care Association - The Home Care Deficit 2016</p> <p>A report on the funding of older people's homecare across the United Kingdom</p>
<p>National</p>	<p>Social care paid for by English local authorities makes up a minority of the total amount of care. Most care and support is provided unpaid by family and friends (informal care), while many adults pay for some or all of their formal care.</p> <p>Successive governments have tried to improve outcomes for users by introducing policies that enable local authorities to personalise the commissioning of adult social care services. This involves: identifying and fostering a greater variety of services for users to choose from; aligning the services users receive more closely to the outcomes they want to achieve; building on users' existing capabilities; and enabling users to have more control over their care. Users may change the way they receive services, for example they may use direct payments to pay for personal assistants, receive services that meet their cultural and religious needs, or meet their needs through community-based social and sports activities rather than conventional social care services</p> <p>Personal budget': a sum of money allocated to an adult to meet their assessed social care needs. A personal budget can be managed by the local authority or by a third party that commissions services for users; or it can be given to users or their carers as a direct payment.</p> <p>Recent evidence suggests that personal budgets benefit most, but not all, users and that the way a personal budget is implemented is key to whether users benefit from it</p>	<p>NAO Personalised Commissioning in Adult Social Care p. 5</p>

	Few local authorities currently participate in an annual survey run by the charity In Control and there are limitations to that survey's design.	
National	<p>500,000 approximate number of adults in England whose social care services were paid for through local authority personal budgets in 2014-15 £6.3bn spending by local authorities on long-term social care for adults in the community, 2014-15 7% real-terms reduction in spend on adult social care by local authorities between 2010-11 and 2014-15</p> <p>88% median proportion of users with personal budgets per local authority in 2014-15 22% median proportion of users with direct payments per local authority in 2014-15 p. 7 "(8)..Around 500,000 adults in England received personal budgets in 2014-15, varying between 10% and 100% of users across authorities, with a median proportion of 88%. The median proportion of community care users with a direct payment across authorities was 22%, with a range from 5% to 57%. Take-up of direct payments varies by user group, with higher take-up among younger adults (under 65) with primary support reasons relating to physical or learning disabilities, and lower take-up among younger adults with a primary support reason relating to mental health and older adults (65 and over)."</p> <p>Para 2.3 p.30 Spending on long-term community care managed by local authorities was £6.3 billion in 2014-15.14 Local authorities spent £1.37 billion on direct payments for users and £42 million on direct payments for carers in 2014-15.15</p>	NAO Personalised Commissioning in Adult Social Care - March 2016
Dorset STP	Dorset is among the five worst-performing areas in England for delays in getting people home.	Dorset STP – pg11
	17% of council's budget on care is going on continuation funding for self-funders that run out of money. DCC Presentation	

Bridport Care & Support at Home 2016-17 (estimated)

DCC	Number of Individuals	105
	Number of hours home care	40029
	Estimated total value	£724,524.90

CCG (CHC)	Number of Individuals	14
	Number of hours home care	1535
	Estimated total value	£27,783.50

Self-funders

	Assuming Self-funders at 60% of local market	
	Number of Individuals	166
	Number of hours home care	80058
	Estimated total value	£1,601,160.00

	Estimated total value of Home Care in Bridport	£2,353,468.40
--	--	---------------

	<p>This gives you some idea of the annual value in terms of money that could be going in to the area.</p> <p>There are currently 3 home care agencies within the area. Obviously I can't name names etc. but I would suggest that no more than 25% of DCC's spend is with those agencies – DCC Commissioner.</p>	
	<p>“We have problems getting domcare packages in this area. DCC had an average of 25% of requests where no domcare package was found between Feb 2016 and Jan 2017 for West Dorset. This excludes Weymouth & Portland but we don't capture the info at a more local level, although anecdotally there are a number of towns/villages around the area where it is difficult to provide domcare services including Lyme, Charmouth, Wooten Fitzpaine, Marshwood, Askerswell and Litton Cheney.</p> <p>In terms of residential, we know there is a lack of capacity in Bridport for Nursing homes with dementia care. Overall we know there are problems with providers taking more complex dementia cases.</p> <p>The CCG were unable to find care for 30% of requests in Bridport year to January 2017 per cycle of brokerage.” Source - DCC Commissioner.</p>	
	<p>Mental health problems impose a total economic and social cost of over £105bn a year in the UK</p>	<p>Our Communities Topic Report – Mental Health in Dorset Dorset Statistics/Topics/Health-and-Care</p>
	<p>This is the current cost of a stay in hospital - over £174 per bed day. The source for this is in an analysis of the Acute Hospital at Home service introduced initially as a pilot last year by DCH. In it, it quotes the cost of the Acute service: "At £87 per day this represents less than half the cost of an in-patient day"</p>	<p>Email</p>

15. Unpaid Care

Data Type	Detail	Document Source
National	£132 billion a year	Carers UK News - What Unpaid Carers Save the UK
National	Value of unpaid care carers give in the UK: £132bn	Carers UK - State of Caring 2016 Report
Dorset	<p>P. 7</p> <p>Caring is an expression of care, respect and affection for another person or sometimes a sense of duty. As such, the actual value of the care and support provided by unpaid carers cannot fully, objectively be quantified. However, it is important to recognise the scale of carer support. In the Census of 2011, there were 744,000 people living in Dorset 1 and there were 82,900 unpaid carers in Dorset (CCG area). Nationally it is estimated that 1 in 10 of the population is a carer 2 . There are approximately 6.3 million carers in the United Kingdom.</p> <p>Case for Investment - The total contract value for acute hospital inpatient care across the three main hospitals in Dorset is £208m. Audit evidence from reviewing patient admissions into hospitals shows that one of the reasons for admission is that the carer can no longer cope. So put simply if by supporting carers better, admissions into Dorset acute hospitals reduced by 1% then this would represent £2m of cost avoided. Example of data from acute hospitals in Dorset</p>	Valuing Carers in Dorset - Vision 2016 - 2020

APPENDIX

. 3.



APPENDIX .3. Examples from Elsewhere

Ref	Project name / contact	Coverage	Description
1	Project to develop community based commissioning models	Totnes & District	Caring Town Totnes - to complete
2	Pay it Forward meals and drinks		Suspended Coffee Pay it forward - Nourish in Leeds & Sheffield Pay in forward day 28 April 2017
3	Safe spaces		Example from Cornwall - Carrie
4	Men's Shed		Example Dorchester
5	The Project http://theprojectyp.org.uk/	Axminster & Chard	<p>The Project (based in Axminster) supports the emotional wellbeing and mental health of young people, age 12-24, as well as parents and carers. They run regular peer support groups for young people in Axminster and Chard as well as a monthly group for parents and carers. They also offer workshops and training including schools workshops and youth mental health first aid.</p> <p>Their support sessions are intended to be supportive and fun with time to talk, make new friendships, share food and enjoy activities designed to build confidence and self-esteem, and to provide fresh ways of handling emotional difficulties. They're not counselling sessions so no one is made to talk about their issues in the group.</p> <p>See their Welcome to the Project video.</p> <p>Debbie Humberstone, The Project's founder, has now documented The Project's model and created a licencing package which can be purchased, to enable others to set up support groups in their area. In January this year, the first group replicating their model was opened by OpenDoor in Exmouth. The Project staff also provided training and consultancy to OpenDoor to enable Haven's set up, and feedback from this social franchising pilot has been extremely positive.</p> <p>T: 01404 549045 M: 07970 167341 E: info@theprojectyp.org.uk</p>
6	Caring Town Information Exchange	Totnes & District	<p>The project is a partnership between Totnes Town Council and Caring Town and aims to connect people with local services.</p> <p>It offers a high street 'drop-in' staffed by a Connector who signposts people to the most appropriate local services or groups. They also help direct people wishing to volunteer to the right place (with support of their local CVS).</p>

7	Health Connections Mendip	Mendip, Somerset	<p>The door is open 10.30 to 2.30 Monday, Tuesday, Thursday, Friday and Saturday.</p> <p>Health Connections Mendip has developed a ‘Map – Build – Communicate – Connect’ model</p> <ul style="list-style-type: none"> • <u>Map</u>: Mapping what’s already out there (Directory of Services) • <u>Build</u>: Building social capital (work with local people to develop services to fill gaps, such as setting up new peer support groups) • <u>Communicate</u>: Communicating with the community (website, radio slots, face to face information from Community Connectors, information phone line, information points in the community) • <u>Connect</u>: Group education and support (Talking Cafes and Self-management Programme); One to One support (with Health Connectors); social prescribing (GP signposting). <p>The service provides a mix of peer support, social prescribing, one-to-one and group support to enable people living in Mendip to improve personal and community resilience. Its service is free to patients of Mendip GP practices, and patients can self-refer. The Health Connections team has been funded through and completely integrated with general practice in Mendip.</p> <p>Health Connectors help connect people with activities, support services and groups in the community. They also offer one-to-one appointments where they listen and support people in managing a long-term health condition, increasing social connectedness, or in setting health & wellbeing related goals and making changes. Community Connectors are members of the community who receive training to help them signpost friends, family, colleagues and neighbours to support. Talking Cafes are pop up cafes where people can meet new people, make friends and chat to a community sign-poster. Social prescribing links patients in Mendip GP practices with nonmedical sources of support within the community. The HCM service directory is embedded in patient records enabling GPs to have signposting at their fingertips to share non-medical sources of support with patients.</p> <p>For more detail on current service: HCM Annual Report 2016</p> <p>Key lessons include that the initial mapping needs to be really thorough, and that there need to be volunteer connectors.</p> <p>For more detail on process of setting up the service: Case Study</p>
---	---	---------------------	---

8	Poole Wellbeing Project		
9	The Filo Project	Devon + Bridport and Lyme Regis	<p>The Filo Project is a social enterprise offering a different type of day care. Small groups of older people are collected by their host and spend the day in an intimate home setting in their community. Because transport is provided even the most rurally located can be supported. The Filo Project day has some structure with lunch playing an important part in the day and is never rushed. Ultimately though, the flow of sessions is dictated by the wishes and preferences of individuals within the group.</p> <p>Their service specifically supports older people experiencing symptoms of moderate dementia and/or isolation. For the Filo Project, what's important is allowing people to feel normal and part of something again (living well with dementia). The environment is both supportive and akin to a day out with friends. They are now working in 600 places in Devon and are expanding into Dorset.</p>
10	Oomph! www.oomph-wellness.org	UK	<p>London based social enterprise working across the UK which offers complementary services to care providers to enhance the mental, physical and emotional wellbeing of older adults. They work with local authorities, private businesses and community organisations that provide residential and community care.</p> <p>Services they offer include:</p> <ul style="list-style-type: none"> • Training and support to help care organisations deliver a programme of everyday activities for their clients that are fun and which promote mental stimulation, physical activity, new experiences and connection. • Their 'out and about service' providing regular and meaningful outings for those in residential care.
11	Contact the Elderly		<p>Supported by a network of volunteers, Contact the Elderly organises monthly Sunday afternoon tea parties for small groups of older people aged 75 and over, who live alone, offering a regular and vital friendship link every month.</p> <p>One Sunday afternoon a month, volunteer drivers take their older guests to a volunteer host's home where they join a small group for tea, talk and companionship. The group is warmly welcomed by a different host each month, but the drivers remain the same and the groups are kept small so that everyone can join in easily and get to know each other properly. It's a simple idea, but one that can make a big difference. Our friendship groups represent the perfect opportunity to get out of the house, make new friends within the local community, and generally brighten up a weekend. Guests are not expected to host any of the tea parties and the service is free.</p> <p>They traditionally work with and are supported by Rotarians.</p>
12	Pushing Up Daisies		<p>Pushing up Daisies (Todmorden) is a community-grown festival inspiring conversations around death and dying.</p> <p>This May they will hold their 3rd festival - 7th to 13th May – with 70 events taking place. They will also be running</p>

			<p>their Last Post service – letters to the dead.</p> <p>The Festival was created by a group of local people who want all things about death and dying to be “easier, kinder, more communal and not just in the hands of professionals.” The festival is about learning things, making friends and building community.</p>
13	NED Care	East Dartmoor	<p>Mortenhampstead Development Trust has set up North East Dartmoor Care (NED Care) Community Interest Company as a subsidiary. http://www.moretonhampsteadtrust.org.uk/ned-care/</p> <p>They are in the process of setting up as a regulated social care agency – that is not for profit, community led and owned.</p> <p>It came about after local people approached the Development Trust with concerns about lack of social care. The Trust discovered ‘market failure’ in adult social care, with vulnerable residents going without vital support, or stuck in hospital for weeks at a time, because of the lack of local home-care. See their story here: http://www.crowdfunder.co.uk/nedcare</p>
14	<p>Leading Lives</p> <p>www.leadinglives.org.uk</p>		<p>A Suffolk-based social enterprise owned by staff as an employee co-operative</p> <p>They provide social care support in the home and in the community. We will support you to lead our services to meet your needs. Through Leading Lives you can experience new opportunities, retain or gain independence, develop friendships and try new activities or learn new skills in a welcoming environment.</p> <p>Their main focus is on adults with LD but they also provide support for people with physical complex needs, autism or ADHD, or acquired brain injury; people needing help to remain independent through age, ill health or dementia; young people making the transition to adult services; respite care.</p> <p>Clients are helped to choose a package that’s right for them, mixing and matching from a wide range of options. They provide:</p> <ul style="list-style-type: none"> - Day opportunities at their own Hubs or other community venues - Respite care at their own units, or by providing home support to give carers a break - Supported living schemes for young people - Highly flexible packages of personal support to help people maintain independence in their homes, such as help in the home and personal care, as well as support for people to pursue their interests, get out and about, and do the things they want - Support to try new activities whether hobbies, education, volunteering, skills training or employment - Offers IAG to people with disabilities through a library based Navigator. - Support to plan and manage Personal Budgets paid through a Direct Payment or an Individual Service

			<p>Fund, including recruiting support workers.</p> <p>An elected Board of staff members run the business on behalf of all the members. Profits are reinvested back into the business for the benefit of their customers or reinvested into community projects through their Community Benefit Fund (a grant giving mechanism.) They reinvest back into their local community by using local, social enterprise or co-operative suppliers where possible.</p> <p>They formed in 2012 in response to the County Council’s decision to move from being a service provider to a commissioner.</p>
15	Not Just Sundaes		<p>Not Just Sundaes is a community café (charity) in Wareham, providing a youth and community space. For example, they provide a positive alternative hang-out for 16+ on a Friday evening from 7.30 to 9.30 with their youth gig nights (plus opportunity for local young musicians to play live!)</p>
16	<p>Core Arts</p> <p>https://www.corearts.co.uk/</p>		<p>Survey respondent “Core Arts is amazing but it's one of those one where you need a CPA [Care Programme Approach] which is annoying, I wish there were things that were supported for those that need it, but open to everyone.”</p>
17	<p>Stay Up Late – Gig Buddies Project</p> <p>http://stayuplate.org/</p>		<p>Stay UP Late is a registered charity promoting social inclusion and rights of people with learning disabilities to live the life of their choosing. It grew out of their campaign of the same name. Activities include:</p> <ul style="list-style-type: none"> - Helping service providers deliver their support in more flexible and creative ways. - Supporting people with learning disabilities to understand their rights around the sort of support they should expect to receive, and to think about how they want to lead their lives. <p>The Stay Up Late campaign is for young adults with LD who want to take part in age appropriate activities such as gigs, nightclubs. It aims to bring an end to inflexible support.</p> <p>Gig Buddies is a Sussex-based project which matches people 18+ with a LD to volunteers with similar interests, to go to events together that they both love.</p> <p>It’s a volunteer befriending scheme and is about developing friendships and expanding an individual’s social circles and informal support networks (so not about one-offs.)</p> <p>Gig Buddies - How it works</p> <p>“We’re really interested in helping other organisations and groups to set up their own Gig Buddies projects. If you’re interested in finding out more please contact Paul Richards, Director, email paul@stayuplate.org”</p>
18	Cat café		

APPENDIX

. 4.



APPENDIX .4. KEY DOCUMENTS

2012

[Health and Social Care Act
Care and Support White Paper](#)

2014

[Care Act](#)
[NHS England - Five Year Forward View](#)
[Five Years Forward - Mental Health - Public Engagement
Findings](#)

2016

[Five Years Forward - Mental Health](#)
[Five Year Forward - Mental Health Implementation Plan](#)
[Dorset STP - Our Dorset \(draft\)](#)
[Dorset Joint Health & Wellbeing Strategy 2016 - 2019](#)
[Dorset Joint Strategic Needs Assessment](#)
[Valuing Carers in Dorset - Vision 2016 - 2020](#)

2017

[Police and Crime Commissioner's Plan 2017-2021](#)
[Dementia Services Review - View Seeking Report March 2017](#)
[Dorset Clinical Services Review](#)
[Dorset Mental Health Services Review](#)