

## Mid and West Wales Health & Social Care Regional Collaborative Learning Disabilities Partnership **Model of Care and support**

April 2015

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# Document control

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# 1 | Introduction

The Statement of Intent for Learning Disability Services in Mid and West Wales identifies seven recommendations to be implemented in order to support the successful transformation of Learning Disability services within the Mid and West Wales Region.

The purpose of the model of care is to set out a vision for a regional approach to learning disability services. It is intended to identify where partnership working across the region will provide consistency, reduce duplication and add value to the services that are delivered. As such the intention is to improve quality, outcomes and service user experience whilst increasing choice and independence.

Recommendation 1 from the statement of Intent: Implementation of a Model of Care and Support for people with a learning disability in Mid and West Wales that enables individuals to achieve what is important to them.

The model of care reflects each organisations commitment to work collaboratively and in partnership to achieve mutual benefit in delivering improved learning disability services. Consideration will be given to the workforce implications as part of the development of the model of care.

## 1.1 Principles

The Statement of Intent for Learning Disability Services in Mid and West Wales identifies seven recommendations to be implemented in order to support the successful transformation of Learning Disability services within the region.

The shared ambitions from the Statement of Intent will need to be embedded into the delivery of to the model of care for people with Learning Disabilities:

- ▶ Improving community resilience and enablement through choice, self direction and control over decisions that, affect the lives of people with a learning disability in line with The Social Services and Wellbeing Act.
- ▶ Improving quality of life through improved choice for housing and accommodation for people with a learning disability, with the majority being the same as for other people in the community.
- ▶ Increasing the opportunities for personal development and life experiences for people with learning disabilities to improve wellbeing and a better quality of life.
- ▶ Increasing opportunities to be independent, exercise and enjoy their rights, and meet their individual obligations to improve the quality of life for people with learning disabilities.
- ▶ Working in partnership to support collaboration in the delivery of high quality cost effective learning disability services.
- ▶ Funding for population that reflects the needs of people with a learning disability with fair distribution to deliver the necessary care to improve outcomes



To achieve the ambitions the model of care will need to include:

- ▶ A common language that is understood by all will, with a glossary of terms to support clarity in relation to model of care for learning disabilities.
- ▶ An approach that is not defined by age but provides a lifelong pathway that incorporates transition points from one service to another
- ▶ Access to Welsh speaking services across the region
- ▶ Alignment with transition model of care with the adult learning disabilities model of care that promotes independence and self care at the time of transition and into adulthood, increasing choice and optimising individual outcomes.
- ▶ Defined principles of integrated working within the model of care that reflects a range of delivery models that does not dictate a one size fits all approach.

## 1.2 Model of Care Vision statement

The Mid and West Wales Learning Disabilities Programme Board has a vision to develop a model of care that provides an integrated service for people with a learning disability, and their carers, across the region.

A working vision statement has been developed as a starting point with the intention of developing this further with service users and carers to have a fully coproduced vision for the learning disabilities model of care.

***“Together, with you, we are committed to support people with individual needs live the life they choose. By providing a range of flexible care and support services we will ensure people with learning disabilities are as independent as possible and connected with their local communities”***

Core to the vision is an understanding of health and social care approach within this model of care. The model of care is not proposing continual use of services but a delivery model that provides care and support when it is needed. All care and support will be outcome focused and delivered flexibly; where, when and in the way that reflects the choice of the individual.

This vision is underpinned by a set of guiding principles that people with a learning disability have the right to:

- ▶ Be treated as an individual
- ▶ Have access to appropriate services
- ▶ Be involved in how these services are delivered
- ▶ Be supported and enabled to progress, develop and achieve greater independence
- ▶ To be free from abuse and harm



- ▶ To take an active and productive part in their communities
- ▶ To be supported to maintain good health and lead a healthy lifestyle

## 1.3 The Progression Model

Progression in relation to commissioning and delivery of health and social care services to people with a learning disability is defined as:

- ▶ The ability to access good information & advice (in an appropriate format) to enable individuals to have control over day to day life.
- ▶ The ability to access all services (including improved access to generic services) – this will require a workforce that can support individuals to have a joint understanding of issues/needs and what to do about it to get resolution.
- ▶ Self help tools & information to support people with a learning disability as well as their families and carers.
- ▶ Systematic assessment of needs with individual objectives that are outcome based empowering people to live as independently as possible.
- ▶ Where care and support is needed the process will enable people with a learning disability to join in all decision making that may affect their life.
- ▶ Supporting individuals to live their lives within their community, maintaining social and family ties and connections that are important to them.

All delivery elements of the model of care will be outcome focused with assessment, care and support based on a model of 'progression' in which individuals are enabled to fulfil their potential with appropriate and responsive advice and support.

The principles of progression will be applied at a local and regional level across health and social care to enable consistency. Delivery models will not be a one size fits all and will reflect local need whilst retaining the principles of progression.

## 1.4 The Pathway

The model of care is not intended to be restricted by age the pathway is intended to support individuals along a whole spectrum of needs. Within each part of the pathway the principle of progression to independence is assessment based on the individuals needs. For some this will be intermittent increased support at points of transition based on life changes and an assessed increase in need at different times in life.

## Aims of the “Progression” Pathway

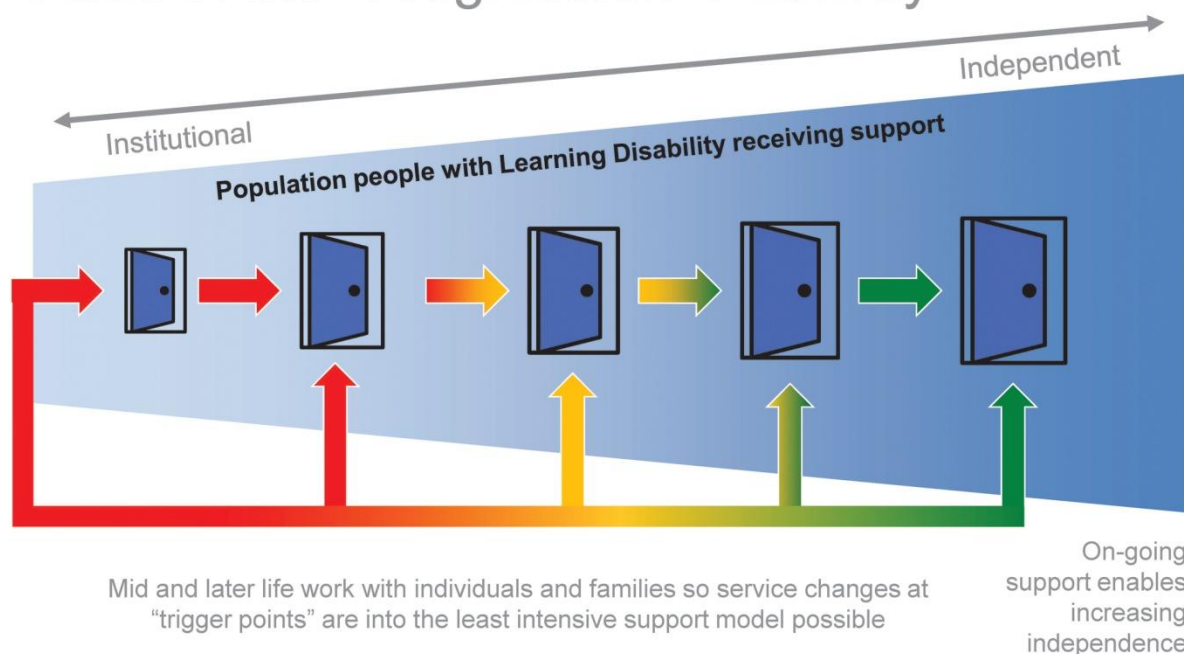


Diagram 1: Alder progression model

For others progression may be regular reassessment of an ongoing level of need for care and support based on changing health or social circumstances. Though out the agreed reassessment process, the vision and principles for the model of care will be applied with individual outcome based, objectives agreed with the service user.

To ensure the delivery of a consistent model of care for learning disabilities across the region it will need to encompass all ages. Achieving this will require the learning disability board to work closely with the complex needs work programme and take the learning from the planned market position statement. Embedding changes will require ongoing joint working approaches with children’s commissioners and service providers to ensure a consistent approach to progression particularly in preparation and during transition from children to adult services.

In line with an agreed delivery model of care and support that promotes independence the transition and ongoing delivery of services will require a shift in funding from individual placements and residential care to enable investment in community support. The work undertaken by Alder in 2013 will provide the baseline data to monitor progress and outcomes.

### 1.4.1 Transition points

The model of care recognises that there are key transition points in everyone’s life, what happens at these points have a significant impact of the way in which people are able to live their life at that time and in the future. The transition point identified as having the biggest



impact for people with a learning disability is the point at which they move from children's services to adult services. A range of factors have been identified as having an impact on a young adult and the way in which they move forward, the services they access and the level of independent living they achieve.

Ensuring transition from out of area education placements to appropriate community placements that support individuals to maximise their ability to live as independently as possible in adulthood will require agreed outcome measures within current services, in line with the principles of progression. This area of work currently sits within the complex needs Workstream and will therefore need to be aligned with and incorporated into the model of care and support pathway.

Consideration for transition within the model of care also needs to be applied to individuals as they become older and are no longer of working age, identifying and supporting individuals to adjust to the life and health changes that have an impact on individuals at that time.

## 2| Service Users and Carer Engagement

The Mid and West Wales Health and Social Care Regional Collaborative Learning Disabilities Partnership (LDP) recognise that service users and carers are the experts of their own experiences and that they provide a unique view of how services are delivered by Health and Social Care across the Mid and West Wales region.

Recommendation Two of the Statement of Intent focuses on engagement with service users, carers and their family and identifies a high priority action to be the development of *“a formal structure to work alongside service users and carers on the co-production, planning, monitoring and provision of Learning Disability services at a regional level.”*

In order to implement this recommendation, a communication and engagement strategy which provides a framework for sustainable engagement will be required underpinned by the following Key Principles. These principles demonstrate the approach and commitment to best practice of the Mid and West Wales Health and Social Care Regional Collaborative Learning Disabilities Partnership to engagement.

### 2.1 Communication and Engagement Strategy: Key Principles

It is recognised that in order to transform learning disability services and to have a positive impact on the lives of services users and carer's, commissioners and service providers need to understand the aspirations of people with a learning disability and recognise the barriers they currently experience in Mid and West Wales.

This will require an undertaking to engage in meaningful consultation with the users of learning disability services, carers, family members, service providers and interested citizens in Mid and West Wales and to always have a clear purpose for engagement. There will be a commitment to embed engagement into all activities and development undertaken by learning disability services in Mid and West Wales.



The regional collaborative have already expressed a commitment to the development of a Regional Communication and Engagement Strategy which will provide a sustainable framework for ongoing engagement with service users, carers, service providers and interested citizens.

The framework will set out minimum standards for engagement, consultation and participation on a local, regional and national level. We are committed to being guided by and endorsing the *National Principles of Public Engagement in Wales*, as developed by Participation Cymru.

It is also recognised that service users and carers can feel 'over consulted'. To ensure engagement is effective and relevant there is a commitment to use appropriate existing mechanisms to engage with service users and carers on a regional basis through the use of local agencies and groups.

The approach adopted will include a commitment to:

- ▶ Always explain the purpose of the consultation exercise to those who are being consulted, to produce information and communicate in a variety of media ensuring accessibility to all.
- ▶ Feedback to service users and carers, within an appropriate timescale, whether there has been any significant progress or change to report on or not. Acknowledging the contribution of service user and carer engagement is fundamental to maintaining good relationships with supporting agencies and service users.
- ▶ Giving equal status to the Welsh and English languages throughout the Mid and West Wales region, to always engage with service users and carers through their language of choice and to actively promote that choice.
- ▶ Actively remove barriers to engagement, particularly for traditionally 'hard to reach' service users, carers and citizens and for those living in the region's most rural areas. This will include working innovatively through the use of alternative methods of engagement, including digital and social media, to promote participation.
- ▶ Offer a person centred approach to ensure equal opportunities for engagement with service users and carer's who need additional support to engage. E.g. individual communication support needs.
- ▶ Having a nominated lead member of the Learning Disability Partnership Strategic Board who will ensure meaningful engagement with service users and carers across the region is maintained within the agreed framework

The communication and engagement strategy will utilise the wealth of expertise within the third sector. This will provide an additional opportunity to incorporate the views of:

- service users with a Learning Disability in the region
- carers and family members of service users with a Learning Disability in the region

Communication and engagement will include regional and national groups with expertise in relation to learning disabilities working with Welsh Government to provide advice at policy



development level pick up learning from other areas and prevent duplication and unnecessary additional consultations.

Further work is required to explore how the learning disability partnership works with advocacy support services for people with a Learning Disability in Mid and West Wales to support the sustainability of the proposed Regional Communication and Engagement Framework. This work will be undertaken with consideration for the legislative responsibilities afforded by the Social Services and Well-being (Wales) Act 2014 in respect of Advocacy Services, in advance of its draft guidance.

## 3| Delivering the Model of Care and Support

There is recognition from the learning disability board that the current delivery of services for people with a learning disability is not sustainable in the longer term. As with all services the current economic climate requires efficiencies as well as improved longer term outcomes for people accessing services. People with a learning disability have been identified as having poorer outcomes than the general population requiring a change to the way services are commissioned and delivered as part of a sustainable programme of change.

This model of care and support for people with a learning disability document is intended as reference document to develop a consistent approach across Mid and West Wales. It does not set local priorities but is intended to provide principles that support transformational change for the commissioning and delivery of care and support. Within the context of this transformational change the model of care must embed the Alder progression model principles as well as wider health and social care strategic drivers around prevention of ill health, self help and enabling choice and control for individuals.

The following principles inform the way in which organisations across the region commission and deliver learning disability services:

- To work together in partnership, with shared goals and objectives
- To identify areas of the service where it is beneficial to collaborate or integrate
- To share information and good practice
- To deliver services effectively that are of high quality and value for money
- To use a person centred and outcome focused approach to the planning and delivery of services

### 3.1 What changes need to happen

To implement a regional model of care there are a number of changes that will be required to achieve the local benefit of a regional approach. For the purpose of planning changes and

identifying where responsibility will sit to maximise the benefit these changes have been categorised as follows:

### 3.1.1 Regional changes:

- ▶ Defining functions and responsibilities across organisations and services to reduce duplication and provide a clear pathway for individuals with a learning disability
- ▶ Set the standards for universal/ generic services in relation to supporting people with a learning disability across health, social care and local government. Make learning disabilities everyone's business
- ▶ Modelling transition pathways for children to adults and adults to older age incorporating transition support for carers. Alignment of the age staging for health social care and education
- ▶ Citizen Engagement and co-production in development of service that delivery this progression model of care – this is currently absent from regional work “nothing about us without us”.
- ▶ A focused move away from traditional day services. Identification and implementation of alternative delivery models based on the principles of progression aligned with housing leisure and employment
- ▶ A Regional data source for health and social care would help with commissioning and planning. Long term planning, tapered funding.
- ▶ Align data collection with outcome from complex needs market position statement findings.
- ▶ Regional definitions of core outcomes expected from out of area education placements that will support individuals to maximise their ability to live as independently as possible in adulthood in line with the principles of progression.
- ▶ Consistent external narrative that describes the vision and direction of the model of care to service users, carers and the general public across the region.
- ▶ A shared understanding of what delivering a progression model of care and support means for the workforce across the region will require an understanding of current perceptions and cultural change to embed service delivery changes consistently. Regional workforce considerations will need to include:
  - Local Integration
  - Training and development opportunities

### 3.1.2 Local changes

- ▶ Define local learning disability service priority areas to implement an education programme that understands expectations and educates general services on the needs and adaptations required to support an individual with a learning disability access general services.
- ▶ Keep co-coordinator role but define the role and responsibility and how this supports the individual. Consider parent/ carer as coordinator with links to professional support.

- ▶ Define what progression means on an individual basis, describing how this provides a person centred plan in relation to individual goals.
- ▶ Engagement with local stakeholders to implement changes that reflect local understanding of progression for the individual and their family/ carers.
- ▶ Mechanics of roles and responsibilities within teams. Management team composition is different in the local authorities.
- ▶ Identify and share local initiatives and learning from implementation and evaluation

### 3.1.3 Commissioning

- ▶ Each health board and aligned local authorities will require a joint commissioning strategy to support the implementation of the model of care and support for learning disability.
- ▶ Changes to commissioning of supported housing and residential – not just spot purchasing
- ▶ Joint commissioning approach to longer term accommodation strategy and commissioning that sets out how people will be supported to
  - Live in their own tenancy
  - Move to new accommodation and independence
- ▶ A regional approach to how third sector can contribute to the delivery of a progression model of care and support. Application of this approach to future commissioned services as a standard process.
- ▶ A commissioning approach that defines outcomes for people with a learning disability that are aligned with the progression model for education, training, employment and leisure services. Working with providers to implement and monitor service improvements required to achieve the longer term goal.

## 3.2 Actions required that supports the implementation of a progression model of care

Fundamental to implementing a progression model of care will be a consistency in the way in which traditional community teams for learning disability work to provide outcomes based care that demonstrates individual assessment and progression plans are implemented and monitored.

### 3.2.1 Operational actions

There is recognition that changes are already underway in some areas, but that this has been identified as pockets of changing practice rather than consistent embedded change across the region. To deliver a more consistent approach consideration will need to be given to the way in which cultural change within organisations will be addressed locally and how

the collaborative will raise awareness & understanding of the progression model of care for learning disabilities.

- ▶ Defining 'non' specialist support for people with learning disability in Health & Social care
- ▶ Define the roles and responsibilities of specialist community teams for learning disabilities and their Health and Social Care function:
- ▶ Define how specialist teams will provide effective episodic involvement in care providing the necessary support as part of a progression model.
- ▶ Clarify clinical professional governance as part of delivery model
- ▶ Agreeing ASD / ADHD roles across wider service
- ▶ Expand supportive living and adult placements, monitoring service users support requirements in the community in which they live.
- ▶ Separate single point of access for learning disabilities
- ▶ Replacement of traditional day centres with self sustaining employment/training opportunities and meaningful activities within the local community.
- ▶ A named champion for learning disabilities.

Ensuring a common understanding of terminology relating to progression and the model of care and support will be essential moving forward. Appendix A sets out an initial glossary of terms based on workshops undertaken with staff across the region and should be used as a starting point. A consistent use of glossary of terms will support a shared language moving forward.

### 3.2.2 Service user engagement and Co-production actions

As part of the stakeholder engagement process it is important to ensure work is undertaken to capture what progression means to service users, family & carers. The learning disabilities collaborative board will need to agree:

- ▶ The defined regional process for engagement and coproduction with service users building on the local engagement processes for this model of care. It will need to be aligned with wider collaborative approach for service user engagement as set out in section 2 of this paper.
- ▶ A consistent regional payment and reimbursement of costs process for service user and carer engagement.
- ▶ How engagement process will take into consideration corporate parenting approach for learning disabilities reflecting the needs of children in the care of the local authority.

## 4| recommended work streams

### 4.1 priority areas

- ▶ Service user and carer stakeholder engagement to co produce the learning disabilities progression model of care vision statement and priority areas of change addressing the actions from 3.2.2.
- ▶ Development of a range of community embedded day services that meet local needs building on local work already underway.
- ▶ Define non specialist support for people with a learning disability.
- ▶ Define the roles and responsibilities of specialist community teams for learning disabilities and their Health and Social Care function as part of the model of care
- ▶ Map current services and identify priority areas for implementing progression model of care principles.
- ▶ Set up a specific work stream for changes to day care services, review progress, share learning and implement new contracts and specifications that reflect the progression model of care.
- ▶ Review the findings from the market position statement for complex needs work stream and incorporate into model of care work programme as appropriate.
- ▶ Review accessibility to health services and agree an action plan for improvements, contracting requirements across the region with consistent standards and approaches.

### 4.2 Measurable outcomes

- ▶ Evidence of robust and consistent engagement with service users and carers in a meaningful and productive way – “Co-production.” Evidence this is incorporated into a work programme of change at local and regional level.
- ▶ Evidence of outcomes based commissioning shared across the region for new services developed in line with the progression model of care.
- ▶ Evidence of outcomes based clinical assessments in line with the progression model of care implemented and monitored
- ▶ Use of Alder baseline data collection to monitor current and ongoing activity and shift in expenditure from high cost residential and nursing placements to supporting increased independence in local communities.

### 4.3 Implications and considerations for other services

The model of care and support has focused on the commissioning and delivery of learning disability services there will be implications for other services that will need to be considered as part of the implementation programme both locally and at a regional level.



There will be a requirement to achieve buy-in from other services to change the experience of person with a learning disability in other (universal) services. Particular attention will be required to:

- ▶ Ensure acute hospital parity of access, targeting acute hospital to access learning disability accessibility to services (including provision of easy and flexible appointments).
- ▶ Engagement with education and children services particularly for transport, placement and assessments bringing together work in both children and adult services to improve outcomes.
- ▶ Wider workforce training on responsibility to support people with a learning disability access and utilise services
- ▶ Improved health liaison facilitation

## 5 Issues and Challenges

Summary of the identified issues and challenges in relation to delivering a regional model of care and support were identified as follows:

Regional	Operational	Strategic
Waiting for decisions once configuration has taken place	Waiting for decisions	Where does Learning disabilities fit with other service changes?
Scalability/ability and resources to deliver regional model – needs are different in areas, service are vulnerable due to inconsistencies	The message on the model of care has not been developed over the last 6 months and staff are losing hope	Right sizing embedded – review, total impact – outstanding actions for that piece of work – time limited
Reduction in grants to get regional support –Resources	Governance arrangements	
Need LD Board – reduce overlaps and align work streams	Work stream purpose/outcome and timescale	Sign off by each partner
Regional Data – agree process and data to be used for other purposes to change services	Capacity tensions	Regional performance data
The Williams Commission	Need to address some of the operational issues – gaps in draft operational policy – CDLT - case management. This requires strategic direction/decision	Mid Wales study re service provision (driven by political agenda)



Platform of services will be different	All at different points of delivery	Differing priorities
Cultural differences between the region	Accessibility in rural areas	In house v external provision & cultural /political differences
Standard for accessibility	Differing demand within LA areas for social care and health	
Training delivered regionally re reception/operate	LA's each have single integrated plan – politicians want these fulfilled. Mixed messages from us	
Different value base within region		Cultures between Health & Social Care are so different
Hywel Dda area / Powys		
Managing change within workforce	Managing change within workforce	
Trust/Maturity of relationships to progress		
Relationship of all stakeholders given local variations		
Requires a balanced voice for service users in the co-production of a model of care for people with a learning disability.	Need to use the systems already in place effectively to have ongoing real engagement.	Service user lobbying for change does not always reflect wider demand for services



## 6 Next Steps

This document provides the regional approach to a Model of Care for Learning Disabilities in Mid and West Wales. Its successful implementation is reliant on a consistent regional principle of care and support in commissioning and delivery of services to people with a learning disability through a period of change and transition. There is recognition of the required change in approach (as set out in the Statement of Intent) the Model of Care and Support offers an opportunity for implementation at a local and regional level. Sharing of learning across the region will further develop and enhance consistency, quality and efficiency for local and regional services.

The Mid and West Wales Regional Implementation Plan for the Social Services and Wellbeing (Wales) Act commits the Regional Collaborative to the development of detailed programmes of action that will deliver its high level aims and, specifically, address priorities within the Learning Disabilities Statement of Intent.

The agreed Model of Care and Support will need to be incorporated into the wider Mid and West Wales Regional Implementation Plan. It will specify deliverables at local and regional level, clarify timescales and be coordinated by the new Integrated Services Programme Board in the Hywel Dda area and Health and Adult Social Care Integrated Leadership Board in Powys moving forward.

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# Appendices

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## Appendix A | Glossary of Terms

## **Glossary of Terms**

**Care Coordination:** Deliberate organisation of care activities.  
(Caveat for the Mental Health Measure and the Continuing Health Care legal definitions of 'care coordination'.)

**Case Management:** A process for planning, reviewing and co-ordinating care for an individual. Case management refers to a package of care that covers a range of activities

**Commissioning:** The process of converting aspirations and needs into services for the population.

**Generic/ Universal Services:** Open access services available to everybody.

**Integration:** Combining parts so that they work well together or form a whole.

**Key Worker:** Any professional responsible for co-ordination of care in adults or any professional involved in delivering a service to a child with a learning disability (this includes social services, health or education).

**Pathway:** A route to or a way of access, a way of achieving something.

**Resilience:** To adapt or recover quickly

### **Risk**

**Positive** – A life without risk is a life without opportunity.

**Appropriate** – Managing a known risk to realise a worthwhile opportunity.

**Averse** – An overprotective approach or attitude which inhibits growth

**Society:** A defined community of people, People living together making decisions and sharing work.

**Solution Based:** Finding what works in a given situation.  
A focus on finding workable answers to identified needs and challenges.

**Sustainability:** The ability to be maintained at a certain rate or level

**Transformation:** Actively changing the current situation to make it more purposeful.  
An active process of fundamental change

**Transition:** A process or period of change or moving from one position to another.



## Appendix B | references

## Reference List

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