

HIGHLIGHTS OF COMMUNITY HEALTH SERVICES COMMITTEE November 2010

The CHS Committee sat on 4 October & 1 November 2010.

Risk Register - October 2010

The Health Visitor (HV) risk had reduced with successful recruitment however not all candidates offered positions had started. It was agreed that the HV risk should remain on the corporate register and a revised rating should be presented for the committee's consideration at the next meeting.

Risk Register – November 2010

The committee were advised that 6.5 new HV are in post, 4 await clearances and a further 2, as previously advised, are re-sitting exams. 2 vacancies had been converted to Domestic Violence support posts. The remaining 6 HV vacancies are out to advert.

The residual score therefore was recommended to reduce from 20 to 16. It will reduce further as the remaining HV start. This was agreed.

Positive messages from Central government around the recruitment, training of additional HV's and links to Sure Start were also discussed.

Performance quarterly report – October 2010

The report submitted to the committee to advise them of the Remedial Action Plan (RAP) that had been put in place following receipt of a Performance notice from NHS BEN commissioners under clause 32.4 (Performance Management) of the Multi Lateral Community Contract. Detail of focus on this matter, the plan and its progress to date towards improving data quality was discussed.

Matters arising – DNA's - (Did not attend) – Q1 2010

A report outlining patients who did not attend appointments by service was presented. Follow up action to review the accuracy of the data and to agree approaches to significantly reduce DNA's were explored. The committee supported commencing internal and external benchmarking to identify good practice and action to reduce DNA and better utilise clinicians time.

Items for decision and approval – JTH

JTH right to request business case was submitted to the NHS BEN board in September 2010 and further clarification was requested for return to November's board. The committee debated the matter fully and strongly advocated due diligence to be assurance that the case was robust and beneficial. Ensuring a strong sustainable organisation, excellent service, value for money and strong governance.

CHS Finance report

October and November were presented and agreed. At the November the contract variation that had been recently applied to reflect the £2.5M saving agreed by the board was discussed in detail. The committee debated the change reflecting on the previous understanding that the value should be adjusted to reflect filled vacancies. It was felt that the principal had not been followed yet financial pressures meant that the full value was needed and should be delivered if breakeven was not jeopardised.

The committee acknowledged that it wanted to commend and thank Marie Moore and all CHS staff for their hard work and achieving financial balance as well as delivering service improvement. It was flagged in particular that recruitment of Health Visitors and putting them in place had been achieved.

Operational Management Group - flash reports of the October and November OMG meeting were noted.

Safeguarding reports submitted in October – noted

Health care acquired infections report (HCAI) submitted in October – noted

Secondment of pre-registration – noted

Mandatory training was raised as clinical staff have training outstanding. The committee sought clarification around this and were advised that CHS would ensure that this training was highlighted and driven to be completed through line management and PDP's

Transforming Community Service update

The Cooperation and Competition panel (CCP) had put the transfer to Birmingham Community Healthcare into phase 2 – the 80 day process. They had expressed concerns about whether competition was reduced as a result of the transfers. Work to provide evidence required and assure the CCP is underway. The DOH have sanctioned the transfer to continue on 1st December while we continue to work to satisfy the CCP

South Birmingham has received its Trust status and becomes Birmingham Community Healthcare NHS Trust. It was discussed how transfer agreements were progressing as well as the work to ensure information governance was compliant on transfer. There was work to complete and it was accepted that the transfer of NHS BEN services on 1 December 2010 would take place.

Recommendation to the board

Subject to the 1 December 2010 transfer of the majority of CHS services the committee agreed to submit a recommendation to the NHS BEN board the CHS committee to be formally stood down. The residual services would be managed with the PCT until they too transferred to new ownership.

Alternative operational management arrangements have been agreed for residual services with Equipment Loans Services reporting to Clive Rex Director of Estates, SSA and John Taylor Hospice and Urgent Care Centres reporting to Val Jones Director of Nursing and Clinical Development. The transition of these remaining services will be completed by 2011.

Governance would be via the PCT core governance structure and continued contractual reporting.

THE COMMUNITY HEALTH SERVICES COMMITTEE 2010 REFLECTIONS ON THE TCS JOURNEY

The Community Health Service Committee was established as a sub committee to the PCT Board in 2008/9 to govern the Direct Provider Organisation of the PCT with clear delegated powers and responsibility for the assurance of the control, corporate governance, management, performance and compliance of all aspects of the Community Health Services Business.

The committee has ensured the subgroups of Performance, Clinical Quality and Safety, and the Operational Management Group have developed effectively and delivered assurance and evidence of performance.

The organisation has progressed through business readiness, pathway development and implementation and Transformation of Community Service. This has been a journey of change which has taken strong leadership to achieve, complex change challenges, significant development and improvement.

BEN COMMUNITY HEALTH SERVICES REFLECTIONS

NHSBEN Community Services will transfer into alternative providers; before the year end, in line with the NHS Operating plan and Transforming Community Services. The preparation for this major change has taken significant effort and focus and will culminate in services moving to other organisations where the excellent foundations we have in place, will be built upon. Mutual learning, the Quality, Innovation, Productivity and Prevention agenda and strong partnership working we have commenced will continue to improve the patients experience and outcomes.

In this environment we have continued to deliver excellent service and advance patient care through innovation and dedication. Looking back BEN CHS and all the individuals who work in the organisation have much to celebrate and to be proud of.

Through our innovation, relationship building, clinical excellence and collaboration we have developed pathways of care with commissioners to enhance service for our patients. The co-operation and

collaboration between professionals and the improved transparency and ease of access for patients would have been sufficient reward in themselves. However it is gratifying that following on from past

successes for our services again this year we are being recognised in national awards. Our innovations in the rehabilitation pathway; working in partnership to reduce delayed transfers of care from hospital have been short listed in the HSJ The Assistive Technology work has been short listed for the national e-health insider awards. Our diabetes service continues to attract national recognition and Jill Hill has represented the UK in the International Council of Nurses conference in Durban. Our urgent care service has successfully run a national conference this summer showcasing its nurse led service model.

Some of the highlights in the past year include:

- The two community enhanced assessment units providing multidisciplinary health and social care assessments for patients with complex care needs, to enable informed decision making about long term care. They have evidenced their success in avoidance of delayed transfers of care and inappropriate placements to long term care. They have been approved through the gateway process and are now part of our ongoing contracted service offer.
- The use of Assistive Technology by the Assertive Case Managers and COPD / Heart Failure Clinical Nurse Specialists, has been expanded to support over 190 patients. Remote individual patient monitoring for patients managing complex respiratory or heart failure conditions is provided through the Birmingham Own Health Project. NHS Direct staff monitor the patient readings and provide alerts to the ACMs. Key outcomes include significant savings in bed days through reductions in admissions to Acute Care, patients with complex symptoms reporting much greater confidence in their own ability to manage their conditions. Positive publicity was achieved through CHS nurses exploring the advantages of introducing such technology to community nursing in a BBC Radio 4 documentary in July 10. An extension of the service is now being piloted to help in the management of patients with hypertension. The Assistive Technology work has been short listed for the national e-health insider awards attending an award ceremony in October 2010.
- The Diabetes team continued to deliver a nationally recognised service The team were finalists in the Nursing Times national awards in December in the section for Innovative Practice for the OGTT clinic.
- John Taylor Hospice end of life care have expanded Palliative Care services to provide 24 x 7 x 365 day access to support, including significant expansion of Hospice at Home, successfully working in partnerships with Marie Curie Nursing and St Giles Hospice at Home to care for patients at home in their last year of life
- Continence clinics have proved a huge success, with 70% of women attendees aged 40-70 from a range of ethnicities either being cured or seeing a reduction in symptoms. It has also led to a significant reduction in the number of hospital admissions.
- The partnerships established between our cancer nursing service in the survivorship project with Good Hope Hospital, Macmillan Cancer support, Healthcare at home and Bridges delivers a new model of care for woman with breast cancer, offering support post surgery.
- The Podiatry service has developed a single point of access for referrals, has enabled house bound patients to be transported to clinics, and has successfully adopted pathways of care overall improving service and reducing incidence of DNAs.
- Musculoskeletal Services have embraced technology launching their website www.physio.bham.nhs.uk which provides up to date patient information on musculoskeletal conditions as well as providing online access to the self referral service for all BEN residents that allows them to refer themselves to physio without first seeing their GP. The pain management service has produced a DVD in languages reflecting their diverse client base which supports on going self-care. This service is proving that effective management of pain can be achieved in the community for people who thought chronic back pain would always be part of their life. A real difference is being achieved through:
 - Comprehensive, individually tailored pain management service from assessment of needs through to supported self management
 - Delivering ongoing systematic training to physiotherapists and others in the bio-psychosocial approaches to pain management.
 - Providing a pain services close to home that reflects the needs and choices of an ethnically diverse population.

Each of our services can reflect upon consistent and ongoing delivery of quality care that receives positive feedback from our clients. Every member of the team has contributed to our success as Community Health Services NHSBEN.

SUMMARY RECOMMENDATIONS TO THE BOARD

The CHSC ask the Board to:

- Note the report
- Note the achievements and the progress of both the committee, and the BEN Community Health Services
- Make a decision to stand down the CHSC post the transfer of the vast majority of CHS services to BCHC NHS Trust on 1 December. It is recommended the services utilise the alternative operational management described within the PCT and the core governance reporting structures of the PCT.

Marie Moore
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12/11/10