

QUARTERLY REPORT

COMMUNITY HEALTH SERVICES DIRECTORATE

May 2009 report

1 Introduction

It was agreed by the Board in April 2009 to change the name of the Operations Directorate to the Community Health Services Directorate (CHS Directorate) and this has now been cascade to be adopted by the directorate.

Significant progress has been made in relation to the NHS Transforming Community Services agenda. This was described in detail in the report for decision presented to the Board in April and confirmed the 2 key contracts which were signed of for delivery of Community Services and to formalise through an SLA the corporate support services which are provided to CHS. As a result of obtaining approvals from the board our progress to meet the DOH requirements to move forwards to business readiness as a Direct Provider Organisation are clearly defined. The Board agreed the Community Health Service Committee; its membership, governance arrangements, sub group structure, delegated powers and reporting arrangements. It has agreed the approach to decision making around further technical separation of the finance ledgers also.

We will now move forward to Phase 3 of the Shaping Our Future programme which is a significant piece of work for the whole PCT.

2 Update from the CHS Committee – (20/4/09)

2.1 **Membership** was discussed in line with the TOR update. New members were welcomed and we thank those who have participated in the committee up to this point and will in future support the committee through its subgroups.

The new membership comprises of:

- Brendan O'Brien, NED – Chair
- Marie Moore, Director of Community Health Services
- Janet Down and TBA, NEDs
- Mike Burns, Finance Director
- Julie Cooper, HR Director
- Val Jones, Director of Nursing and Clinical Development
- Lay Member, TBA

2.2 Finance

Our closing position for the year was a surplus of £1.01M in line with forecasted expectations. Our community and corporate contracts being in place inform the I&E forecasts and budget setting process for 2009/10.

The content and reporting for finance to the Committee are being reviewed to ensure the Committee will be arm with relevant information at the right level of detail to consider the

Financial viability of the Directorate as a DPO going forwards. Proposals will be considered by the Committee in June.

2.3 Items discussed /considered for Decision/Approval

- Timetable of meetings of the committee its sub groups to assure timely reporting to the committee and to the board
- TOR for Operations subgroup – direction agreed
- Process for implementation of Nice Guidelines - agreed
- April Board Paper - accepted
- The plan for creating the annual business plan – acknowledged and draft plan to be brought for discussion
- Vision and Strategy Workshop outputs and feedback shared and next step discussed
- The Community Contract – work on development of metrics and measures and reports and the contractual review process next steps
- Corporate Support Services SLA – key in understanding the true cost of service. Work in this area will be completed over the next 6 months.
- Activity Reporting – linked with contractual requirements and move to currency and pricing, this will have significant detail for the performance group and will be dealt with in detail and reported by exception to the Committee
- Clinical Audit – CQ&S update and future approach
- Core Standards – status report –fully compliance
- Risk Management Development of assurance framework and management of risks – work in progress

2.4 Reports for noting

- Finance
- HR
- Shaping our Future

It was recognised that as the new terms of reference for the Committee and its revised membership come into play after board approval the agenda for the committee and the reporting formats and content will require refinement. More operational detail will be handled in the subgroups and balance scorecard and exception reporting approach will be developed. The agenda will move to a strategic, operational and performance split to support strong governance of the business unit. Reporting proposals are to be worked on in the next month. In turn the committee will report monthly to the board. We will look at how to use dashboard and balance scorecard reporting.

3 KEY OPERATIONS UPDATES

3.1 Children and Families

Health Visiting and School Nursing

Children's Services Steering Group:

- Work is continuing under the Children's Services Steering Group (CSSG). Two work streams: the Workforce, Roles and Responsibilities and Core Service Review

have merged. This work helps inform the health visiting and school nursing operational policy which is currently being developed. This operational policy will ensure that there is clarity within team skill-mix on ways of working and clarity of communication within children and family services.

Audit Commission Review of Health Visitor Resources:

- Work is continuing to develop a robust system identifying the correct level of resourcing by location and matching resources to caseload complexity.

Recruitment:

- Due to national shortage of health visitors, there is still difficulty recruiting health visitors. On a positive note, we have offered the 3 current health visitor students permanent posts on condition that they fulfil the course, competency requirements. Five further health visitor students will be trained from September 2009.

Family Nurse Partnership:

- Work is progressing to develop this pilot scheme in Shard End and Kingstanding.

Carers Development and Support Service

Carers Development and Support Service (CDSS) provides advice, information and support to all carers with a BEN PCT GP or to carers of people cared for with a BEN PCT GP. Support to carers is offered through one-to-one and group formats.

Temporary extra administrative support has demonstrated that further improvements can be made. A business plan is being submitted through the Commissioning Gateway process to secure an expansion of service to better meet Carers needs.

As part of the expansion programme, several proactive steps are being taken to increase awareness of the service and to improve referral rates to it.

- GP practices are being visited and several have expressed an interest in identifying Carers Champions.
- Staff from the service have visited 6 wards at Heart of England Foundation Trust (Heartlands site) where they were warmly received. This has raised hospital staff awareness of the service which should in turn result in a higher rate of referral from that source. A welcome outcome of the visits has been to establish a regular drop in session at the hospital where people signposted to the service will be able to talk directly to a member of the Carer Support Service team. It is hoped that this will support the drive to avoid delayed discharges especially for new carers.
- "Advertisements" providing information about the service have been established on the information plasma screen at the hospital
- Use of a volunteer available to support carers on the hospital wards to signpost them to the service has been modelled and further work should lead to ongoing support.
- One of the joint service strategic leads has retired. The service is in the process of reviewing its structure to ensure further development and improvement are achieved.

Urgent Care Centre:

The upward trend in Urgent Care Centre attendance demonstrates an increase of 39% compared to same time in 2008.

March 2009 showed the highest attendance since opening of 3384 patients an average of 109 per day. The increase in number of staff on duty and opening hours has now reduced the capacity/demand pressure. The employment of local GP's will cease when Nurse Practitioners commence in May 2009.

The UCC continues to see a wide variety of presenting conditions. Q4 2009 compared to Q4 2008 showed a decrease in the percentage of patients presenting for emergency contraception though the absolute figure, 1-2 per day remained constant. There was a percentage decrease in those attending with minor injuries but this decrease may have been partially due to inconsistency in coding and was compounded by a big increase in patients attending with non-urgent conditions that are generally managed in primary care by GPs and Health Visitors.

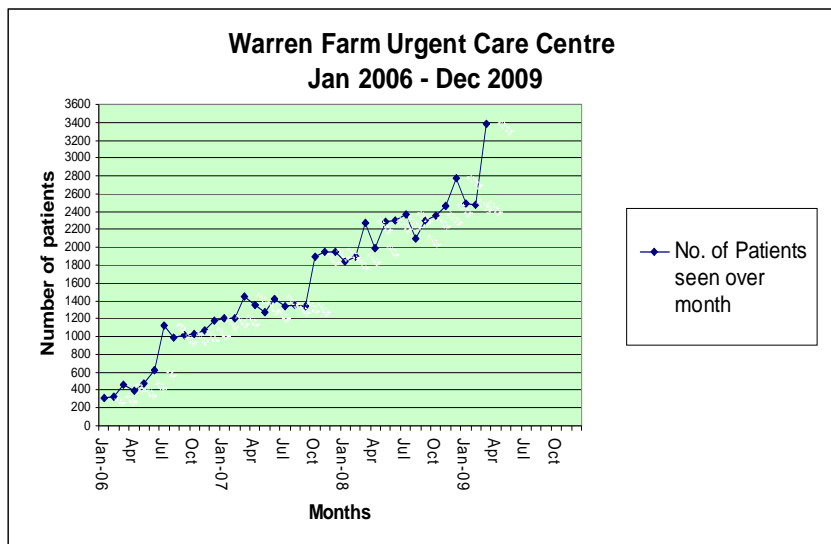
There has been an increase in the number of children attending 40% in Q4 2009 compared to 38% in Q4 2008. The complexity of presentations in children varies between very minor to life threatening, conditions such as suspected meningitis and intersusception. However, the UCC still managed to treat and discharge 99% of all those who present, with onward referral to A&E of 1%.

Cat C ambulance referrals into the UCC that are treated and discharged have maintained an average of 13 per month. A report is currently being produced following collaborative working which included a Nurse Practitioner shadowing a responder and 999 crews. Hospital Ambulance Liaison Officer (HALO) referrals from Good Hope A& E have ceased following inappropriate transfer of patients who required 'turnaround back to A&E' all of whom were admitted.

The follow up wound care service is moving from the UCC to the District Nursing Team at the Sutton Cottage Hospital in May.

The new temporary UCC site has been secured on Clodeshall Road opposite the planned Washwood Heath Practice and Wellbeing Centre. The UCC has agreed the accommodation required and plans are going ahead for opening this autumn.

The UCC has provided support to outside agencies interested in Urgent Care provision and participated in Japanese documentary featuring successful NHS strategies.



3.2 Rehabilitation Directorate

Intermediate Care

The third community team has moved into temporary residence at Kingsnorth House whilst a long term estates solution is being explored. Capacity for community IC placements has increased by approximately 30% over the past year and as part of a marketing strategy the service is currently contacting all GP’s to promote IC services as an alternative to acute hospital admission.

The bedded units at Perry Trees and Anne Marie Howes Centres continue to work in partnership with the City Council in developing the Care Centres as a community resource.

Delayed Transfer of Care

As part of the Winter Pressures Initiative, the beds at Berwood Court Nursing Home were utilised between December and March as Enhanced Assessment beds allowing for a comprehensive multi disciplinary assessment for people who may have needed long term care away from the acute trust. This was a partnership between HEFT, Adults and Communities, the PCT and the private sector which has evaluated well. The partners are working on future plans to replicate for 2009/10.

Falls

A reduction in the waiting time has been generated by a redesign of the services by improving the skill mix to introduce additional physiotherapy time and the development of senior assistants who support the patients following clinical intervention. The Falls Prevention policy for the PCT is being ratified and will be implemented by the Summer 2009

Physiotherapy

The community Physiotherapy serve is about to launch a self referral pilot in collaboration with HEFT in response to the ... This will begin in May and enables patients to self refer

rather than going through their GP. Evaluations of national pilot sites have indicated improved access and appropriate referrals to Physiotherapy. In addition the service will move to Choose and Book by the end of May.

Initiatives have been implemented to reduce waiting times which now stand at an average of 3 weeks from 9 weeks. This has been achieved by a successful recruitment drive including a Team Manager to a third community team. In addition plans are being implemented to increase clinic availability in evenings and additional clinic space at the refurbished Sutton Cottage Hospital site.

The staff Physiotherapy service has been evaluated and proved to be successful. A business case will be submitted through the gateway process to continue and expand the service.

A website is being developed which will be accessible from the Intranet. Included will be links to 5 DVDs aimed to promote self management, health improvement and details of the physiotherapy service including pain and triage services.

As well as new clinics at the cottage, the service will be moving to the Richmond Centre in July and existing clinic space at Warren Farm Health Centre is due to be refurbished in June with the aim of promoting dignity by improving the clinic layout.

Pain Management

Following a 34% increase in Q4 into the back pain service from Q3 following a publicity campaign a business case is to be submitted through the gateway process to increase the service into a full pain service.

The service is now offering 8 week pain management programmes at Sutton Cottage, the Dove and at Partners in Health. Links have been developed with the Health Trainer programme with the aim of promoting self management of symptoms.

Orthopaedic Triage

The Consultant Led Integrated Knee Service (CLIKS) pilot has demonstrated a 99% increase in referrals and a 60% increase overall in referrals to the Triage service. A full business case will be submitted through the gateway process. Additional pathways for the shoulder and back are being worked up by the Integrated Steering group who are exploring the 'as is' and ideal states. The back pathway is likely to be promoted through the pain management service. A pilot on both pathways is due in the summer.

The triage service has improved its access by now having a service based at Sutton Cottage Hospital and will be holding clinics at the Richmond HC once opened in July.

Stroke Services

Following the imminent ratification of the Stroke Strategy, further redesign work on the community stroke services will commence to include a business case to ensure equity of access across the geographical area.

The service was nominated for the Birmingham City Council Best Business Awards for Improving Working Lives for the second a row.

Equipment Loan Service

The service has received funding as part of the Palliative care project ensuring that following assessment, people at the end of their lives will receive the equipment they need within 4 hours.

The ICES manager, Chris Brothwood has been asked to lead on a 6 month project to evaluate the future provision of equipment for activities of Daily Living. This will run alongside a further project evaluating the usage of assistive technology. Both projects are due to report in the late summer. Jules Gregory has been appointed as temporary ICES manager on an interim basis.

3.3 Long Term Conditions

All services have worked up their redesign elements using LEAN approaches and are now in the process of implementing the changes.

Highlights since the previous Directorate report:

Cross Service Developments

There have been a number of pathway developments progressing work across services.

Assistive Technology Adult Community Nursing and COPD services have identified patients who will benefit from the use of tele-health technology working within the wider partnership of the Birmingham Own Health project. Forty three patients are now linked into the service with numbers continuing to rise week on week. Initial outcome evidence is of patients having increased confidence in understanding and managing their respiratory conditions, together with the ability to have telephone or visiting contact within hours of any change in their condition. It is intended that this work will lead to a reduction in unplanned medical admissions to the Acute Sector. Overall the COPD team have continued to develop their community based work across the 6 Practice Based Localities groups. A similar approach is also starting to be developed for Heart Failure patients

End of Life Care Intermediate Care, Adult Nursing and the John Taylor Hospice Services are working in partnership to develop the pathways to enable more patients to receive care in their own homes. This will ensure the skills of the Multi Disciplinary Team work across the whole of Community services and will include a Rapid Response element to avoid inappropriate admissions to Acute Care. Most members of the MDT, GSF and the additional Hospice at Home service elements have been recruited starting in post across Quarter One 2009. The appointment of a Consultant Medical Physician in Palliative Care is being progressed and is now waiting final approval from the Royal College of Physicians.

Other Service Developments

Nutrition and Dietetics have been successful in securing new commissions for diabetes in South Birmingham and Obesity services in Heart of Birmingham and South Birmingham. They have completed the Enteral Feeding Tender, achieving cost efficiencies and additional funding for a team leader position to manage the increasing workload. The

service is still experiencing recruitment issues due to the national shortage of trained staff above Band 5 level. In some areas this is resulting in significant challenges in meeting the wide range of existing contractual requirements but the services are managing by adopting flexible skill mix wherever possible. Recent success in recruiting to 3 different Clinical Specialist Team leader positions has been a further boost to service morale. Overall the service is continuing to be at the forefront of preventative approaches to health care that are key to the successful delivery of the Trust Commissioning Strategies.

Diabetes The team won the Primary Care Poster award at the national Diabetes UK annual conference for their community oral glucose tolerance testing clinics. They have now set up 5 clinics across Birmingham East and North offering early diagnosis of pre-diabetes and type 2 diabetes, along with education and support to prevent or slow down the progress of the condition.

Lymphoedema is an established clinic service operating from John Taylor Hospice site with additional prevention and domiciliary services. A full range of key workers have been trained across Community Nursing, Podiatry and Physiotherapy and routes established to enable generalists maintain their competencies through regular multi professional work shops.

Adult Community Nursing have commenced a Wound Care Local Enhanced Service Clinic service at Sutton Cottage Hospital from the beginning of May, providing service to patients of primary Care practices in the Association of Sutton Practices PBC who have chosen not to undertake the LES.

Coronary Rehabilitation and Heart Failure. The service have integrated and relocated to one site at Church Lane in Kitts Green at the end of March 09. This is already leading to more consistent delivery of service across the whole Birmingham East and North area. The service are working closely with BEN Commissioners to progress redesign work for Heart Failure patients where currently many only receive services within the Acute Sector environment.

4 Cross Directorate Activities

4.1 Shaping Our Future

The April Board report provided a detailed update and status bringing us to Mid April. The timing of this report means additional key deliverables are not yet reportable.

Planning of Phase 3 is now underway and major work will focus on completing the technical separation of the CHS from the Commissioner as 2 parts of the PCT jointly supported by corporate departments. Significantly work on the development of our capability and the transformational aspects of delivering a high quality appropriate set of services and pathways will be a key focus in this next phase

Business Planning

Work has commenced on the operational plan for 2009/10 which will include the outcomes of the Visioning workshop held on 3rd April and run by Vista. The stakeholder event began

to develop the provider focus on the PCT goals which will give direction and focus on the delivery of key objectives both in the short term and in preparation for the longer term. We will be ensuring business as usual service delivery as well as including the requirements of the operational framework and the NHS BEN operational plan. The Shaping Our Future phase 3 milestones will be reflected as well as the redesign of services including the LEAN initiatives plus our improvement activities in line with the recommendations from phase one and phase 2 of Shaping Our Future..

For the first time CHS will also put together a 5 year plan taking us through a period of major change and transformation, being clear on how we move forward strategically and how options will be appraised and delivered upon. We need to plan how we will develop to be able to achieve the ability to compete for business contracts. CHS will need to demonstrate quality, safety, innovation, accessibility and expertise at the front line plus sound business management including marketing, horizon scanning, governance and organisational development to underpin the directorate's vision. Our planning will ensure we can deliver to and meet the requirements of the direction set by commissioners and the DOH guidance to deliver healthcare successfully and to the satisfaction of patients.

4.3 LEAN and achieving benefits

The areas of improvement have now been documented and have delivery milestones with a clear view on benefits realisation following implementation

We are projecting both soft and hard benefits and ensuring methods are in place to demonstrate saved time and resources by removing waste and unnecessary processes resulting in a visible and capturable improvement to the services.

4.4 Community Contract – performance review

As described to the CHS committee the community contract is now in place with significant input from both commissioners and providers. The “tripartite” review group has met and the TOR is being refined to reflect the discussions including the need for a more appropriate name. It was discussed that service specifications contained in the contract were detailed in both the reporting content and frequency requirements and that further work was need to refine the measurements. Work is underway during quarter one to agree the establishment of measures, to be clear on the validity of the data being requested , how it will be used to inform redesign and to understand outcomes for patients. It has been recognised that some measurements could be combined and be reported at directorate level. This will require systems to be developed to deliver the data in a meaningful and timely manner.. We expect some refinement will result in an agreed implementation plan There could be some overlap with data which will be used to the support operational management of services but clarity is needed to identify what is needed operationally and what commissioners need to understand outcome achievements. It was noted how much positive progress and co-operation has been evident in reaching this stage in a really short timeframe. It was also recognised there is additional work needed to mature our approaches for commissioner , provider and corporate teams.

At the contract management level a much smaller and defined set of performance criteria will be developed to report on and will be discussed in detail at a quarterly meeting. The scale and value of the Community Contract verses the contract with HEFT was debated. It was agreed that key indicators were financial performance, review against national standards and measurable quality outcomes with an exception reporting approach to be utilised. Existing reporting mechanisms for example on Clinical Quality and safety matters and achievement of core standards should be considered and used where possible to use

one valid measure for many purposes. Loading evidence via Performance Accelerator was also a mechanism which will support ease of reporting the right information at the right level.

4.5 Corporate Services SLA

This has been developed and signed off. Once again significant effort has resulted in the SLA being delivered on time. The baseline is in place and will be developed further as the services better understand the size and content of what they deliver for each of their internal clients. Moving forward with the community services agenda and the World class commissioning agenda will also impact on requirements. Full understanding of corporate costs will ensure the VFM of the community services is better evidenced and robustly analysed.

Overall Community Health Services are looking forward to a year of change, improvement and developing our business abilities so we can compete in a challenging marketplace.