

QUARTERLY REPORT
COMMUNITY HEALTH SERVICES COMMITTEE
DECEMBER 2009

ACHIEVEMENTS IN THE LAST QUARTER

1. Transforming Community Services (TCS)

1.1. In November 2009 Community Health Services (CHS) submitted the required status reports in relation to the Transforming Community Services to the PCT Board and the West Midlands SHA. CHS were able to confirm achievement of Business Readiness to the required level for a Direct Provider Organisation within the PCT. A balanced approach was taken to ensure the ability to evidence separate management, finances and governance of CHS was achieved, this was achieved whilst sensibly prioritising financial investment to essential areas. The PCT was conscious at this stage in the transformational journey, that organisational configuration had not yet been analysed and presented for a board decision and that early thinking was predicting a number of potential destinations and configurations of services.

1.2 The current phase of the Transforming Community Services “Shaping our future” programme focuses upon developing 7 service offerings for future delivery of CHS services:

- Children and Families
- Urgent Care
- End of Life Care
- Rehabilitation
- Musculoskeletal
- Chronic Disease management
- Care management

1.2.1 These are being established in line with the managed care pathways outlined in the October 2009 BEN Community Services Market Analysis Commissioning Strategy. This strategy also explores the integration possibilities which could improve performance; vital considerations to incorporate in terms of the future configuration of the organisational structure of services.

1.3 CHS has created a portfolio for each care pathway service offering to clearly explain our current contribution, approaches and achievements. They recognise that CHS are already major contributors to pathways and are developing service design and supporting processes to transform services in this context.

- 1.4 The service offering development workshops, run in November and December, have confirmed the purpose and overall objectives for each offering. Importantly CHS has also identified common frameworks and key opportunities for further redesign within & across offerings using lean principles, and the Prime Programme Typologies. Designs will ensure Quality, Innovation, Prevention, Performance and Partnership are fully incorporated and enabled to deliver a positive outcome and patient experience. This will lead to appropriate streamlined integrated approaches to delivery of different managed care pathways. Common themes identified for further work include the removal of overlaps and disconnections in communications, the potential for introducing a single point of access, strengthened patient focus, improved skill sets, integrated pathways and appropriate supportive ICT systems.
- 1.5 Work has commenced on costing the offerings, having identified the proportions of each current professional service workload. This requires identification of common methodologies (where possible using PAS snow med codes) and agreed currencies for each service offering component. It will be a major challenge for CHS to work up as this is the first time this approach has been used and there are no currently agreed community services currencies other than shadow reference costs that as currently designed are a fairly blunt tool.
- 1.6 These developments will enable the Trust to establish appropriate ways forward for each service offering group as required by the TCS and WMSHA agendas.

It will also enable CHS to be able to respond to commissioners when, as individual PCTs or in a PAN Birmingham context, pathways are reviewed or put out to the market. We will have a good understanding of what we can offer.

2. **Monthly CHS Committee Updates**

Submitted separately.

3. **Swine Flu**

CHS continue to support the Trust programme in a number of areas.

3.1 **ACP Tami Flu delivery centre**

CHS lead the operational management of the centre at Richmond Health Centre. Numbers of patients dropped significantly through end of July and August from a peak of 350 patients per week down to 120 per week, rising from mid September to 200 per week and numbers have remained steady since this date. Opening hours have been adjusted overtime to best meet patient flows; the centre operates 7 days per week and is envisaged to continue until end of March 2010.

Delivery has been achieved through a mixture of staff released in work hours from all Trust directorates with support from a bank of trained issuers and greeters and via volunteers paid overtime at weekends / bank holidays.

3.2 **Housebound Vaccinations Team**

CHS have established a small team within Adult Community Nursing to deliver vaccinations to housebound patients, identified by GPs, who were not known to the District Nursing service, in addition to providing the vaccinations for all known housebound at risk patients. This work is being absorbed within existing contracts. It is hoped it will be complete by early January but lists have not yet been received from all practices to confirm the overall size of the requirement.

3.3 **Continuity Plans**

CHS have business continuity plans in place in event of a further escalation of the pandemic, which would prioritise pandemic and the most essential work. Should it become necessary to instigate these plans and move through the severity levels this will be done in agreement with the PCT and the WMSHA It will include agreement with BEN Commissioners to renegotiate activity delivery targets in the Multi Lateral Community Contract if required. CHS are awaiting pending national announcements on vaccination programmes for school age children.

4. **Performance**

- 4.1 **Activity against the Multi Lateral Contract** has increased significantly throughout Quarter Two, with overall rises for total CHS activity for BEN and other PCTs. (Appendix One attached)
- 4.2 **Data Quality.** Significant progress has also been made in improving data quality particularly for a number of services who have experienced difficulties with their start up phase moving onto the Community Patient Activity System, in particular at John Taylor Hospice, Pain Management and Nutrition & Dietetics. Further work is underway in Diabetes, Coronary Heart Disease, Falls and Stroke.
- 4.3 **Patient Activity System (PAS) delivery.** Intermediate Care services are all now live on PAS; business change and training are in hand for the orthopaedic triage service which will be the last service to go live in January 2010.
- 4.4 **Performance Scorecards** for Activity and Clinical Performance measures & targets have been developed with BEN Performance Directorate. Initial results are encouraging, although work is required to improve performance on some of the data quality targets in particular.

4.5.1 **18 weeks target** Refinement work has been undertaken in particular for Pain Management following discovery of a reporting problem. It has been rectified and assurance processes established to prevent reoccurrence. In addition the monthly 18 week processes are being established for all CHS services who deliver services through planned referrals. Training is being commenced for the PAS refinements required to report against this target. This work should be completed by March 2010.

5.1 **Clinical Quality & Safety**

5.1 **Standards for Better Health** evidence is completed and compliance being declared on all standards on 7th December.

5.2 **NHSLA assessment.** Progress is being made preparing for the March 2010 assessment, with a pre-assessment in January 2010 to check out readiness. An action plan has been established to support the CHS project group to ensure compliance for the final assessment.

5.3 **CQUIN** Main achievements in quarter two include signing off the Productivity Improvement Programme CQUIN. This includes the use of benchmarking, service line economics and the time to care programme in Adult Community Nursing. We have also met the Service User Engagement Provider Arm (SUEPA) CQUIN with very strong patient satisfaction results achieved across all 11 services surveyed. The quality comments received are also proving very helpful in informing service delivery and redesign aspects identified by the services.

5.4 **The Clinical Audit programme** is in hand across all services.

5.5 **Incident reporting.** Significant improvements have been made in reporting on and learning from incident reporting.

6. **Children & Families**

The school nursing service is working in partnership with RL-UK to develop children and young persons service user engagement tool (SUEPA). The aim of the work, which will be completed by 31st March 2010 is to develop measures of the quality of healthcare services, as experienced by children & Young People(C&YP) 7-14 years. The 10 NHS BENPCT Health Typologies are being utilised to derive a representative sample of C&YP whose views and experiences will be used to design a number of quality service measures (QSM). The QSM will be designed and validated by groups of C&YP themselves and represent the experiences and understandings that they wish to communicate to adults.

7. Washwood Heath Urgent Care Centre

- 7.1 Building on the success of Warren Farm Urgent Care, Community Health services has been commissioned to open a second urgent care centre based in Washwood Heath providing a service to local people in a more convenient, appropriate care setting.

Urgent Care Centres in primary care provide an opportunity to improve the provision of healthcare services within the PCT by managing urgent care needs that are most appropriately managed in primary care outside of an A&E department.

The service will open on the 14th December 2009 and will build its opening hours, and capacity to fulfil demand. Recruitment is continuing to meet the anticipated forecast demand.

8. Enhanced Community units

- 8.1 The aim is to provide a community based service to reduce the amount of people entering long term care from an acute bed. Based on the Berwood Court project of winter 2008/09 which achieved 43% of people returning to their own home. This 12 month programme will be fully evaluated at month 5 to determine whether the programme will be extended
- 8.2 Two units were opened on the 28th September located at ward 3 Good Hope Hospital and Ward 29 at Heartlands. This has increased the bed capacity in the community by a further 51 beds to provide a place where a comprehensive multi professional and multi agency assessment can take place.
- 8.3 The service will compliment the existing intermediate care beds and replace interim placements. It is a joint programme funded by NHS BEN and BCC via the mainstreamed reimbursement fund aimed to reduce delayed transfer of care. Within the first few weeks of operation the situation report on delayed transfer of care has shown an initial level of success with a decrease to below the target level.

9. Awards

- 9.1 The Community Diabetes services were the runners up in the "Innovation in your specialty" Nursing Times award for the Oral Glucose Tolerance Testing programme in November 2009.
- 9.2 Intermediate Care Services supported the Corporate Education and Training Team who were finalists in the HSJ "Workforce" award using the expansion of Intermediate Care services as an example of innovative recruitment and development programme.

9.3 The Pain Management Service is in a shortlist of 3 for a NAPPA award with result pending.

10. Risks

10.1 Swine Flu

The pending announcement on vaccination programme delivery to all school age children could have a significant impact on CHS delivery overall, particularly in the relative small School Nursing service. Business continuity plans are in place to meet this demand.

10.2 Health visiting capacity

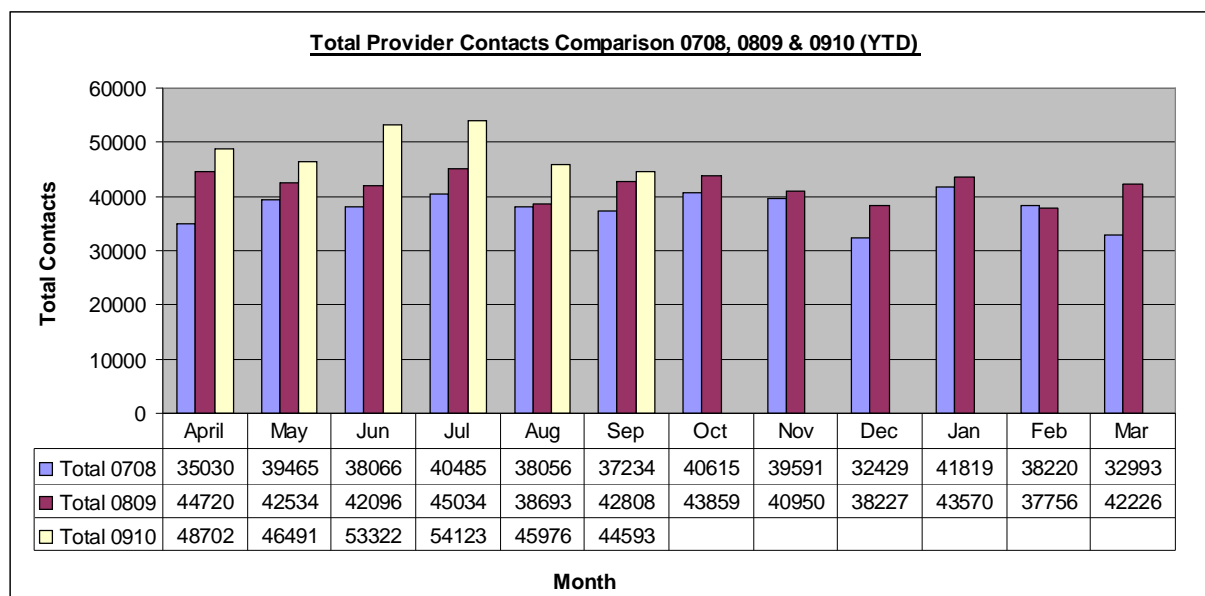
The service has 24% vacancy rate as at beginning of December 2009. National advertisement programmes have been successful in recruiting 4 qualified HVs from outside the service: CHS have increased the numbers sent on HV training and the numbers of HVs training as clinical practice teachers. Skill mix and competencies have been increased across the service. Advertisements are in place to recruit to the Head of Service vacancy.

10. Recommendations

The report is noted.

Appendix One

Total Community Health Service Activity



The total number of contacts carried out by month for all CH Services is compared to total activity for the two previous years (0708 and 0809.)

For Quarter 1 & 2 overall activity levels are consistent or higher than both of the previous two years. Monthly totals have shown further increases as backlogs of information, resolved due to data quality exercises, have been inputted.

If Q2 0910 data is pro-rated to 12 months, the projected total activity carried out by all CH services for the current year is forecasted to be 586,414.

As of 21st April 2009, the total number of contacts for the financial year 0809 was 502,473. Compared to the 0708 year's total of 454,003, CHS saw an increase in the number of contacts carried out for PAS using services of almost 10% for 0809 on the previous year. If the current projected activity total for 09/10 of 586,414 proves to be accurate, this will mean an increase of at least 15%. This percentage does not include contact information for services who are not currently using PAS (2 small services) or who have contacts recorded for parts of the year prior to going live with the system to record activity (4 services).

We have introduced some new services in 2009/10, existing services have worked on continuous improvement using lean techniques to improve productivity and are also illustrating better evidence of activity. The importance of activity data has been stressed and procedurally reinforced, therefore the accuracy and timeliness of input has improved to ensure we have a realistic understanding of the achievements of teams, and the cost of service in 2009/10.