

14 November, 2013

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Community Services Update report

Ward(s) All

Portfolios: Councillor B McCracken – Social Care and Health
Councillor Z Ali – Public Health & Protection

1. Executive Summary:

- 1.1 This report outlines the commissioning arrangements for community services in Walsall. The report will identify the services commissioned, contractual monitoring arrangements in place and will also discuss the ongoing work in respect of strategic transformation and redesign underway across community services.

2. Reason for scrutiny:

- 2.2 Scrutiny have requested an update on the contract and performance management of the current community contract.

3. Recommendations:

The scrutiny committee is recommended to:

- 3.1 *Discuss and confirm understanding of community services commissioning and provider arrangements.*
3.2 *Note the content of the report.*

4. Background

- 4.1 Following the national implementation of Transforming Community Services in 2010, the majority of community services are now under the responsibility of Walsall Healthcare Trust for provision. The model for this delivery is through an integrated approach to healthcare delivery. In addition community mental health services are provided by Dudley and Walsall Mental Health Trust and Learning Disability services are provided by Black Country Partnership Foundation Trust.
- 4.2 Walsall CCG, is the lead commissioner for the majority of these services, with Learning Disability Services contract value of £8.6 million and a contract value of £26 million for those services delivered by Walsall Health Care Trust (WHT). In addition some community services e.g.: falls prevention programme, Healthy eating programme are commissioned by Public Health

or NHS England. There are some specialised commissioned services e.g.: CAMHs tier 4 commissioned via Area Teams in NHS England.

- 4.3 The main contracted services ie: those provided by WHT are currently commissioned via a 'block contract' arrangement, with defined service lines aligned to service specifications making up the majority of the contract. However, as these services are provided through the integrated healthcare trust, current and future commissioning arrangements will be taking account of this going forward and will therefore change to alternative arrangements eg: cost and volume contracts, pathways of care as appropriate.

These service lines are currently defined as:

5. Provider Services

Audiology	Commissioned through Walsall CCG although National screening element comes under Public Health England
Bereavement Service	Provided by Walsall Bereavement Service.
Child Development Service	Including community specialist services, child development centre.
Clinical Psychology Clinical Health	Working with patients at end of life or those patients with life changing events eg: stroke
Continuing Healthcare Team	3 x Band 6 Registered General Nurses - Responsible for CHC/FNC assessments and reviews in & out of Walsall borough. Case management for all older people who meet CHC criteria including care packages and safeguarding. Dudley & Walsall Mental Health Trust 2 x Band 6 Registered Mental Nurses – One for older people & one for younger people responsible for CHC/FNC assessments & reviews in & out of Walsall borough.
Community Oncology	Administering chemotherapy in the community.
Community Children's services	Including Health visiting, School Health Advisors, community paediatric nursing team.
Community Matron service	Aligned to Community nursing strategy
Continence consumables	Sub contracted and managed by WHT, in line with continence specialist team
Continence Team	Specialist advice and support for patients with specialist continence needs
COPD Team	Community team, with specific reference to patients with COPD diagnosis, managing exacerbations of COPD, prevention of inappropriate hospital admission.
Day Hospice	Aligned to palliative care strategy, based at St Giles Hospice.
Diabetic specialist nursing	Specialist nursing team, supporting

	community practitioners in the management of diabetes.
District Nursing	Community nursing model now in operation, x 9 teams aligned to GPs across localities.
Haemoglobinopathy	Sickle cell and thalassemia management
Health Transition Case Managers	Working with children's teams.
Intermediate Care	Hospital avoidance team providing additional support for community step up arrangements through enhanced clinical delivery eg: DVT pathway, IV therapy pathway at home. Supporting step down arrangements for patients discharged from hospital, through bed based services eg: Holly bank or at home services.
Looked After Children	Health related service in line with children's services.
Lymphodema	Providing specialist nurse clinic and home based treatment for patients with lymphodemea
Community Palliative Care specialists	Specialist nurses and consultant providing pain, symptom control and specialist intervention, in line with community nurses for patients at the end of life.
Paediatrics	Community paediatricians
Palliative care	Hospice provision, palliative care consultant support, in line with palliative care strategy.
Physio Paeds	Community based service
Physio Wheelchairs	
Physiotherapy	To include Muscular skeletal community services, Falls prevention and bone health services.
Podiatry	Community based service.
Podiatric Surgery	
Self Care Management Programmes	Expert patient programme.
Stroke Services / Neuro Community Rehab/ Falls Team	Community, bed based and day case patients.
TB, HIV	Testing, treatment and monitoring service.
Tissue Viability	Specialist service aligned with community nursing service, to include leg ulcer management, pressure ulcer prevention, teaching to care homes.

6. Contract Management and Performance Management

- 6.1 The central role of the CCG is to ensure that all of the services commissioned consistently maintain the required standards in terms of the quality of care they provide to patients. To do this, the CCG has refreshed its quality strategy to ensure an enhanced approach to quality assurance over the course of the year and additionally act to implement the recommendations included in the reports on the Mid Staffordshire Foundation Trust, Keogh and Winterbourne View Hospital.

- 6.2 Monthly quality review meetings with the provider consider a range of quality outcomes, including monthly review of clinical outcomes, workforce indicators and analysis and review of serious incidents. There are regular standing agenda items with regards to a range of quality and performance outcomes and reports from providers are provided and scrutinised monthly.
- 6.3 In addition to the formal quality monitoring meetings the CCG also engages in a range of quality monitoring activities, these include: peer reviews of pathways, functions and services, with the most recent review undertaken with West Midlands Quality review Team reviewing the range of services for patients with a long term condition. Unannounced and announced visits to services are undertaken regularly, this includes appreciative enquiries with a recent enquiry focussed on the work of intermediate care team. A range of intelligence gathering, including patient and carer experiences is also used to inform commissioner intelligence. A recent patient story received at Safety, Quality and Performance Committee concerned the care of a patient in the receipt of intermediate care services.
- 6.4 Performance is also a monthly agenda item for the meeting and this provides an opportunity to review a range of performance indicators specifically in respect of community services e.g.: Genito Urinary Medicine access times, urgent District Nurse response, community equipment store response times. The monthly contract review meeting enables the CCG to review the contractual requirements and measures of the community contract, report on performance and be advised of any contractual breaches or issues.

Strategy

- 7.1 The CCG is committed to a range of Strategic Transformation and Redesign (STaR) working groups, all of which report into an overall programme board and ultimately Improving Outcomes Board, a sub group of the governing body. The CCG is also committed to additional growth and investment in community services, investing an additional £1.5 million pounds this year 2013/14 and ensuring services are delivered closer to home across a range of pathways and pushing the boundaries for provision through enhanced clinical provision for a higher acuity of patients. The work of the community services STaR is chaired by the lead nurse, with representation from primary care, community provider representatives, social care and ley governing body members.
- 7.2 Through an integrated strategy for primary and community services the focus of this group is to consider current community provision: ensuring current delivery is in line with requirements, identify opportunities for Integrated Care: ensuring there is high quality integrated care for identified groups (such as those people with long term conditions, the frail elderly and people with long term mental health problems) and that providers (health and social care) are working together, with the patient at the centre, enabling people to remain active, well and supported in their own homes wherever possible.
- 7.3 Challenges to be addressed through the work of the STaR include:

- Realisation of benefits since Transforming Community Services in terms of the shift of investment in community services ie: alternative modes of commissioning, maximising the opportunities an integrated provider supports.
- Ensuring community services are fit to proactively manage demand management ie: reducing avoidable admissions.
- The development of a range of community services to meet the current and future health needs of local people delivering good experiences of care and the best possible outcomes, ensuring capacity of the current system and resilience in the face of growing challenges (winter pressures, increasing frail elderly population) – Revised community nursing model in place, with additional £1 million investment from CCG, go live 4th November.
- Specialist training to enable community staff, particularly nursing staff is decreasing.
- Review of historical commissioning tools and levers e.g.: block contract arrangements, outcome indicators, to ensure more fit for purpose.


7.4 A recent pioneer bid submitted by WHT, CCG, DWMHT and Walsall Council to support integrated working models was unsuccessful, however, all organisations are committed to the principles of integrated working and are currently undertaking a collaborative approach to integrate intermediate care services. It is anticipated that this will be the first of other integrated initiatives going forward.

- **Summary**

8.1 The changing landscape of the NHS has meant a variety of changes for the way services are commissioned and provided, none more than community services. The complexity and interdependency of community services provides opportunities to explore and maximise new ways of working, including maximising the integrated approaches to provision both across health and social care.

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