

# Community Health Services in Walsall

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Chief Executive

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*Welcomed*

*In safe hands*

# Background

- Walsall's community health services combined with Walsall Hospitals NHS Trust to form Walsall Healthcare NHS Trust as part of the national Transforming Community Services programme in April 2011.
- Walsall Healthcare was established to deliver of integrated hospital and community health services working with GPs, social care and mental health services.
- The majority of community services are contracted by the CCG, some by NHS England (eg health visiting) and some by Walsall Council (eg Lifestyle Services).
- We have c. 1,000 community staff – about 25% of our total headcount.
- We spend c. £35m delivering community services.
- The majority of our community services are Walsall-based but we also run community Stroke services for South Staffordshire.

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# Our Community Services

- We operate the full range of community health services for adults and children including:
  - Community nursing services – 9 locality teams serving the borough.
  - Specialist community teams for long-term conditions – including heart failure, respiratory and diabetes.
  - Intermediate care team – supporting rehabilitation and hospital discharge including Hollybank and Richmond Hall and providing rapid response nursing to avoid admissions.
  - Community children’s services – health visiting, school nursing, health service support for children looked after or on the child protection register.
  - Lifestyle services – health promotion and health trainer services.
  - Community palliative care – based at Goscote Palliative Care Centre.

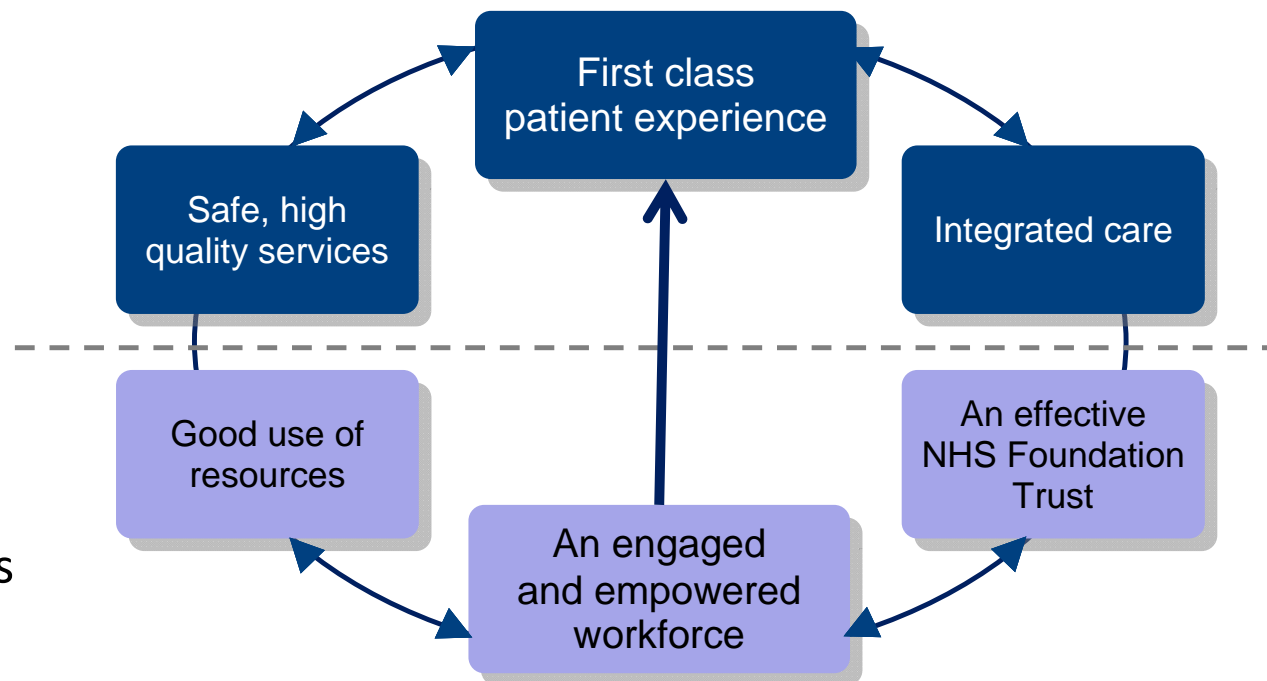
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# Community Services and Trust Strategy

- The Trust’s vision *“first class integrated care in the right place at the right time”* and our 6 strategic objectives apply to hospital and community services.
- The following pages sets out the community issues for each objective.



# Community Services Strategy & Issues

## 1. First Class Patient Experience

- Consistently good feedback from patients about community teams.
- Concerns usually about interface between hospital and community (e.g. discharge).
- Rolling our Friends & Family Test approach to gathering feedback to community from early 2014.

## 2. Safe, High Quality Services

- Improving measures of quality of care in the community: pressure ulcers, leg ulcer healing rates.
- Improving performance on child safeguarding measures identified by OfSTED: staff training and health assessments.
- Working on ensuring sufficient capacity to reduce cancellation of appointments.
- Palliative care team supporting more patients at home at end of life.

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# Community Services Strategy & Issues

## 3. Integrated Care

- £1.5m recent investment by CCG to provide extra rapid response and “wrap around” support.
- New regular meetings with GPs to focus on vulnerable patients.
- Joint agenda with council and CCG including
  - integrated intermediate care service
  - joined-up community health and social care teams
  - better support for nursing homes.

## 4. Engaged & Empowered Workforce

- Integrated operational structure – all divisions manage teams in hospital and community.
- Community team approach provides learning for hospital colleagues.
- “Colleague Connect” approach applied to community as well as hospital.

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# Community Services Strategy & Issues

## 5. Good Use of Resources

- Community teams contributing to trust efficiency – reference costs reducing.
- Further community cost-improvements include:
  - Skill-mix reviews.
  - Integrated of teams across hospital and community.
  - Using technology to improve productivity.

## 6. An Effective NHS Foundation Trust

- Integrated service model is at heart of our FT business plan.
- Integrated IT for hospital and community from March 2013 (Lorenzo).
- Testing mobile working for community teams from 2014.

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# Community Services: Risks

- Community capacity to meet demand – community services block contract relatively inflexible as demand increases.
- Potential competition – integrated model harder to deliver if services are lost to other potential competitors.
- Safeguarding – ensuring highest standards of safeguarding for both children and adults across a very diverse population with significant needs.
- Delivery of integrated models of care – ensuring delivery of integrated approach including working differently with social care, primary care and mental health quickly enough to meet demand.
- Recruitment in some key services – ensuring sufficient staff in some key areas (e.g. health visiting).

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# Community Services: Priorities

1. *Improving Support on Discharge from Hospital and Reducing Admissions* – increased hospital emergency demand reinforces a need for a step-change in community provision (supported by recent CCG investment).
2. *Quality and Safety* – continuing to improve on key measures (e.g. pressure ulcers) and developing a wider range of measures of effectiveness (e.g. reduced readmissions, reduced “frequent flyers”).
3. *Integration* – working more closely with primary care and social care to shift care to the community.
4. *Increasing Productivity* – supporting teams with new technology to improve community productivity.
5. *Extending Prevention* – increasing the range and coverage of the preventative services delivered by the Lifestyles Team.

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