Health and Wellbeing Board

21st June 2013

Review of NHS Community Services



Report of Mike Taylor, Chief Finance and Operating Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group / Nicola Bailey, Chief Operating Officer, North Durham Clinical Commissioning Group

Purpose of Report

- 1. To provide the Health and Wellbeing Board with a high level summary update, on the development of the Health and Wellbeing Board and Clinical Programme Board subgroup for Community Services and Care Closer to Home. This update will summarise progress so far along with next steps for the sub group.
- 2. To propose a mechanism and frequency for reporting back to the Health and Wellbeing Board with updates for all Clinical Programme Board sub groups.

Structure

- 3. The Community Services and Intermediate Care Clinical Programme Board sub group was established on agreement by the County Durham and Darlington Clinical Programme Board. It was agreed that this sub-group should be merged with the Care Closer to Home Group, of which the Terms of Reference were under review.
- 4. This newly formed group will become the Community Services and Care Closer to Home Group. This group will be a sub group of both the Health and Wellbeing Board and the Clinical Programme Board. Proposed representation of this group is as follows:
 - NHS Foundation Trusts Tees, Esk and Wear Valley, County Durham and Darlington, North Tees and Hartlepool, City Hospitals Sunderland
 - CCGs (Darlington, DDES, North Durham)
 - Local Authority County Durham, Darlington
 - Primary Care Commissioning (NHS England Area Team)
 - Healthwatch County Durham and Healthwatch Darlington
 - North East Commissioning Support (NECS)
 - 3rd Sector representation
- 5. The first meeting of the Community Services and Care Closer to Home Group was on 12 June 2013.
- 6. The purpose of the Community Services and Care Closer to Home Group is to ensure a partnership focused approach to manage and coordinate the review.

development and delivery of local patient community based health and intermediate care services.

Progress

- 7. A 'Current State' report was written to give a brief overview of community services/intermediate care provision in County Durham and Darlington and to highlight initiatives identified by Darlington, Durham Dales, Easington and Sedgefield and North Durham CCGs in relation to improving community services and intermediate care within their localities and at a wider level.
- 8. Commissioning work plans for 2013/14 from the three County Durham and Darlington CCGs were categorised and aligned to the community contract service lines.
- 9. Further analysis on the community contract service specifications have been carried out to group associated services into broader service areas e.g. Cardiovascular Disease, Respiratory, etc. The measurable outcomes for each service area have been identified where possible, and reviews of the outcomes recommended as required.
- 10. A survey of GP practices in County Durham and Darlington to obtain their views of the district nursing service was carried out in 2012 and 2013. The results of the 2013 survey show improvements in all comparable questions including that:
 - The district nursing service works well for my patients
 - The district nursing service works well for me and my practice
 - I am clear what treatment and care that district nurses can offer my patients
 - I am clear what treatment and care that community matrons can offer my patients
- 11. A review of district nursing patients in County Durham and Darlington was also carried out in 2012 and 2013. The results show high levels of patient satisfaction within the service.
- 12. The CCG leads and the Community Services and Care Closer to Home Group Clinical Director agreed and carried out an initial process to ensure engagement with the staff. A series of seven sessions were held across the county between 17th and 31st May 2013. Feedback received will be incorporated into the overall review. Areas to note are:
 - Focus on Quality
 - Mobile Working
 - Integration
 - 7/7 Services
- 13. Peopletoo were jointly commissioned by County Durham and Darlington NHS Foundation Trust through the Community Services and Care Closer to Home Group to undertake an independent, high level evaluation of existing intermediate care services. They engaged with a range of stakeholders from CCGs, Durham County Council, County Durham and Darlington NHS Foundation Trust and GPs

to develop an outline business case for a proposed operating model to deliver intermediate care services in County Durham, which would meet the needs of key stakeholder groups. The outline business case highlights issues and limitations of current intermediate care services that were communicated by stakeholders and outlines a new model of service delivery that is agreed by all the organisations involved. As a result a detailed business case for the implementation of this model is being developed, this work is expected to be completed by September 2013.

Next Steps

- 14. The CCGs have identified several priority areas within the list of contracted services which mainly impact upon urgent care, intermediate care and community nursing. The Community Services and Care Closer to Home group will be setting up criteria for review and stakeholders required to progress this work.
- 15. Part of the review will consider models of care and service specifications from other areas to identify and incorporate best practice into the current commissioned services or to inform future services. An example of which is the IMProVE (Integrated Management and Proactive care for the Vulnerable and Elderly) project being implemented by South Tees CCG in partnership with South Tees Foundation Trust which focuses community services on delivering and improving outcomes on patient care.

Recommendations

16. It is recommended that the Health and Wellbeing Board note the contents of this report and agree to receive future updates.

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Appendix 1 - Implications

Finance – Implications for budgets need to be considered as part of the review.

Staffing – Relevant NHS staff will need to considered as part of the review

Risk – Risks will be managed as part of the review.

Equality and Diversity / Public Sector Equality Duty: There are no implications to equality and diversity

Accommodation: This report has no implications on accommodation.

Crime and Disorder: Not applicable

Human Rights: This report has no implications on human rights.

Consultation: Public and patient engagement and wider stakeholder feedback is

part of this process.

Procurement: Not applicable

Disability Issues: Not applicable

Legal Implications – No implications