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Transforming Community Services

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Context……Externalisation

- Agreed ‘hosting’ arrangements from November 2008 to March 2010
- SLA’s for all community services excluding Health Trainers and Facilitators (Smoking Cessation)
- March 2009 – community contract agreed with minimal change
- Range of projects providing additional services/capacity **during 2009**

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Context…….Co-dependencies

- JSNA, public feedback
- Momentum: Pathways to Healthcare and OVOF
- Teeswide reviews – sexual health/CASH
- PBC reviews
- Ongoing work of LITs/planning groups
- Examples of good practice/evidence based (MOM)
- National policy – Transforming Community Services

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Service Reviews

Process

- Task force in place: Sept 08
- Reviews carried out: Sept-Dec 08
- Review objectives:
  - Determine whether services are meeting the strategic objectives for the organization
  - Assess whether the service effectively meets the needs/preferences of the service user
  - Evaluate the quality, value for money and performance of services
  - Assess the extent to which continuous improvement is taking place
  - Risk assess services to inform the future level of monitoring
- Data capture/triangulation
- PID for spec development: Jan 09

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Service reviews continued…..

Content

- Child Protection
- Health Visiting
- SALT
- School Nursing
- CHD Services
- Continence Services
- Sexual Health/CASH
- MacMillan Services
- Specialist Diabetic Nursing Service
- North of Tees Retinal Screening Programme
- Diabetic One Stop Shop (Hartlepool)
- Prison Nursing Service
- District Nurses
- Intermediate Care (Rapid Response)

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Service Specifications

- TCS – service groupings
- Pathway descriptions
- Outcome focused
- Inclusive of self care, health improvement, care closer to home
- Quality indicators and performance standards

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Long Term Conditions ▪Respiratory (including asthma, COPD) ▪CHD including rehab*, heart failure and arrhythmia*, ▪Diabetes – adult and children, podiatry and screening*	**Services for Children & Families*** ▪Safeguarding children ▪Speech and language therapy ▪Child Health Promotion (Pregnancy to 19 years)	**End of Life** ▪End of Life
Health & Well Being ▪Contraception and Sexual Health* ▪Smoking Cessation	**Acute Services Closer to Home** •Continence ▪ENT ▪MSK including minor limb and podiatric assessment and surgery ▪Plastics including tissue viability ▪Urgent care	**Rehabilitation & Long Term Neurological Conditions** ▪Stroke including rehab, speech and language therapy

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Objectives - Diabetes

- Promote better partnership between people with diabetes and their healthcare professionals when planning and agreeing their care
- Co-ordinate a diabetes pathway from diagnosis to long term management
- Optimise the quality of life for those living with or caring for those with diabetes
- Provision of a more local service to suit the needs of the patient and carers
- Educate and empower patients/carers/families and promote effective self management
- Address NSF, NICE and local standards and legislation relating to diabetes
- Deliver services closer to home in line with Momentum, Pathways to Health Care Programme

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Diabetes - Expected Outcomes

- Evidence of implementation of NSF/best practice guidelines
- Care will be closer to home and people of the area will make fewer trips to hospital
- Early detection of patients with deteriorating or unstable conditions
- Increased surveillance of patients with known health risks
- Reduced number of and frequency of crisis episodes experienced by patients with known health risks
- Shorter periods of acute hospitalisation for patients with chronic disease or known health risks
- A reduction in the number of patients unfit for surgery on the day
- Improvement in people's understanding of their illness and its treatment; increasing the number of people with diabetes attending patient education courses
- People will feel more psychologically and emotionally supported;
- Improvement in the number of people making successful beneficial lifestyles changes; and
- Making the transition back to a full and as normal a life as possible.
- Improved patient experience as patients experience a seamless, co-ordinated journey through the health and social care system
- Defined role for specialist teams – staff feel their skills are being used more appropriately – improved opportunities to develop career, improved recruitment and retention, increase in staff completing accredited courses, reduction in sickness absence rates
- Improved data and analysis around diabetes
- Provide value for money

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Example Specification - Diabetes

Service model

- There are four key levels within the service model:
- **Level 1** Management by a general practice team
- **Level 2** Management by a specialist diabetes team in the community
- **Level 2 plus** Management by a specialist consultant within the community to include consultant clinics
- **Level 3** Acute management within secondary care

- In order for the minimum standard for diabetes management to be maintained it is expected that the following principles are adhered to for all levels:
  - There is a co-ordinator who has overall responsibility for each level of service
  - There is a core team of professionally qualified staff with appropriate skills and competencies to deliver the service
  - There is a standardised assessment of individual patient needs at all points of delivery
  - All patients who meet the referral criteria will have equal access to services
  - All services will share and collate patient information and provide required service information/measures to commissioners

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Benefits

- Equitable services focused on the user/patient
- Reduced variation in service delivery across North of Tees
- Improved patient experience based upon defined quality evidence based outcomes
- Delivery of outcome driven service specifications, which will drive improvements in quality and innovation.
- Services will be procured around pathways rather than professional groups – greater integration of community teams – reduce the risk of duplicating roles
- Allows providers to be more creative in terms of skill mix, ensuring high quality care
- Achieve efficiency through outcome driven service specifications

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Timescales

- HSD – Draft Service model completed August 2009
- September market engagement event
- Board briefing session September 09
- Board and TSPB approval September 09
- Finalisation of model performance standards, costing, etc. in preparation for market testing complete October 2009
- Invitation to negotiate End November 09
- Contract signing July 10
- Contract mobilised February 11