Adult Community Health Services & Long Term Conditions Division
Supporting people to remain at home

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Context

• Merger with Blackpool Teaching Hospitals – April 2012
• Brings together community services from Blackpool and North Lancashire (Fylde & Wyre and Lancaster) with BTH services
• Split adults and children’s community services provision
• New Divisions became operational April 2013
• The Adult /LTC division has almost 1500 community and hospital based staff
• Provide services from locations across Blackpool, Fylde, Wyre and North Lancashire
• January 2014 brought together with other clinical divisions under the Director of Operations
Overview

- Wide range of services
- Large geographical area
- Two large acute hospitals
- 1470 staff
- £55million budget
- Multiple commissioners / contracts
- Partnerships/Integrated services
- Divisional structure
  - Community Nursing & Rehabilitation
  - Therapies
  - Specialist Services
  - Mental Health & Learning Disability
Priorities

- Improve outcomes and experience for patients and carers
- Care for people safely at home and reduce avoidable admissions
- Work in partnership with other agencies to deliver integrated care
- Implement an electronic patient record
- Keep within financial plan & deliver CIP
- Deliver all contractual KPIs and Quality indicators
- Implement a full programme of mock CQC visits across all services and share the learning to improve quality and safety
- Continuous improvement of services & better use of technology
- Introduce and improve performance against nursing care indicators
- Introduce 7-day working and extended hours where appropriate
- Reduce staff sickness absence rates
## Divisional Objectives 2014/15

<table>
<thead>
<tr>
<th>Divisional Objectives</th>
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<tr>
<td>To work in partnership with CCGs, primary and secondary care colleagues to deliver new integrated models of community and primary care.</td>
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<td>Deliver innovative and integrated care close to home which improves health and wellbeing and supports independence and self-management.</td>
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<td>Implement an electronic patient record to improve patient care and enhance communication and integration with primary care.</td>
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<td>Pilot the use of assistive technologies to safely monitor patients at home.</td>
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<td>Work with commissioners to develop and redesign services to meet local needs.</td>
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<td>Develop and implement new and innovative schemes that provide an alternative to hospital for patients with long term conditions and frail elderly.</td>
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<td>Implement the recommendations of the review into the Hospital Discharge Team.</td>
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<td>Continue to develop and expand schemes that have proven to reduce unplanned hospital admissions.</td>
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<td>Provide targeted interventions for patients at high risk of admission and readmission and long lengths of stay.</td>
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<td>Involve community matrons in the hospital care of their patients.</td>
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<td>Increase the number of patient experience questionnaires completed for all clinical services and ensure all clinical teams have an improvement plan in place.</td>
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<td>Increase compliance with nursing care indicators to improve patient care and reduce harm.</td>
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<td>Implement a ‘knowing how we are doing’ system for each service/team.</td>
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<td>Implement an internal review process in preparation for CQC assessment and ensure evidence is in place for each of the five domains.</td>
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<td>Implement the Trust’s Compassionate Care Strategy across all services.</td>
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<td>Develop achievable cost improvement plans that deliver recurrently from April 2015.</td>
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<td>Ensure the Division delivers all financial duties and responsibilities and key financial and contractual targets.</td>
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<td>Ensure a continued focus on value for money ensuring all services are financially sustainable.</td>
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<td>Ensure robust financial controls are in place and managed in accordance with the Financial Accountability Framework.</td>
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<td>Retain and develop the business of the Division through effective response to tenders minimising any disinvestment which may result in a financial pressure.</td>
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<td>Reduce the use of agency staff through effective workforce planning.</td>
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<td>Ensure all staff undertake &amp; accurately record mandatory training specific to their role.</td>
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<td>Ensure all staff have an annual appraisal and personal development plan that supports them to deliver high quality services.</td>
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<td>Develop &amp; implement a competency framework for all roles and identify training needs for each team/service.</td>
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<td>Improve staff engagement and experience, ensuring we empower staff to provide the best possible care.</td>
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<td>Reduce staff sickness absence.</td>
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Community Nursing & Rehabilitation

- 3 Localities
- District Nursing
- Community Matrons
- OT & Physiotherapy Rehabilitation Teams
- Rapid Response & RR+
- Community IV Therapy
- Specialist Nurses (Parkinson’s, Diabetes, Palliative Care, Heart Failure)
- Specialist Continence Nurses
- Hospital Discharge Team
- Care Home Team
- Pulmonary Rehabilitation
Therapies Overview

- Podiatry (3 CCGs)
- Podiatric Foot & Ankle Surgery (Podiatry led surgical service for Fylde Coast)
- Speech & Language Therapy (Fylde Coast)
- Dietetics (Fylde Coast)
- Hospital OT & Physiotherapy (BTH & Clifton)
- Community Brain Injury Rehabilitation (3 CCGs)
- MSK Physiotherapy (3 CCGs)
Therapies Overview

• Combined budget of > £9m delivering services from 27 locations
• Budgeted for 249 WTE posts being provided by 302 staff
  – Mixture of qualified, non-qualified and A&C

Management/ Leadership structure:
Mental Health & Learning Disabilities
(Blackpool only)

- Activity – 26,000 attendances per year
- Contract value - £3.9million
- Child and Adolescent Mental Health Service (CAMHS)
- Single Point of Access
- Integrated Intermediate Mental Health
- Psychological Therapies
- Integrated Recovery Team
- Integrated Community Learning Disability Team
Specialist Services

• Community Dental Services
• Sexual Health Services
  – GUM
  – HIV
  – Contraceptive Service
  – Chlamydia Screening
  – Psychosexual Counselling
• Stop Smoking Service
• Hospital Public Health Team
Community Dental Services

- Contract Value - £4.9 million
- Special Care Dentistry – NHS England
- Access Dentistry (in partnership with FCMS) – NHS England
- Dental Student Education (in partnership with UCLan) – Health Education England
- General Dental Practice (South Shore) – NHS England
- Dental Nurse Training (in partnership with Training 2000) – Health Education England
- Dental Epidemiology – Blackpool and Lancashire Councils (in partnership with Public Health England)
- Oral Health Promotion – Blackpool and Lancashire Councils (in partnership with Public Health England)
Community Dental Services - Staffing

- Dentists (All grades and roles) – 17.6/32
- Dental Therapists – 2.2/3
- Dental Nurses (All grades and roles) – 34.3/42
- Decontamination Technicians – 4.4/5
- Dental Admin and Reception (All grades and roles) – 13.4/18
- Service Manager – 1.0/1
- Dental Nurse Cadets – 4
- UCLan Dental Students – 64
Locations and number of surgeries

- Carnforth Health Centre – 1
- Morecambe Dental Access Centre, Queen Victoria Centre – 5
- Morecambe Dental Education Centre, QVC (including Enhanced Training Practice)
- HMP Lancaster Farms – 1
- Ashton Road Centre, Royal Lancaster Infirmary – 1
- Fleetwood Hospital – 2
- Moor Park Health Centre – 2
- Whitegate Health Centre – 4
- Blackpool Dental Education Centre, Whitegate Health Centre
- Blackpool Victoria Hospital Theatres
- South Shore Primary Care Centre – 2 (General Dental Practice)
- St Annes Primary Care Centre – 1
- Kirkham Health Centre – 1
Sexual Health Services

- Genito Urinary Medicine (GUM)
- HIV (also includes Preston and South Cumbria)
- Contraception services
- Chlamydia Screening
- Psychosexual counselling (Blackpool only)
- Vasectomy (Blackpool only)
- Condom distribution scheme (North Lancashire only)
Service Provision

- Services provided across the Blackpool/Fylde & Wyre/Lancaster and Morecambe footprint.
- Two main sites Blackpool Whitegate Drive and Ashton Community Care Centre Lancaster plus satellite/outreach clinics at 18 NHS and non NHS sites.
- Contract Value - £4.8 million
- Staffing – 74.5 wte delivered by 125 staff
- Activity – 49,000 contacts per year
Benefits of good sexual health provision

• Reduces unplanned/unwanted pregnancies
• Reduces the onward transmission of sexually transmitted infections
• Reduces the onward transmission of HIV and earlier detection
• Reduces risk taking behaviour
Challenges for the Division

- Increasing elderly population (EOL/dementia/ LTC)
- Increasing complexity and acuity of conditions being treated outside of hospital
- Delivering on waiting times due to increased demand
- Ageing workforce (particularly nursing)
- Recruitment issues particularly in nursing – internal movement
- Changes in the commissioning /contracting landscape
- Implementation of the sexual health tariff
- Ability to respond successfully to the tendering process
- Complex geography and patient flows
Age Profile of Staff

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Medics</th>
<th>NM HCA</th>
<th>P &amp; T</th>
<th>Other</th>
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<tr>
<td>&lt; 20</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>20-29</td>
<td>2</td>
<td>39</td>
<td>83</td>
<td>35</td>
</tr>
<tr>
<td>30-39</td>
<td>4</td>
<td>115</td>
<td>106</td>
<td>52</td>
</tr>
<tr>
<td>40-49</td>
<td>11</td>
<td>222</td>
<td>148</td>
<td>97</td>
</tr>
<tr>
<td>50-59</td>
<td>2</td>
<td>224</td>
<td>94</td>
<td>102</td>
</tr>
<tr>
<td>60+</td>
<td>34</td>
<td>34</td>
<td>18</td>
<td>39</td>
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Total No. of Staff:
- Medics: 0 + 2 + 4 + 11 + 2 = 19
- NM HCA: 0 + 39 + 115 + 222 + 224 + 34 = 604
- P & T: 0 + 83 + 106 + 148 + 94 + 18 = 469
- Other: 6 + 35 + 52 + 97 + 102 + 39 = 393

Total: 604 + 469 + 393 = 1,466
Challenges for the Division

- Education and training – due to the large footprint, diverse workforce and clinical workload it is often difficult to embed training within teams, IT solutions being explored to deliver structured Multi-professional Training Programmes
- Virtual and physical integration of services between hospital and community – work continues within ALTC to develop in/out reach models of care and linked/integrated services
- Defining ‘safe staffing’ levels – work continues nationally and locally
- Preparation for our first community CQC inspection
- Information systems and information sharing
- Trust financial position
- Access to appropriate clinical facilities
Opportunities

• New business development opportunities through tendering of services – (supply2health)
• Development of community services and integration with social care services through the Better Care Fund
• Development of community services to reduce avoidable admissions (ATH schemes) – Care Home Team, Community IV Therapy, Rapid Response,
• Deliver an increased proportion of the care pathway in the community by facilitating earlier discharge and reduced LOS – community in-reach
• 7-day working (also a challenge)
• Use of technology to improve productivity – mobile working & telehealth/telemonitoring
Opportunities

• Focus on prevention and self-care (care plans)
• Explore opportunities to work with the voluntary sector & other organisations
• Extended roles for nurses and therapists – more focus on Advanced Practitioners rather than profession-specific roles
• Community MSK pathway
• New Extensivist service model
• Develop core neighbourhood teams in conjunction with primary care and CCGs
Alternative to Hospital Schemes – 24 bed reduction

- Community IV Therapy – target reduce 228 admissions
- Rapid Response and RR+ - target reduce 1008 admissions
- Care Home Project (B & LN) – target reduce 244 admissions
- Parkinson’s Nurses
- COPD project, ESD COPD & Pulmonary Rehabilitation
- Community Rehabilitation
- Community Matrons
- Telehealth
- Health Coaching & Self-Care
- Virtual wards/neighbourhood teams
- Communication and Community in-reach
- Frequent admissions
- Blocked catheters/trial without catheter
Questions?