

Central London Community Healthcare NHS Trust

# Our Strategic Direction for 2017-20

## Introduction and summary

We were established in 2008 as a provider of community services to the residents of Hammersmith and Fulham, Kensington and Chelsea, and Westminster (Inner London). Over the past nine years we have concentrated on the quality of care for patients whilst also securing our future through a broader geographical base. Looking ahead, we wish to focus on a much more integrated community based service, working very closely with physical and mental health providers, social care and the voluntary sector; and making a real difference to the efficient and effective management of increasingly more complex conditions. In this way we can make a bigger difference to the health and wellbeing of individuals, families and communities. This theme of integration impacts what we do, where we work and how we work with others. Our strategy sets out a direction of travel for the Trust that we hope provides the basis for a new conversation with our many external stakeholders and a continuing dialogue with staff.

The development of this strategy has been supported by a series of events involving the Executive Leadership Team, the Board and staff engagement events held at venues across the Trust. Feedback from staff has been positive; they welcome the opportunities to work more closely with partners to share roles, information and to reshape services.

We begin with a headline review of our current range of services and the changing operating environment before setting out our strategic direction and areas for continued investment.

## Our current range of services and our historic strategy

We currently provide a mix of general and specialist community services for adults and children as well as stand-alone specialist services.

- **For adults** - services include community nursing, intermediate care, specialist nursing and specialist rehabilitation
- **For children** - services include the provision of universal services (health visiting and school nursing) and specialist children's services
- **Stand-alone specialist services** - sexual health, end of life care, dental and unscheduled care

80% of our community based services are targeted at the 0-19 or 65+ age groups. For the older age group, there is a focus on those most vulnerable and at risk of admission to hospital.

Our geography is key to appreciating where we are now but also in thinking about the future. The following visuals present our current service offer; **Figure 1** shows the geographical presence for adult and children's services with near overlap of coverage in most but not all areas. **Figure 2** the geographical presence for stand- alone and specialist services.



In our conversations with staff, they comment consistently on the very strong ethos of quality of care in the Trust. They value the skills of their colleagues and the investments made in training and development. They comment too on the feedback from patients that is used to improve and develop services and help pay attention to any variations that may exist across our geographies.

To support this culture of quality, we have invested in strong processes of quality assurance and clinical governance with devolved accountability for running and delivering services. Our internal systems of performance management ensure consistency of service and the effective management of risk. They also help to ensure that we manage money wisely.

We are proud of our CQC “Good” assessment and our Segment One status awarded by our regulator, NHS Improvement. We think that they give external recognition of our commitment to both quality of care and sound financial management.

Up to now our overriding objectives have been to consolidate and build a strong, independent and sustainable Trust. The commitment to quality of services has been our first priority. Beyond this, income growth and the pursuit of efficiencies have gone hand in hand with investments in staffing, in establishing sound quality and quality improvement processes, and in applying new technology to support patients better and for communications and mobile working.

### **The changing operating environment**

The *Five Year Forward View* and the establishment of the Sustainability and Transformation Planning process both indicate a future that is based on the much closer collaboration of health and social care. This is to enable new and more innovative approaches to care to tackle more complex health and social issues whilst addressing a difficult underlying financial position.

Within this broad context, it seems to us that:

- The ever increasing demand of complex health conditions requires a transformed service that integrates clinical, psychological and social care support.
- It is vital to leverage broader based community resources (the users, the volunteers) in providing sustainable solutions.
- We need to understand and work more closely with primary care to support them in finding new ways of organising and delivering services. The landscape is complex, with local primary care in very different states of eagerness and readiness for change, particularly in moving away from the small business concept to federated forms of activity. Community services have always been natural partners for primary care and there are clear opportunities for renewing the closeness of this working relationship on a local basis as part of new integrated health and social care systems.
- Place is key. Integrated solutions moving from prevention to care means focussing on the needs of individuals and communities on a local basis.
- We need to be very mindful of differences across geographies in terms of relative health and wellbeing priorities, underlying financial health, and the relative development and aspirations of our partners in primary and secondary care, mental health, local authorities and the voluntary sector.

The STPs bring organisations together to take collective responsibility for the issues and to plan for change. The process inspires new forms of collaboration across sectors to look again at ways of promoting good health and wellbeing, as well as ensuring sustainable community and hospital care. Integration is a key theme, enabling smoother and more effective response to public health needs as

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well as reducing duplication and improving the experience for users. Integration requires new ways of engaging the public in shaping services with greater opportunities for self-management and for involving the skills and talent found in local communities.

Within the *Five Year Forward View*, there are a range of solutions to achieving integration (e.g. Multispecialty Community Provider or Primary and Acute Care System) supported by different approaches to integrating information flows and contracting. There are also different approaches to the Multispecialty Community Provider solution varying from integration on a virtual, partial or full form basis. It is clear that there is no blueprint or overall requirement and integration will take many different forms.

We have the potential to provide a facilitative and supportive role in making change locally, building on our track record as a community services provider and one with a reach and infrastructure well suited to supporting others.

Therefore we have to adopt a dual approach of thinking and acting locally whilst ensuring strong corporate processes to assure consistent quality of approach and efficiency of operation.

Employment issues have also become increasingly challenging across the NHS. There are a number of challenges to the supply of clinical staff in future; these include changes to clinical education routes following funding reforms, restrictions on migration and rising living costs in and around London. These pressures, combined with a highly competitive labour market, mean that we will need to work hard to continue to be an employer of choice.

### Our mission and values

We would like to see our current mission, “**Working together to give children a better start and adults greater independence**”, connected more to shared local health and wellbeing outcomes impacting at the level of individual patients, families and communities.

We will contribute to the broader outcomes by:

- Providing quality, safe and innovative community based healthcare services - this is our key contribution in local systems and our area of expertise.
- Integrating our services with the range of physical and mental health services, and social care, provided by the statutory and non-statutory sector. This is to ensure the most effective response to needs.
- Collaborating with partner organisations to plan and shape future services to have maximum impact.
- Engaging with individual users and their representatives, to ensure that they are partners in the process and are enabled to play their part in care.
- Ensuring that our staff can give of their best today and support change in services tomorrow.

Our current values of **relationships, quality, delivery and community**, are key in supporting this mission.

## **Our Strategic Direction - What we do**

We wish to give much greater emphasis in future towards planned and integrated services delivered on a multi-disciplinary basis in collaboration with partners on a local system basis.

In practice this would mean that our services would:

- Be co-designed with patients and our provider partners
- Be wrapped around specific communities and/or networks of providers
- Have integrated assessment, care programming and delivery processes with other providers
- Have shared information on patients and communities
- Be bound by common outcomes at the individual and community level
- Be founded on evidence, best practice and shared learning
- Engage with the full range of resources in the statutory and non-statutory sector

The essence of our service will be to remain very personal and based on the skilful face to face engagement of our staff with patients and their families. We will however increasingly adopt new technologies designed to make access to our services easier and to enable people to do more themselves.

For adult services there will be a strong relationship between unplanned and planned services and in some geographies there may be opportunities for integrating services for children with adults. This would have particular advantage in securing effective transitions for children as they get older. The degree to which we can do this will reflect the relative local relationships between health and social care.

We are committed to a range of stand-alone services where operating at scale offers commissioners benefits in terms of costs and critical quality that can only be enabled by a broader experience base (for example sexual health services or our walk-in centres). In offering these services, we should be looking for opportunities to integrate services with others to leverage impact (for example the integration of sexual health services with other services targeted at younger people or our walk-in centres with local urgent care systems).

We do not envisage developing competing primary care or social care services but we would anticipate working with partners to provide new solutions across the more traditional boundaries of primary, community and social care.

## **Where we work**

Each STP area already involves a complex mix of health and social care organisations. We wish to remain focused, committed and active partners and so we will not seek to take on new services outside of our four current STP areas.

## **How we work with Partners**

It is clear that there are a number of different models for how we might work with partners in each of our geographies; these vary from more conventional sub contract arrangements to supportive and leadership roles working alongside, or to, the emerging GP Federations as part of emerging Accountable Care Systems.

Some of the emerging models, for example Primary Care Home, assume the development of smaller, locality based systems of care serving populations of 30-50k. This approach offers considerable opportunity for the integration of some of our at scale services (e.g. community nursing) within local networked primary care services, with other more specialised community, mental health and social care services serving more than one network or system.

We are clear that we will need to take a different view of each geography and to operate sensitively offering the appropriate balance of service leadership with facilitative working to ensure truly collaborative solutions for local communities.

We need to ensure flexibility in being able to play a full part in new joint ventures to respond to new models of care and contracts. It may be that Foundation Trust status would assist us given that Foundation Trusts can enter into joint ventures feely.

### **The implications of our strategic direction for our organisation and how we do things**

Our staff welcomed the opportunities for greater collaboration with partners, sharing information, roles and facilities to jointly design and deliver services.

We recognise that this strategic direction has implications for how we engage local systems, reshape services, develop our workforce and use supporting technologies.

- **Engaging with local systems:** We need to deepen our understanding of what is happening in the different geographies whilst building solid strategies for each around distinct added value. This is part of really knowing each Place and having sensitivity to the different needs that require different service offers. We need to nurture current relationships as well as fostering new ones particularly with mental health services in order to enable an integration of physical and mental health.
- **Re-shaping our services:** We need to generate headroom (time and money) for transformation work. This system change will be delivered by listening to and engaging with our staff and also through working collaboratively with patients and users and our partner providers to design new ways of integrating services. We need to see local voluntary services as a key part of broadening the resource pool and securing sustainability of support locally.
- **Developing our workforce:** We must continue to invest in our clinical and non-clinical workforce. We will ensure that clinical skills are at the forefront and that our staff can work safely and independently in the community. We also need to enable them to work successfully and flexibly with other providers to ensure practical integration of assessments, care planning, delivery of service and the evaluation of impact and benefit. Investing in retention initiatives that support staff health and wellbeing, encouraging career development and celebrating diversity and skills will all be increasingly important in making the Trust a great place to work. We need to deliver on our People Strategy.
- **Deploying new technologies:** We need to continue our investment in new technologies to engage patients differently and to support their continuing self-management. Technology is key to enabling integration with other providers; it is also vital in helping staff to be productive. To this end we will continue our work toward ensuring our systems are as interoperable and accessible to relevant partners as is possible consistent with the highest level of data security in order to support high quality patient care delivered in the most cost effective manner.

We recognise too the requirement of **leaders** at all levels of the Trust to engage and collaborate with local partners in a different way, emphasising the spirit of joint venture and common purpose. This

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will need to happen at the level of policy and governance as well as the practical levels of service planning and delivery. Leadership development will be a key aspect of organisation development.

**Summary**

This new strategic direction is based on our strong desire to collaborate on a local basis to achieve more for patients and families and to contribute to making local systems sustainable. There are many ways in which we can work with partners to do this.