

REPORT TO: Health Policy and Performance Board

DATE: 11th February 2025

REPORTING OFFICER: Executive Director, Adults

PORTFOLIO: Adult Social Care

SUBJECT: Scrutiny Committee Review of NHS (Non GP) Community Services

WARD(S): Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 To present a summary of evidence, Member conclusions and recommendations relating the to scrutiny topic.

2.0 RECOMMENDATION:

- 1) The report and recommendations be approved**
- 2) The Board agree the scrutiny topic for 2024**

3.0 SUPPORTING INFORMATION

3.1 The NHS Community Health Services topic was approved by the Board in June 2023. Between July and December, a scrutiny group met monthly to receive evidence from several contributors. Details of the membership, contributors and summary evidence can be found in Appendix 1: Scrutiny Recommendations Report.

3.2 The scope of the review is shown below:

The 2024/2025 scrutiny review for health policy and performance board will look at NHS Community Health (non-GP) Services, specifically;

Non-urgent services

- NHS Community Nursing
- Podiatry
- Therapy
- Musculoskeletal services

Urgent services

- Urgent Treatment Centres (Widnes & Runcorn)
- Northwest Ambulance Service
- Urgent community response.

3.3

The scrutiny review process provided Members the opportunity to gain an understanding of community health services' role in the health and social care landscape in Halton, and how resources are mobilised to provide quality services that maximise capacity in both the health and social care system.

3.4

Through considering the evidence presented, Members propose the following recommendations for action;

3.5

Cross cutting across all evidence areas	Service areas within the scope of this scrutiny review should continue to provide update reports to the Health Policy and Performance Board on the outcomes of emerging workstreams identified in this report and any proposed service developments, emerging challenges or notable successes.
Urgent Treatment Centre Widnes	<p>GP attendance- Availability of a GP should be a priority and steps taken to ensure that there is sufficient GP coverage in the service.</p> <p>Patient experience - The service should take steps to implement the recommendations of Healthwatch.</p>
Urgent Care Response	Newton Recommendations - UCR, and HICaFS as a whole, should continue to analyse the available data and work with stakeholders to maximise potential within the service and it's component parts, in line with the Newton recommendations.
Nursing in the Community	<p>Single Point of Access - Consider how a single point of access and holistic approach to nursing in the community could maximise capacity across the 3 service areas and further improve patient experience.</p> <p>Capacity - Analysis of clinical practice/demand to identify opportunities to maximise capacity, particularly in the Treatment Rooms.</p> <p>Impact of bridge crossings - Explore solutions to mitigate the impact of bridge tolls on the recruitment and retention of nurses</p>
Podiatry	<p>Risk score matrix - Monitor the results of the risk score matrix and implement recommendations resulting from the trial.</p> <p>Information resources - Explore what information resources and formats would be most appropriate ie preventative information and self-help, and the role of partner agencies in supporting prevention and self-help.</p> <p>Recruitment and retention - Continue with proactive relationships with universities to promote NHS podiatry as a career choice and provide updates to the Health Policy and Performance Board.</p>

<p>Community Therapy and HICaFS Therapy</p>	<p>Undertake a deep dive into service data to identify potential opportunities for therapy services to support capacity and demand across the health and social care system and to inform future workforce structure requirements.</p> <p>Urgent Care Response - Pilot the use of lifting raisers to prevent unnecessary hospital admission, and example of therapies and nursing working in partnership.</p> <p>Falls Prevention & Management - Continue to focus on ways to reduce the risk of people falling and going to hospital through assessment of their environment and provision of strengthening and balancing exercises.</p> <p>Urgent & Emergency Care System Improvement Programme - Maximise the use of alternatives to the Emergency Department, including Same Day Emergency Care. Provide updates to the Health Policy and Performance Board on any proposed system improvements.</p> <p>NWAS - Optimising referral pathways to community services.</p>
<p>NWAS</p>	<p>Hospital Hand Overs: NWAS and ICB Halton should continue to work with health system managers to try and identify improvements to the hospital handover situation, taking learning from other areas that have managed to bring down the handover times, such as Greater Manchester. Analysis of differences in handover process between Warrington and Whiston Hospitals may provide insight as to how Whiston and NWAS can work together to improve their handover times.</p> <p>Alternative to Hospital: NWAS have identified that there may be more they can do with community health and social care partners to provide an alternative to hospital and negate the need for conveyance to hospital. NWAS should continue to explore potential with services, such as community therapy.</p>
<p>Musculoskeletal Therapy Outpatient Service</p>	<p>Improving patient uptake to community services eg Health Improvement Team</p> <p>Understand barriers to patients attending appointments to reduce DNAs, such as accessing support from the Trust Knowledge and Skills Department to scope the reasons why patients DNA with a view to work with patients to identify ways to improve attendance.</p> <p>Undertake further work on patient experience questionnaire to gain greater insight into patient satisfaction, such as develop an annual comprehensive patient satisfaction questionnaire.</p>

	<p>Continue with Evidence Based Practice to ensure best treatment for patient and to provide excellence of care and to actively engage with Stakeholders in the planning of services.</p> <p>Look for use of community settings suitable to increase capacity for both more local groups and 1:1 appointments.</p> <p>Raising profile of service and pelvic health concerns Patient engagement events.</p>
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The options below are proposed by Members as potential areas for scrutiny during 2025. Members should select one of the options, for which a full topic brief will be developed.

1. **Mental Health Support** – Looking at how existing provision is meeting current and responding to predicted demand, and equality of access to services for marginalised or minority groups, covering both Adults and Children and Young People services.
2. **Access to Health Care** - Looking at equality of access, experience and outcomes across specific health care provisions for marginalised or minority groups (specific provisions to be identified, but including mental health and dentistry).

4.0 **POLICY IMPLICATIONS**

4.1 The recommendations outlined in the report should be considered in service development, commissioning and continuous improvement work within each service area.

5.0 **FINANCIAL IMPLICATIONS**

5.1 Any financial/resource implications associated with the recommendations will be analysed as part of established service development, commissioning and continuous improvement protocols within each service/organisation.

6.0 **IMPLICATIONS FOR THE COUNCIL’S PRIORITIES**

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence
A greater understanding of the NHS community-based services, listed above, and the opportunities and challenges that can impact on outcomes they achieve, may lead to recommendations impacting on local health and social care policy, service development and service delivery.

- 6.2 Building a Strong, Sustainable Local Economy
None.
- 6.3 Supporting Children, Young People and Families
None.
- 6.4 Tackling Inequality and Helping Those Who Are Most In Need
None.
- 6.5 Working Towards a Greener Future
None.
- 6.6 Valuing and Appreciating Halton and Our Community
None.
- 7.0 **RISK ANALYSIS**
- 7.1 A risk Assessment is not required.
- 8.0 **EQUALITY AND DIVERSITY ISSUES**
- 8.1 None.
- 9.0 **CLIMATE CHANGE IMPLICATIONS**
- 9.1 None.