Community Health care as ‘Part of the DNA’ of the NHS

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Are our staff prepared for this?

- Integrated teams within each of the 4 GP Clusters/LA localities
- Proactively identifying and supporting patients and carers – planning, coordinating and delivering care
- Active case management
- Named case manager for those identified at risk of deterioration
- MDT Care Coordinator
- Promote self-management and work with maintaining independence
- Geriatrician aligned to each cluster
- Enable easy access to specialist services
Key asks from our members

1. National focus/policy needs to reflect that primary/community/social care services will make or break our health and care systems
2. Organisational forms and structures need to be subservient to well commissioned and appropriately resourced care at home services
3. Commissioners need to plan and contract for models of care that straddle historic sector boundaries and pay on outcomes achieved
4. Standardise measurement of activity, quality and patient outcomes and mandate national collection asap
5. Develop workforce models for the whole sector – community, primary care, care homes etc. in a planned and sustainable way.
Final thoughts before the panel discussion

- Realising the full potential of community health services should **not** be measured by how many hospital admissions for older people have been avoided
  - Our health and care service needs to stop being defined by what happens within the four walls of a hospital
- Our metrics should reflect our aspirations for what we are now designing:
  - The number of over 65’s caring for themselves without long term health and care support
  - The number of care homes supporting over 95% of their residents to die in their own bedroom in the care home
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