First Community Health and Care

NHS

First-rate people. First-rate care. First-rate value.

First Community Company Strategy 2017 to 2020

The journey so far

Since we were established in 2011, First Community has made huge strides in improving community health services in east Surrey and the surrounding areas.

As a result, parents of young children have better access to personalised health advice when they most need it, adults with minor injuries are treated within 35 minutes* of arrival at our unit in Caterham Dene hospital, our team of professional therapists are supporting patients to live more independent lives, and when people reach the end of life, we are able to support them to die at home or their place of choice.

First Community has always had high standards. This was recognised in 2017, when CQC rated our services overall as Outstanding, and from feedback from patients who said that 97% would recommend our services to friends or family.

A fresh approach

This is no time to rest on our laurels. As the need and demand for high quality health services grows, and national and regional NHS priorities evolve, we need to adapt, work with others to shape the changes needed, and continue to innovate.

First Community now needs a refreshed strategy to drive forward the improvements colleagues, commissioners, partners and our community have told us they want to make. And we need to work more closely with other organisations to change how health and social care services are provided locally.

Timeframe

This new strategy runs from 2017-2020. First Community has a contract to provide children and family services in east Surrey to at least 2020 as part of Children and Family Health Surrey. Our adult community services in east Surrey, which includes community and specialist nursing, a wide range of therapies, an in-patient rehabilitation ward and minor injuries unit, has been extended to 2019. Our ambition is to continue to provide these adult community services – and provide new ones – with partners as part of an integrated system.

97.9%
Likely to recommend First Community

In short, our strategic ambition is:

1. To achieve our vision of 'rejuvenating the wellbeing of our communities'
2. To live our values by delivering **first rate care**, provided by **first rate people**, generating **first rate value** to our communities, judged as 'Outstanding' by the Care Quality Commission
3. To become people and community focused and less organisation focused. We will increase our flexibility and innovation. This means we will integrate seamlessly with other parts of the local health and care system. To facilitate seamless integration we will improve access, efficiency, technology and multi-disciplinary working. This is what patients and commissioners tell us they want. In achieving this, we will provide exciting careers and professional development for colleagues across First Community.

*average for year Sept 16 to July 17 was 31 minutes

What will the strategy mean for?

Local people and communities

I will be able to be referred into and access services easily because of their location, opening hours and digital accessibility

#accessforall

I will only have to tell my story once and this will be recorded in a single digital record

#singlerecord

I will be able to see the right people with the right skills to support me and those people will come together or represent each other where this makes clinical or practical sense

#skilledprofessionals

I will take a proactive role in my own health and of the wellbeing of those around me; health services will support and empower me to do this by focusing on quality of life and independence and not over medicalising me

#mylife

What will the strategy mean for?

Employees

I will focus increasingly on responding to individual needs, with an emphasis on self-care, prevention, and social, as well as clinical solutions

#preventionfirst

As a shareholder of First Community I will continue to have a stake and a say in the future of local health and care services

#employeeowned

I will be part of a multi-disciplinary team – either within my organisation or across several organisations. I may need to develop new skills to do this

#MDT

I will need to work flexibly. The hours and location of where I work may change to meet patient needs but I will be supported by systems that enable me to achieve a good work life balance

#flexibleworking

I will have better infrastructure to support me, including technological and personal development. This support will increasingly be cross – organisational, digital, and linked to patient outcomes

#digitallyenabled

What will the strategy mean for?

Our partners

By working in partnership with First Community, we support the people and communities we serve much more effectively

#MCP

Now that our work is better coordinated, local people see and feel the benefits

#joinedupcare

We are involved in the design and delivery of existing services so that we make the best use of the assets at our disposal across all sectors

#coproduction

Because we work in partnership with the same goals and shared records, there is less waste, and we know what to expect from each other and our behaviours are aligned

#onesystem

In more detail: local people and communities

As the needs and demands of the communities and people we serve change, we need to change too. People have told us they want health care that fits with their lives and provided in a coordinated way. In determining what the future should look like, we have taken feedback from the NHS Call to Action, views from CCG Patient Representative Groups, colleagues, and local residents, as well as the Community Forum.

1 #accessforall

What people want: 'I will be able to be referred into and access services easily because of their location, opening hours and digital accessibility.'

This means: with partners, such as GPs, commissioners, councils, and local voluntary organisations, we will make it easier for local people and families to find the right health professional, advice and treatment at a time, place and in a way that suits individual needs. This will include improved on-line and digital services, single points of access, more flexible hours and increased alternatives to A&E.

To do this: we will invest in digital services, extend the urgent care services we provide, and work in coordination with others local organisations, including GPs, councils, the voluntary sector and charities.

2 #skilled professionals

What people want: 'I will be able to see the right people with the right skills to support me and those people will come together or represent each other where this makes clinical or practical sense.'

This means: we will invest in staff and systems to make sure people are provided with the latest health advice and care. And, where it makes sense, we'll link up with other organisations to provide a better service. This might mean a housebound patient has a visit from one nurse (rather than a number of different specialists) who can provide advice on his/her condition, provide more general treatment (such as wound care) and arrange for specialist therapy (such as physiotherapy).

To do this: we will need to employ people who want to do this type of work, train them so they have the right skills, and set up systems (such as having access to your on-line records while they make homes visits.). We will develop new ways of working and care, taking the best from within and outside the local area.

3
#singlerecord

What people want: 'I will only have to tell my story once and this will be recorded in a single digital record.'

This means: we will build on the work we have already started to create on-line health records. People will only have to tell his/her story once and this information will be shared by all the health and social care professionals involved in support and care. Information will be stored safely and securely and not shared without consent.

To do this: we will continue to invest in EMIS (the on-line records system we share with GPs and other local health professionals) and roll it out to the remaining areas of First Community which don't have it yet and plan how we can share information with other support colleagues, such as social care. We will need to improve the IT equipment our colleagues have and their IT skills.

4
#mylife

What people want: 'I will take a proactive role in my own health and of the wellbeing of those around me; health services will support and empower me to do this by focusing on quality of life and independence and not over medicalising me.'

This means: we will support local residents to help themselves, their families, and their communities in looking after their own health needs. We will increase our focus on health, wellbeing, quality of life and independence with an emphasis on the positive things in a person's life rather than being defined by his/her illness. Working with others, we will support people to find the right information, advice, skills and tools so local people can manage his/her own health needs and conditions and make the best choices for now and in the future. For a condition such as type 2 diabetes, this will include information and support to decisions and actions to make diabetes less likely and, once diagnosed, patients are well-informed about what they can do to manage his/her health and where to go for support, treatment and advice.

To do this: we will review how health advice is provided, train staff with new skills in coaching, health education, and support so people are empowered to manage their own health needs rather than us doing it. We will review how and when advice and care is provided (also known as care pathways).

In more detail: for employees of First Community

To achieve our ambitions plans, we need jobs which meet career aspirations and colleagues' personal needs. When we recruit we need to attract highly motivated people with good skills. For clinicians, we need to provide them with the right skills and information, supported by robust systems, to allow them to treat and support patients and individuals in our new ways of working. For colleagues in support roles, we need to enable them to be as efficient and effective as possible to support clinicians in their work.

To do this, we need to further embed our principles as an employee-owned organisation with a strong ethos of empowerment.

1 #prevention first

What colleagues want: 'I will focus increasingly on responding to individual needs with an emphasis on self-care, prevention and social as well as clinical solutions.'

This means: as clinicians, and in supporting roles, colleagues will focus increasingly on responding to individual needs and embedding self-care and prevention. Roles will expand so that clinicians are not only treating a patient's illness. Colleagues will enable a person to manage his/her wellness and condition tailored to his/her specific needs and wants.

To do this: we will need to provide staff with a different range of skills, such as coaching for health, and widen skills-set from treatment to health education. Working in teams within GP networks will allow us to bring in new partners with prevention skills, particularly the third sector.

2 #MDT

What colleagues want: 'I will be part of a multi-disciplinary team either within my organisation or across several organisations. I may need to develop new skills to do this.'

This means: multi-disciplinary teams will be the norm – both within First Community and across partner organisations. We will join up with others to create teams of people with the right combination of skills for current and future health needs.

To do this: we will need to work in new ways with others. We have already started working with local organisations to join together out-of-hospital health and social care services. The term colleague will not just mean someone who works for First Community. In the future a colleague could be a social worker at Surrey County Council, a pharmacist at a GP surgery, or a health care worker employed by a commercial agency. To achieve this, community-based services will be structured in teams around the same population. This will be more effective and efficient and staff will be empowered to decide how to share responsibility to best meet the needs of patients. We'll need a greater knowledge and understanding of what other professionals can and can't do and improved shared systems and records and a single point of access. It might mean we stop doing some things and start doing other things. We'll need some people to deepen their knowledge so they are experts in their field so they can lead others, and we'll need others to widen their skills so one clinician can treat a person with a range of health needs.

3 #flexible working

What colleagues want: 'I will need to work flexibly. The hours and location of where I work may change to meet patient needs but I will be supported by systems that enable me to achieve a good work life balance.'

This means: the day job may change but colleagues will get a good work life balance and a fulfilling career where contributions are appreciated and the impact of colleagues' work is clearly evident. By working together with others, and focusing on the needs of patients, we'll be more efficient, effective and productive. There will be less wasted time and more time spent on making a positive impact on individuals and communities. As a clinician, this will mean using clinical skills which have the optimum impact on patients. As a result, employees will make more of a difference within agreed working hours.

To do this: we need to streamline support systems, such as IT, administration and processes, so they help, not hinder clinical work. We will need to use the skills of the administration teams better and share them more equitably across the organisation. We will improve the IT equipment clinicians have and help colleagues to use it better by providing the right systems and training.

4 #digitally enabled

What colleagues want: 'I will have better infrastructure to support me including technological and personal development but this support will be increasingly cross-organisational, digital and linked to patient outcomes.'

This means: systems and ways of working will focus on impact as colleagues work increasingly across organisations and connect people digitally. Technology will become a friend not a hindrance. IT and systems will move from time-consuming and irritating to being supportive. They will allow clinicians to do their jobs in a more joined up and efficient way. Staff will find it easier to put patient information into systems and find records. It will be easier for us to get information out of systems too so that we know how we are doing and can share this with all the people involved in a person's care.

To do this: we will need to provide colleagues with the equipment, skills and time to use digital technology effectively. Information will be at fingertips so colleagues can find it easily. Staff will be able to use phones for news, laptops/tablets without Wi-Fi, and make referrals to other organisations through digital connections.

Systems, such as training and development, finance, performance information and governance, will be streamlined. Front-line staff may not see and feel the immediate benefits but they will all contribute towards overall efficiency so that more resources can be focused on the well-being of our community.

5 #employee owned

What colleagues want: 'As a shareholder of First Community I will continue to have a stake and a say in the future of local health and care services.'

This means: as a shareholder of First Community within an employee-owner organisation, colleagues will feel empowered to develop his/her career and shape the future of the organisation.

To do this: we will need to encourage everyone to become shareholders and the Council of Governors will take a more visible role in shaping First Community within this new landscape. As a result, even more colleagues will feel they have a say in how we are run and feel empowered to make changes that will help us realise the ambition in this strategy. At the same time, we will support colleagues to take ownership of their career development, facilitate more opportunities within First Community, with our partners, and in the wider health system. This will reward and motivate colleagues, which in turn, will result in better services for patients and the community.

In more detail: for our partners

As part of a wider network, First Community can make more of an impact when we work in concert with others – statutory organisations like local councils and NHS England, the voluntary and charitable sector, housing bodies, other health organisations plus patients, their families and carers.

Partnerships include formal arrangements, such as 'Children and Family Health Surrey' where we work with other community and mental health providers to provide children's services across Surrey, an arrangement with the GP Federation (ABC) to work closely with primary care, and several joint projects with social care, mental health, local councils and the third sector to transform services. Increasingly this will not only be partnering with organisations focused on health and care, but also supporting the wider social and economic determinants of health: housing, employment, social networks, and community development.

Importantly we will partner with those who share our values and have complementary skills and behaviours.

1
#MCP

What partners want: 'By working in a multi-specialty community partnership with First Community we support the people and communities we serve much more effectively.'

This means: for some patients and service users the results will be an invisible wall between the organisations where integration is virtual (MDTs and single point of access) and, in many cases actual, through physical co-location. Patients may not be aware that different services are provided by different organisations. For a patient needing care at home with complex needs, shared records and coordinated care among First Community, GPs and Surrey County Council, will mean a seamless service with better outcome for each patient. We will have to set up new ways of working based on trust and strong relationships.

To do this: we will work with other local organisations to create a multi-specialty community partnership. We are starting to put aside organisational boundaries and focus on the needs of communities and individuals rather than each organisation. Our collective goal is to coordinate and cooperate and be able to represent one another as part of a single approach. We will need to collaborate and build relationships alongside the work to redesign pathways of care and supporting infrastructure.

2
#joinedupcare

What partners want: 'Now that our work is better coordinated, local people see and feel the benefits.'

This means: care and services will be joined up, planned and coordinated, focused around the needs of individuals creating single care pathways. There will be less duplication, greater efficiencies and better flow through the system and the experience and outcomes for people will be better.

To do this: we will use patient journey mapping to understand how people navigate through the local health and care system now and then redesign it, with partners, based around the needs of people rather organisational boundaries. Where required, we will develop new services with our partners playing to our respective strengths and skills.

3
#Onesystem

What partners want: 'Because we work in partnership with the same goals and shared records, there is less waste, we know what to expect from each other and our behaviours are aligned.'

This means: our combined impact, which can be stronger than each partner on its own, needs will be supported by shared infrastructure. We will need to develop a shared ambition for this infrastructure, such as patient records, technology, estates and our workforce development.

To do this: as well as becoming a multi-specialty community partnership (MCP) with a clear shared community ambition for east Surrey, First Community will increase the number of shared posts and secondments. As creating shared patient records is fundamental, we will extend the EMIS system (shared patient e-records), which already exists between First Community and GPs, to social care and mental health and then expand access to other partners.

4 #coproduction

What partners want: 'We are involved in the design and delivery of existing and new services so that we make the best use of the assets at our disposal across all sectors'

This means: co-producing our services with community partners to make better use of the wide range of resources, services and information across all the sectors (public, private and third). First Community can help with this through our Community Forum, which we will continue and expand. Alongside this we will engage patients, carers and local people. We will work with partners using existing networks and create new ways to capture unheard voices.

To do this: we will develop the Community Forum so each member has a good understanding of the unique role of each organisation in the community. This will result in the better utilisation of community resources. If successful, for example, it will mean East Surrey College trains local people to be First Community employees of the future, sheltered accommodation staff at local housing organisations will know how to get specialist care for their residents when his/her needs change, Age UK can provide specialist bereavement counselling when a partner dies and health visitors will continue to provide infant feeding support at Sure Start centres. We will make sure stakeholders are represented in developing new models of care and as part of the wider MCP governance.

So where do we start...

A. By developing new models of care with people for people

At the heart of this strategy is the desire to change services around the needs and wants of patients and people in the local community and to join up services with others. We will start by working with staff, partners, patients and stakeholders to develop new models of care based around the vision on page 4 which will focus at first on creating:

- **A single point of access** – initially for First Community's services and later the services of other partners.
- **Multi-disciplinary teams** – care coordination, planning and management across services.
- **Integration with social care** – bringing integrated health and social care into the home.
- **Out-of-hospital alternatives** – including urgent treatment centre, enhanced community nursing and stroke services.

Single point of access

'No door is the wrong door' approach to handling referrals for care.

A team of professionals based in the same location with one telephone number and email address that will receive, prioritise and allocate referrals for support across all community services. The ambition is to have senior representation from all existing health, social care and voluntary services.

Multi-disciplinary teams (MDTs)

I want one person to coordinate my care.

MDTs will coordinate care, planning and management wrapped around primary care networks. To optimise the potential for staff to work together effectively, all the professionals will work with the same population of patients based around groups of GP practices. This will lead to improved communication and coordination as well as a shared interest and responsibility in the outcomes for patients.

There will be regular MDT meetings and a pro-active approach to coordinate all efforts to support patients to remain in their own home and avoid unnecessary admissions to hospital.

Integration with social care

I will only tell my story once.

We will have a single integrated health and social care team providing support to patients at home and all professionals will have access to shared patient records so people will only have to tell their story one. This will avoid multiple visits from different agencies and align care around GP networks.

There will be a smooth, clear pathway from hospital to home. Health, social care and the third sector will work in partnership to manage delayed discharges and optimise the use of resources such as step down beds.

Out of hospital alternatives

I want more services to support me.

Working with partners, we will set up an urgent treatment centre (UTC) at Caterham Dene. The UTC will be open 12 hours a day, seven days a week and offer a wider range of services including for under 18s. It will be integrated with local urgent care services, offering patients, who do not need hospital accident and emergency care, treatment by clinicians with access to diagnostic facilities.

We will expand nursing services to provide enhanced community nursing for 365 days of the year. This will increase our capacity to avoid admissions to acute settings and support . This will support early discharge from hospital and more co-ordinated care between primary and community services.

B. By strengthening relationships with partners to provide a truly joined up service

Whilst this is a strategy for First Community, it prioritises partnership working by putting the needs of the community and local people ahead of individual organisations. We will:

- Jointly lead (with primary and social care) the development of an integrated multi-specialty community approach for east Surrey. This will be based around the four GP networks in east Surrey (sometimes called Primary Care Homes). This will ensure east Surrey develops as a strong locality sitting within the accountable care system (ACS) emerging with Surrey and Sussex Healthcare (SASH) around Crawley and Horsham.
- Work with commissioners to support a commissioning model at GP network or east Surrey locality level and across SASH ACS, or Surrey, to meet patient needs or because it is more efficient.
- Develop place-based strategies and plans with partners. Initially these will complement individual organisational approaches and later supersede them wherever possible.

C. By investing in key areas particularly digital

Putting digital at the heart of our services will be critical to future success. This means:

- Putting in place infrastructure to enable us to deliver seamless digital services from home through to clinic, for example one shared care record.
- Planning how and what we need to invest in digital innovation and the resources and skills needed to support it. This will include applying for innovation funding, building our reserves and funding projects through benefits realisation.
- Developing strategic partnerships with digital partners, where we share risk and reward, as we focus on delivering the right outcomes for patients and the community.

To do this we need to be financially resilient. This will require growth, both through integration and additional contracts. We will look for opportunities to increase our services in our core areas of expertise. As we become increasingly efficient, we will reinvest, in line with our social purpose, for the benefit of our communities.

As an instinctively collaborative organisation, we will seek opportunities for partnerships to access funding, generate shared investments, fill skills gaps or potentially boost our balance sheet through capital investment. We will not pursue a rigid investment strategy. Instead we will adapt to the needs of our new care models, current and potential partners, and the opportunities we create through leadership and outstanding services.

D. By behaving as a proactive, preventative system

At First Community our values are to deliver **first rate care**, through **first rate people**, at **first rate value**. This won't change, and nor will our commitment to our open and transparent culture, as exemplified in our CQC report. Increasingly, however, this strategy will require us to also adopt the following ethos as we change:

- **Active participants:** in our own health, in our careers and in the development of new services with patients and partners.
- **Flexible:** to adapt to patient needs, to work with new partners, and to work across and within multiple systems.
- **Empowering:** to support others to manage their health, to enable everyone to reach their full potential, and to trust others to make good decisions.
- **Positive:** by focusing on health, as well as illness, and the resources everyone has to help them stay well and by remembering the role we all play in making change happen.
- **Making every contact count:** using day-to-day interactions to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals.

First Community Health and Care

Inspected and rated Outstanding ☆ Care Quality Commission

NHS

Further Information

Please visit our website at **www.firstcommunityhealthcare.co.uk**

If you would like this information in another format or language, or would like to provide feedback about this account or any of our services, please contact:

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