

# Keeping in Touch

Issue 9 Winter 2011

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# Awards Celebrate Innovation and Excellence

Cambridgeshire Community Services NHS Trust staff from across Cambridgeshire, Peterborough, Luton and Suffolk took part in the annual staff excellence and innovation awards ceremony in Bar Hill, Cambridge back in September.

The ceremony saw eight awards given for involving users or carers, leadership, quality, innovation, working behind the scenes, going the extra mile, volunteer of the year and promoting dignity in care.



Matthew Winn, Chief Executive, Cambridgeshire Community Services NHS Trust, said: "These awards demonstrate how dedicated our staff are. They were nominated by their colleagues and the many compliments and thanks our staff receive from patients, clients and their relatives are testimony to the high standards they deliver."

Go to page 6 where we feature the deserved winners.

# **Welcome** to the latest issue of our *Keeping in Touch* newsletter.

Our cover story recognises the winners of our annual staff excellence and innovation awards, which reflect the commitment and dedication our staff show day in, day out. Look out for the feature which showcases all the deserved winners.

Inside this issue you will also find a host of features and case studies about the health and social care services we provide in Cambridgeshire, Peterborough, Luton and Suffolk – and hear from some of the people who rely on them. They include the innovative re-ablement and intensive case management teams in Peterborough, a new obesity management programme in Cambridgeshire and the launch of a children's centre in Luton.

I would like to congratulate Heather Peck, who has been appointed the new Chair of Cambridgeshire Community Services NHS Trust.

However, we are sadly bidding farewell to Graham Nice, our Board Nurse. Graham has been an institution in community healthcare over all his working life. He is taking up the Board nurse role with our equivalent organisation in Sussex. We wish him all the best.

I would like to finish by wishing everyone a peaceful holiday period and a happy New Year.

Matthew Winn
Chief Executive
Cambridgeshire Community Services NHS Trust

7 November

5 December



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## CCS NHS Trust Public Board Meeting Dates - 2012

You are welcome to come along to these meetings held in public, which start at 09:30 and finish at approximately 12 noon. There is always an opportunity to ask questions about any of the services the Trust provides at the end of each meeting.

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Date	Venue	
1 February	Italian Centre, Fleet Way, High Street, Fletton, Peterborough, PE2 8DL	
7 March	Basepoint Business Centre, Meeting Room 5, 110 Butterfield, Great Marlings, Luton,	
4 April	G93, Oak Tree Centre, Huntingdon, PE29 7HN	
2 May	Board Room, St Johns, Thorpe Road, Peterborough, PE3 6JG	
6 June	G93, Oak Tree Centre, Huntingdon, PE29 7HN	
4 July	Conference Area 2, Learning and Development Cente, Luton, LU1 2RD	
1 August	G93, Oak Tree Centre, Huntingdon, PE29 7HN	
5 September	Italian Centre, Fleet Way, High Street, Fletton, Peterborough, PE2 8DL	
3 October	G93, Oak Tree Centre, Huntingdon, PE29 7HN	

G93, Oak Tree Centre, Huntingdon, PE29 7HN

Conference Area 2, Learning and Development Centre, Luton, LU1 2RD

## Gavin Shuker MP visits Luton's community matrons

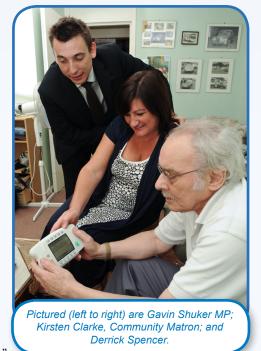
Gavin Shuker, MP for Luton South recently visited our community matrons service in Luton and signed up to become a member of our aspirant community NHS Foundation Trust.

Gavin met staff and patient Derrick Spencer, 72, from Luton, and found out about how modern technology is helping improve his quality of life.

Kirsten Clarke, community matron, CCS NHS Trust, said: "We are delighted Mr Shuker visted us. Community matrons are highly experienced, senior nurses who focus on helping vulnerable older people who have two or more complex conditions so they can live as independently as possible.

"It was a great opportunity for staff to meet their local MP and for him to meet one of our patients. We're piloting the use of technological devices – known as telehealth – which includes equipment to help them take their own blood pressure, oxygen levels, weight and temperature each day. This information is then automatically transferred to our telehealth team who can respond rapidly if needed, so Mr Spencer talked about how this has benefitted him.

Mr Shuker said "I was happy to meet the community matrons to see and hear about how they are developing our community services. I am delighted to sign up as a member and I would encourage Luton residents to become a member of the Trust."



## Mobile working pays off in Luton

Health visitors and district nurses in Luton are now recording patient notes electronically on hand-held mobile devices when they visit people at home.

The two teams piloting the 'tough book' computers can now complete patient records directly into Systmone – the Trust's electronic record database – instead of returning to the office to input information on a computer located there.

Sarah Watts, Health Visitor Team Lead, CCS NHS Trust, is convinced of the benefits the new technology is bringing.

She said: "Everything is now at our fingertips, which means we can use our time more effectively and efficiently. Health visitors can record notes electronically during a home visit, which improves accuracy and speed, and frees them to see more patients.

"They can also access emails remotely which enables them to work more flexibly and send information to other clinicians straight away. In turn, their colleagues can now see patient records in real time as soon as they're updated on the road. This is helping to improve communication and joint working with GPs, adult social care and other partners."

Linda Harvey, Community Nursing Manager, echoes Sarah's comments. She added: "The district nursing team has taken a little while to get used to the new ways of working, but it has been a revelation for us. It is helping us to be more efficient and release nurses to spend more time to see patients."



A survey carried out half way through the pilot found that most staff taking part would recommend mobile working to a colleague.

## News

# Cambridge health visitor takes part in national recruitment campaign

A health visitor from Cambridge is taking part in a national campaign to recruit more people to the profession.

Katie Maltby, who works for the Trust, was selected by NHS Careers to feature as a case study explaining why she chose a career in health visiting. Her story now appears on the NHS Careers website: www.nhscareers.nhs.uk/hvstories. It's part of a wider section explaining the role of health visitors and how to become one.

The campaign is part of a drive by the Department of Health to recruit more than 4000 health visitors across England by 2015.

In the case study Katie says she first wanted to become a midwife, but that a placement with the Trust's health visiting team while studying for her nursing diploma meant she took a different career direction. She later became a qualified health visitor with the Trust in 2009.

She said: "Spending two weeks with a health visiting team as a student nurse completely changed my mind. From that moment, I knew that I wanted to be a health visitor, to work with children and families. I was also a nursery nurse before starting my nursing training and I could see how this experience would help as a health visitor.

"If you are thinking about health visiting as a career, don't expect the training to be an easy ride. It is hard work but the rewards after qualifying are enormous. Building therapeutic

relationships with my clients and feeling that you are making a real difference to their lives is incredibly satisfying. I would recommend it to anyone, which is why I'm delighted to take part in the national campaign."

The Trust is also supporting the national campaign on the ground locally with ambitious plans to nearly double the number of health visitors in Cambridgeshire to 115 by 2015. This includes a commitment to train health visitor students, with 15 students currently on the books, and encourage health visitors who've left the profession to return.

As part of the national campaign, the Trust is seeking to increase capacity in Luton where we also provide Health Visiting services.



Health visitors work with children under five years old and their families, providing parenting support and advice on family health and minor illnesses, new birth visits which can include advice on feeding, weaning and dental health, and physical and developmental checks.

If you're interested in becoming a health visitor look at the NHS Careers website at www.nhscareers.nhs. uk/healthvisiting

## Redgrave Children and Young People's Centre is officially opened

The £6 million Redgrave Children and Young People's Centre was officially opened by Kelvin Hopkins MP for Luton North in November.

It brings together children's services run by Cambridgeshire Community Services NHS Trust and others in Luton under one roof for the first time. The centre features:

- a purpose built nursery, OFSTED licensed for 65 places for children aged 5 and under
- crèche
- · sensory room for children with disabilities
- extensive external space for guided play
- specialist health facilities including an audiology suite, clinical assessment and therapeutic suites and activity rooms for occupational and physical therapy
- · multi-disciplinary assessment rooms
- counselling and training rooms.

Kelvin Hopkins MP, who cut the ribbon to reveal a plaque to mark the official opening congratulated all parties involved in the project and wished the centre every success.

Matthew Winn, Chief Executive, CCS NHS Trust, said: "The new centre enables us to provide an integrated, one stop facility for health and social care professionals to carry out multi-agency assessment and treatment of children and young people who have developmental delay or disability.

"It brings together in one location for the first time specialist occupational and physiotherapy suites, audiology

rooms, speech and language rooms, counselling suites, training rooms, a sensory room, a family 'chill out' area and an open reception area where families can access information and support. Our health visitors are now also based there. This is helping us to provide more joined up children's services in Luton and families have already told us how impressed they are with the new facilities."



This new build capital project was funded through £4.72m from the former Department for Children School and Families (DCSF) Co-location fund, £1m from NHS Luton and £0.23m from Aiming High for Disabled Children's grant and £44,000 from Sure Start.

## **New Chairman appointed**

Heather Peck has been appointed the new Chairman of Cambridgeshire Community Services NHS Trust.

She replaces outgoing Chairman Victor Lucas, who announced his decision to step down earlier this year. She has been a Non-Executive Director of the Trust since 2008.

Matthew Winn, Chief Executive, CCS NHS Trust, said, "We are delighted to have appointed Heather and look forward to continuing to work with her to transform the specialist community based services we provide, to achieve the very best outcomes for the communities we serve across Cambridgeshire, Luton, Peterborough and Suffolk."

Heather Peck, Chair, CCS NHS Trust, said: "I'm thrilled to have been given this opportunity and am looking forward to the challenge. It's an important time for the Trust, with our ambitious plans to improve quality and meet the demands of an ageing population. I look forward to leading the organisation as we enhance the voice of the patient in our policies and decisions and develop our plans to become a community Foundation Trust."



# Staff Excellence Awards - 2010/11

# **Leadership - Sue Bird, Integrated Operations Manager, Integrated Discharge Team, Luton**

Sue Bird, Integrated Operations Manager, has been recognised for her ground breaking work to develop a single patient discharge team located at Luton & Dunstable Hospital.

The service brings together health and social care professionals from three organisations under her leadership - Cambridgeshire Community Services NHS Trust, Luton & Dunstable Hospital and Luton Borough Council

"I am really pleased to win the leadership award, particluarly as I was nominated by my team leaders. Bringing three teams from different organisations together

was challenging, but I have now got a brilliant team and this award reflects their hard work too."

**Sue Bird** 



## **Quality - Cornford House District Nurses Cambridge**

The team has been recognised for their work to champion the wishes of people as they near the end of their lives.

This has resulted in an unprecendented 93 percent of people with a teminal illness registered with the surgery, dying in their place of choice.

They were also praised for the leadership, drive and determination to ensure they improved the way people with terminal illnesses are treated.

"It's great to be recognised for the work we do. The award isn't just for the district nurses, it reflects how well we've

worked with GPs, Macmillian nurses and other health professionals to ensure people can choose where they die."

Ben Bowers
District Nurse
Team Leader



# Innovation - Community Brain Injury Team, Peterborough

The team has been recognised for its ground breaking work to more effectively measure how well people recover from a brain injury. They developed an assessment tool which records the effectiveness of treatment in six key areas - knowledge of the condition, physical functioning, communication, cognitive function, vocational therpay and emotional adjustment.

"One of the biggest problems we face is that our patients often don't realise how a brain injury can affect every part of their lives. As they learn more about their injury it can appear that they're worsening, so we needed an holistic assessment tool which reflected the complex nature of brain injury and the

help people get from lots of different health and scoial care professionals.."

Vicky Johns Occupational Therapist



# **Behind the Scenes - Children's Community Nursing Admin Support Team**

Liz Kinns, Team Secretary and Julie Hadler, Administration Assistant, have been recognised for their 'can do' attitude, which showed a high level of professionalism, enthusiam and motivation to support front line nurses who look after children in Cambridge City, South, East and Huntingdon.

This includes improving and standardising databases following the merger of two nursing teams, which means the integrated team has reliable and up to date staff information such as training and development, professional registrations and employment checks.

"It was a great compliment just to be nominated, so we are

delighted with the win. It means a lot that our hard work has been recognised, particularly as our service manager put us forward for the award."

Liz Kinns Team Secretary



# Going the Extra Mile - HIV/AIDS Department, Peterborough

The specialist team which supports people infected or affected by HIV/ has been recognised for going above and beyond the call of duty.

The award reflects the huge amount of unpaid work the team does outside normal working hours, supporting people with HIV in their own time.

One initiative that was singled out for praise was the setting up of a charity to raise funds which enabled people with HIV/AIDS to get education and training, which gives them a better chance in the jobs market.

"We are delighted to win this award and I am really proud of

the team and our service users. This will help to raise the profile of the work we do to support people with HIV in Peterborough.

Maureen Adams Team Leader



# **Volunteer of the Year - Arthur Rank House Volunteer Team, Cambridge**

The 265 volunteers at the hospice have been recognised for their exceptional commitment which compliments the full time nursing staff.

Ranging in age from 17 - 91 years old, the volunteers worked a combined 22,682 hours in the last 12 months, in such diverse roles as supporting the nurses, helping with day therapy, driving patients and their families to appointments, tending the gardens at the unit, manning the unit's charity shop, or simply having a friendly chat with patients.

"We were thrilled and surprised to win the award. I didn't realise that the Trust covers such a large area! After 30 years

as a volunteer I still enjoy helping out and this award reflects how hard both staff and volunteers work."

Pam Wadham Arthur Rank House Volunteer



## Promoting Dignity in Care - Community Specialist Palliative Care Multidisciplinary Team, Arthur Rank House, Cambridge

The team's tireless work to ensure people with terminal illnesses and their families are treated with dignity as they near the end of their lives has been recognised.

The team brings together specialist nurses, physiotherapists, occupational therapists, medical consultant, counsellor and a chaplian.

An example of their caring attitude to patients includes supporting a young father who wished to die at home.

"We were delighted to win this award, particularly as promoting the dignity of our patients is so important and central to the work we do."

**Carol Masters Clinical Nurse Specialist** 



## Involvement of Service User and / or Carer Award - Workforce Development Team Trainers and Co-trainers, Peterborough

The Workforce Developement Team has been recognised for the innovative way they have worked in partnership with adults with learning disabilities to develop tailored training for health and adult social care professionals.

The 'Care Values and the Role of the Health and Social Care Worker' course is delivered by adults with a learning disability themselves, which highlights the issue they face on a day to day basis.

"We are really happy and pleased to win this award. It has

been a good experience and it's important to ensure health and social care staff understand the needs of people with a learning disability."

Enzo Petruzziello Health Trainer



## **About us**

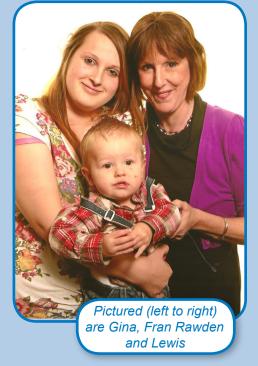
## Family nurse receives outstanding achievement award

Family nurse Fran Rawden has been presented with an outstanding achievement award after being nominated by a mum from Wisbech she supports.

She recently attended a ceremony organised by Cambridgeshire County Council, where mum Gina Read and her son Lewis handed her a certificate.

Gina nominated Fran for the award to say thank you for the invaluable help she has given to her family over the last 18 months – since the early weeks of her pregnancy, and following the birth of her son Lewis, who recently celebrated his first birthday.

Fran is one of the nurses from Cambridgeshire Community Services NHS Trust that runs the Family Nurse Partnership (FNP), a national home visiting scheme which aims to provide extra support for vulnerable young families, from the birth of a child until they turn two years old.



Nurses from the Trust provide advice on areas such as health, diet, parenting skills and employment to give new families the best possible start in life.

Gina said: "I wanted to do something to thank Fran. Any time I've needed advice and support she has only been a phone call away. She has helped boost my confidence and enabled me to develop as a mum."

Fran said: "Being involved with Gina, her partner Kyle and Lewis as their family nurse has been a joy and a privilege. I feel that the FNP rogramme has been of great value to Gina and has given her tools and knowledge to make good choices for her son."

The scheme in Cambridgeshire brings together Cambridgeshire Community Services NHS Trust, NHS Cambridgeshire, and Cambridgeshire County Council.

# Cambridgeshire speech and language therapists praised for their work supporting children's communication

Cambridgeshire Community Services NHS Trust's speech and language therapists have been praised for their work supporting children with communication needs at the Shine a Light 2011 Hello campaign awards.

Run by The Communication Trust and Pearson Assessment, the Shine a Light awards are the flagship initiative of the Hello campaign during the national year of communication. At the awards ceremony on Wednesday 23 November, hosted by Vanessa Feltz, the team was highly commended in the 'Hello Campaign Award' category.

Philippa Grant, speech and language therapist, Cambridgeshire Community Services NHS Trust, said: "It is wonderful news to be highly commended for our work at the Shine a Light Awards.

"We are really proud of our achievements including running a 'Trolley Challenge' in local supermarkets, a poster competition for children with speech, language and communication needs and 'No Telly Tuesday' which involved parents keeping the

television turned off for a whole day to raise awareness of the importance of communication at home."

Shine a Light honours individuals, teams, projects, communication friendly settings and communities that have demonstrated excellence in supporting the needs of all children and

Pictured are Alice Walling and Philippa Grant receiving their award from Vanessa Feltz.

PEARSON

young people's communication, including those with speech, language and communication needs.

Hello is a campaign to make children and young people's communication development a priority.

# **New Service**

## New service to help people become more independent proves a success

Early evidence suggests that most people in Peterborough who have taken part in an innovative rehabilitation programme regained their independence and did not need further treatment.



Cambridgeshire Community Services NHS Trust launched a re-ablement service in Peterborough in June 2011 to support people with poor physical or mental health learn or re-learn the skills necessary for daily living, rather than have someone carry out tasks for them.

The aim is to improve their quality of life, avoid unnecessary hospital admission and reduce the need for other health and social care services due to the quality of care provided.

Anne Henderson, occupational therapist, said: "Re-ablement is designed to help people become as independent as possible, following an illness, an operation or if they have a long term condition.

"This can include support with personal care or to prepare a meal – the re-ablement service will work with people so that they learn or re-learn important tasks for themselves. In traditional social care, someone would visit and carry out these tasks for them.

"It's early days in the service, but the people who have participated in the programme often find that afterwards they can cope on their own, without the need for further support."

Anne sees people on their return from hospital and those who are experiencing problems at home to discuss what they would like to achieve and how the team can make it easier for them to do the things they want.

She added: "We look at what tasks they struggle with, so we can set recovery goals more effectively.

"Together we will agree these and identify how the service will support people to achieve them.

"At first, several visits may be needed every day, but as progress improves, the number of visits may reduce. We're here to work in partnership with people to help them take control of their lives and be as independent as they can be. This partnership working towards these goals is what sets re-ablement apart from more traditional care."

The re-ablement programme will normally last up to six weeks.

## Case Study

Ruth Gilbey, 71, from Peterborough, was supported by the team after she fractured her pelvis and wrist, following a fall near her home.

Fortunately, as she lives in sheltered housing she was able to attract the attention of a neighbour and an ambulance was called. After a two week stay at Peterborough City Hospital she was well enough to return home, but struggled with every day activities like getting in and out off bed, washing, dressing and preparing meals.

She was visited by Anne before she left hospital, with a follow-up visit at home.

Ruth said: "At first I couldn't do things most people take for granted. I wasn't very mobile and I'd lost confidence. Anne arranged equipment for me, such as a heightened toilet seat, a grab rail next to my bed and a walking frame.

"She also arranged for carers to visit me four times a day, every day, but as I gradually improved I could do more things for myself so they didn't need to visit so often. They were lovely people and I was also glad of the company."

By the end of the six week programme Ruth was back to looking after herself, and is gradually regaining her confidence to go out more often.

She added: "Without the help of the team I'm sure I wouldn't be doing as well as I now am. I'm still getting rehabilitation on my wrist, but I'm feeling a lot better."

# What do they do?

## Intensive case management support for long term conditions

## Did you know it's estimated that more than 15 million people in England suffer from a long term condition?

So supporting people in the community and in care homes with problems like heart disease, asthma and diabetes is a growing issue for the NHS.

In Peterborough people with long term conditions are benefiting from the development of a merged team – the Intensive Case Management Team – which brings together an older people specialist team and community matrons

### Older People Specialist Team

The older people specialist team was developed in response to the National Service Framework for Older People to address gaps in health services for people who live in nursing and residential homes.

The multi-disciplinary team which includes a modern matron, community psychiatric nurses, healthcare technicians and a team administrator have a wide range of responsibilities, including carrying out long term condition annual reviews, mental health assessments, continence assessments, flu and pneumococcal vaccinations, and nutritional and falls screening.

Kath Gregson, is manager at St Margaret's care home in Peterborough, which has 16 residents that are supported by the team.

She said: "The intensive case management team are very supportive and we know they're always there if we need them. What's so great about them is the caring approach they take, always explaining to our residents what they're doing and why, even those with dementia who sometimes struggle to understand."

### **Community Matrons**

Community matrons are advanced practitioners that support vulnerable older people who have three or more complex conditions, who are at risk of emergency hospital admission.

They co-ordinate people's health and social care support by working with them to agree a tailored care plan, which helps them self-manage their conditions so they can live as

independently as possible. They also monitor, support and educate parents and carers to prevent crises and manage medication.

#### The New Team

Angie Boyne, team leader, explained: "Working as a larger team has had great benefits for people who live at home and those in residential and nursing homes.

"By merging and co-locating the two teams we've been able to improve the resources available to patients, with community matrons and healthcare tecnicians working together.

"We've received a lot of positive feedback from both patients and care home managers who value the support we provide."



#### The Future

The team has also established improved links with a number of GP practices in Peterborough, which it hopes to extend.

Regular multi-disciplinary meetings take place between members of the team, GPs, district nurses and mental health nurses to discuss patients who regularly need the help of health professionals.

Viv Jellis, community matron, explained: "We look at what care patients are getting and how this could be improved. The aim is to improve communication between different clinicians to ensure that people get the help they need, and the feedback we've had so far has been very positive."

# **New Service**

# Cambridgeshire weight management pilot launches

The latest figures show that nearly a quarter of people living in Cambridgeshire are obese and the numbers continues to rise.

In response Cambridgeshire Community Services NHS Trust has joined forces with Cambridge University Hospitals NHS Foundation Trust to pilot an innovative weight management programme.

It's aimed at people who are obese, and who've struggled to lose weight through schemes run by the NHS or private companies like Weight Watchers and Slimming World. BMI compares your height to your weight and gives you an indication of whether you are overweight, underweight or at a healthy weight. People with a Body Mass Index (BMI) of thirty or over are considered obese.

But people who pay a visit to Helen Gibbs, Principal Obesity Dietitian, shouldn't expect to be immediately handed a diet sheet and an exercise plan.

She explained: "We are trying to move

away from the traditional model where a dietitian tells you what to eat and how often to exercise. Most people we see desperately want to lose weight and know what food they should eat to be healthier.

"The reasons they've not managed to are often complex, so at the first appointment we look at what's going on in their life and the barriers they've experienced in the past. My job is to listen, ask questions and offer advice only if it's asked for.

"We work in partnership with people to identify the changes they need to make, and agree a plan to help them to achieve this."

Helen says that many of us have a complicated relationship with food going back to childhood, so there are often underlying psychological issues which underpin weight problems.

She said: "There are no simple solutions. If people are having problems in their life they can use food as a way to cope. Some may suffer from anxiety and depression and so comfort eat, or confuse that empty feeling with being hungry. Others have relationship issues, such as divorce, bereavement or abuse.

"For example, one patient ate because she was lonely, but then became so



The weight management pilot is divided into two levels.

Level 2 is run by CCS NHS Trust and is for people who have a BMI of 30 or above, have attended a level one service for at least six months and have failed to lose five per cent of their body weight in that time.

Level 3 is run by Cambridge University Hospitals NHS Foundation Trust and is for people with a BMI of 40 or more, for whom surgery may be an option.

Referrals are by GP only, and all patients are initially assessed by CCS NHS Trust.

overweight that she was ashamed to be seen in public. She was trapped in a vicious cycle. I'm a dietitian, not a counsellor, but we had to address the other issues in her life first."

Helen adds it's vital to treat people who have weight issues with respect and dignity and not to judge them.

She said: "People who are overweight and obese are often discriminated against. Often they are made to feel that it's their fault and that they could lose weight if they really wanted to."

Helen says that hectic 21st century lifestyles don't always help. She explained: "We skip breakfast, don't take proper lunch breaks, and then get home at night not having had a balanced meal all day and binge. Too many of us have poor cooking skills and prepare food that is the most convenient. We also need to think about portion sizes. People may have a balanced diet, but just eat too much.

"Unlike other addictions such as drugs and alcohol, people can't survive without food, but with the aid of the programme we aim to help them build a more healthy relationship with food".



# What do they do?

# A day in the life of Dr Evelyn Kerr, consultant community sexual and reproductive health

Nearly 17,000 people have sought the advice of Cambridgeshire Community Services NHS Trust's community based reproductive services in Suffolk – run from ten locations in the county – in the last year.

Medically led by consultant Dr Evelyn Kerr, supported by a team of specialist nurses running outlying clinics, services include support and advice on issues like contraception, sexually transmitted infections, pregnancy, as well as termination referrals and close links with Chlamydia screening for under 25s. Here Dr Kerr talks about another busy day.

#### 9am

I arrive at my main base in Ipswich and check my emails, telephone messages and catch up with colleagues. I'm based in Ipswich, but I also attend clinics at Bury St Edmunds, Stowmarket and Felixstowe during the week – just some of the 11 clinics we have around the county.

#### 9.30am

I usually see my first patient of the day. Our community based clinics are a mix of drop-ins and pre-booked appointments, although most people drop-in. We tend to see people who don't always want to see their GP, but don't need to go to hospital.

The drop-in sessions tend to be more complex cases and I usually see these. This can be because people have significant medical problems or they are particularly vulnerable and have safeguarding issues, such as homeless people and asylum seekers.

We're not here to judge and we won't turn anyone away, in fact we encourage those who struggle to access mainstream NHS services or prefer not to book an appointment with their GP to visit us. We offer a confidential service and usually maintain complete confidentiality, unless there are issues like safeguarding.

#### 10am

We usually have seven pre-booked appointments during each clinic, and again, I tend to deal with the more complex issues.

I may advise someone on the most appropriate contraception for them and discuss the possible side effects, or perhaps offer advice on women's health issues, such as information and education about periods and the menopause. We do see men as well, but they're often more reluctant to seek advice.



People are also often concerned about sexually transmitted infections and we support them with testing and can refer to the Chlamydia screening team. We also offer advice and support over the phone. Much of the work we do is nurse-led, but there may be occasions where they need my advice and support.

Go to the team's website www.norisks.co.uk for advice, free contraception and clinic details.

#### 3pm

I attend a Suffolk Sexual Health Network meeting, which brings together commissioners – the people who decide how NHS funding is spent locally – and service providers like ourselves to look at how we provide sexual health services in the county and how they might be improved.

We're currently looking at how we improve links between health and social care services which support people with issues like drugs and alcohol, mental health and diet, because these often impact on sexual health.

As consultant I also have a strategic role, leading on issues like training, quality, audit and governance for our 60-strong team. We also do a lot of work with GPs and have a really good working relationship with them, encouraging them to refer to us when more specialist support or testing is needed.

5pm - 8.30pm

We run an evening session on Monday to Thursday and on

Saturday mornings to try ensure our clinics are available at a time to suit our patients.

I've been here a year and I really enjoy it. We have a great team of dedicated, hard working staff and it's a pleasure to work with them. I came from London, which as you would expect has very different issues, but sexual health is no less important in a mainly rural area like Suffolk.

# **New Service**

## Hospice at Home pilot launches

Cambridgeshire Community Services NHS Trust and the Arthur Rank Hospice Charity are launching a two year pilot scheme which supports people with a terminal illness to die at home. The pilot is being funding by the charity and builds on a smaller service it has been supporting CCS NHS Trust to provide.

The much needed funding is enabling the Trust to recruit additional trained nurses and healthcare assistants to provide specialist end of life care to enable people to die with dignity and as comfortably as possible in the place of their choice.

CCS NHS Trust and the Arthur Rank House Charity have also teamed up with Cambridge University in a ground breaking partnership to conduct a major study into end of life care in the region, which will evaluate the effectiveness of the service. It is hoped the study will secure additional funding to expand the service to make it more widely available to families across Cambridgeshire.



Lorraine Moth, Lead Nurse, Hospice at Home, CCS NHS Trust, said: "Death is still a taboo subject in our society, but it is a fact of life, and something we all face. All the evidence shows that many people would prefer to die at home, but that this is not always possible. It's a really difficult time for their families, who can feel overwhelmed and unable to cope with someone as they near the end of their life. Hospice at Home provides specialist health care for the last two weeks of someone's life that enables families to care for people at home and gives them emotional support and respite."

The team is also forging stronger links with local hospitals to support terminal patients who wish to leave hospital so they can die at home.

The Arthur Rank Hospice Charity works in partnership with CCS NHS Trust to support patients, their families, staff and volunteers at Arthur Rank House, a hospice in Cambridge run by the Trust.

## Case Study

Neil Dunlop talks about the support his family received from Hospice at Home.

He said: "From the shock of the terminal diagnosis, to my wife's death two years later, the Hospice at Home team made us feel we had a friend and expert, giving us comfort, reassurance and guidance.

"They understood how important it was for Jan to spend the last days of her life at home in Cambridge. We were at home together for most of those two years, but Jan's last two months saw several periods in hospital coinciding with heavy snow, and wards closed due to virus infections, so visiting was severely restricted.

"She was desperate to return home to see family and friends. Lorraine Moth, from the team, could see that precious time was being lost so she worked hard to make sure Jan could return as soon as possible.

"The team ensured everything was in place, which gave Jan the end that she wanted – in control, at peace and surrounded by friends and family.

"We were strengthened by knowing that the team were always available to give support and advice, which continued after Jan's death, with bereavement counselling to help us deal with the grieving process."

# **Patient Engagement**

## You said, we did!

Over 4700 service users responded to our most recent annual surveys - overall, we were overwhelmed with the positive responses:

Service Area	Number of Respondents	Percentage satisfied
Cambridgeshire	2227 (annual survey)	99
Luton	970 (annual survey)	95
Peterborough	1041 (annual survey)	97
Suffolk	502 (latest two monthly survey)	98

Here's a summary of just some of the changes we've made as a result of your feedback.

## **CAMBRIDGESHIRE**

**Musculo-skeletal services:** introduced a new website (www. msk.cambscommunityservices.nhs.uk) to provide better information and provision of waiting time data to support patient choice.

#### **Community dental services:**

additional funding reduced minor oral surgery waiting times and the waiting rooms at Brookfields and Princess of Wales dental services have been redecorated.

Podiatry: a patient information campaign was launched to promote the availability of services provided and a business case for provision of a social foot care service has been approved.



Outpatients: an action plan is underway to improve waiting times at appointments, satisfaction with information provided and involvement in decisions about care/treatment.

**Minor injury units:** the waiting and reception areas at Doddington Hospital are being redesigned.

**Community rehabilitation:** changes have been made to the occupational therapy referral process to help improve waiting times.

**Inpatient services:** improved arrangements to ensure patients know their 'named nurse' and to ensure patient engagement in discharge planning have been introduced.

**Health and social care teams for older people:** a more strategic approach is being taken to improve performance on completion of carers' assessments and support for carers.

**Specialist palliative care:** a review of food provision is underway including service/style of presentation.

**Special care baby unit:** chairs for parents have been replaced, more efficient breast pumps purchased and variable height cots ordered; all funded through charitable resources.

**Children's inpatient ward:** an 'all about me' passport is being developed to aid communication with children.

**Children's outpatients:** daily follow up telephone calls during the first week of discharge for parents of children with diabetes have been introduced.

Children's community nursing team: we are developing health action plans for young people with complex needs moving to adult services to help ensure a seamless transition to adult services.

**Children's occupational therapy:** service transformation has been completed to reduce waiting times (all now meet 18 week wait with the average wait now about 7.3 weeks.)

**Children's physiotherapy:** we are working with Parent Partnership in Education to improve follow up care for children with developmental co-ordination disorder.

Children's speech and language therapy: service transformation has achieved the 18 week target from referral to treatment (the average waiting time is now 3.9 weeks).

**Health visiting:** privacy is an issue in clinics held in community facilities - parents are now offered home visits or appointments at other venues if preferred.

**Community paediatrics:** an audit of clinic start times is being undertaken for 12 weeks from September 2011.

Children's audiology: plans are underway to extend clinic hours outside school hours.

## LUTON

Young persons drug service: all users are now offered a private room on entry to the service.

### **Shared care drug service:**

the appointment card has been amended to remove reference to 'drug agency'.

Rapid response service: nurses inform service users of any delays and a leaflet has been produced and placed in all admission packs.



**Health visiting:** revised planning of clinic slots has been introduced to avoid delays.

**Audiology:** information on time required for particular tests is now sent to service users with appointment.

**Children's community nursing:** a process is now in place to notify service user by telephone if scheduled visits will not occur at allocated time and the reason why.

**Men4men service:** staff training on customer service has been completed.

**District nursing:** training on care plans has been completed and an audit will be undertaken to ensure staff are involving service users in planning their own care.

**Youth offending team (YOT):** the nurse now offers visits to a choice of venue i.e. clinic, YOT office, home.

**Smoking cessation:** clinic rooms have been reviewed to provide a more patient friendly, clean environment.

## **SUFFOLK**

The Trust provides sexual health services in Suffolk in partnership with Suffolk Integrated Healthcare. The two most recent actions in response to feedback from service users include:

- an improvement plan is in place to ensure service users receive results in a timely fashion
- improvements are being made to ensure service users are aware, from appointment booking onwards, of the length of time they may need to spend in the clinic.

## **PETERBOROUGH**

**Community brain injury team:** secure nhs.net e-mail accounts, where appropriate, are now given to clients so that they can e-mail the team.

**Community nursing:** access to out of hours clinical consumables has been reviewed to enable access and sufficient stock are available to cover weekends and bank holidays.

**Community physiotherapy:** the team has agreed how to improve outcomes post appointments, with discharge planning followed up through an internal learning group.



**Continence:** welcome pack produced and piloted among patients.

**Contraceptive and sexual health team:** displayed poster in waiting area about time in which clients can expect to be seen.

**Coronary heart disease team:** service information leaflets updated.

**Dental access centre:** process implemented to advise patients how long they might have to wait and to update them if this changes.

**Diabetes:** created team leaflet which details the service available including help line numbers.

**Intermediate care:** improved patient involvement in discharge planning process with discussions documented in patient's notes.

**Podiatry:** improved arrangements have been introduced for providing patients with written information.

**Respiratory:** written advice is now provided for patients on how to contact the service after discharge.

## Cambridgeshire speech and language therapists take their message to Westminster

Speech and language therapists from Cambridgeshire recently travelled to the House of Commons to meet with Andrew Lansley MP, Secretary of State for Health, and other local MPs, to explain what they do to help people with communication needs.

They joined speech and language therapists from around the UK as they met with their MPs at Westminster as part of the Giving Voice campaign. Giving Voice, led by the Royal College of Speech and Language Therapists, highlights how speech and language therapy transforms the lives of those with speech, language and communication needs.

Jane Speake, lead practitioner, CCS NHS Trust, and Kay Rogers, manager, adult speech and language therapy, Cambridgeshire Community Services NHS Trust, met Mr Lansley in his offices at Richmond House and enjoyed a thirty minute meeting discussing issues relating to speech and language therapy in Cambridgeshire and nationally.

## District nursing team at Cornford House GP surgery shortlist success at Nursing Times Awards

The Trust's district nursing team based at Cornford House GP surgery in Cambridge has beaten off strong competition to be shortlisted at the prestigious Nursing Times 2011 awards, but narrowly missed out on the top prize.

The team was nominated in the 'Nursing in the Community' category for its work to champion the wishes of people as they near the end of the lives. This has resulted in an unprecedented 93 per cent of people with a terminal illness registered with the surgery, dying in the place of their choice.

Lin Steele, Manager for Planned Care, CCS NHS Trust, said: "It's great to be recognised for the work we do. Although we're disappointed not to win, we're really happy just to be nominated.

The nomination isn't just for the district nurses, it reflects how well we've worked with GPs, Macmillian nurses and other health professionals to ensure people can choose where they die."

## Talk to PALS for confidential advice and support

As a patient, relative, CCS NHS Trust staff member, service user or carer sometimes you may need to turn to someone for advice support or general information, but don't know where to go.

Our Patient Advice and Liaison Service - PALS for short - provides confidential, on the spot advice and support, helping you to sort out any concerns you may have about the care we provide and guiding you through the different health and social care services available from the Trust.

Don't worry if you are unsure if PALS can help with a particular service, just give us a call.

We are open Monday to Friday, from 9am to 5pm. Outside of these hours an answer phone is available and we will aim to return your call within 48 hours.

Mobile: 0750 7195 375 Free phone: 0800 013 2511 Telephone: 01480 355184

Email: ccspals@ccs.nhs.uk, or ccs-tr.ccspals@nhs.net

Or write to us using our freepost address: Freepost: RSAE-ELUT-RHCL Cambridgeshire Community Services NHS Trust Patient Advice and Liaison Service The Priory, Priory Road, St Ives, Cambridgeshire PE27 5BB



Co-ordinator with a client