Community Nursing Development Programme

A focus on District Nursing

Developing the vision

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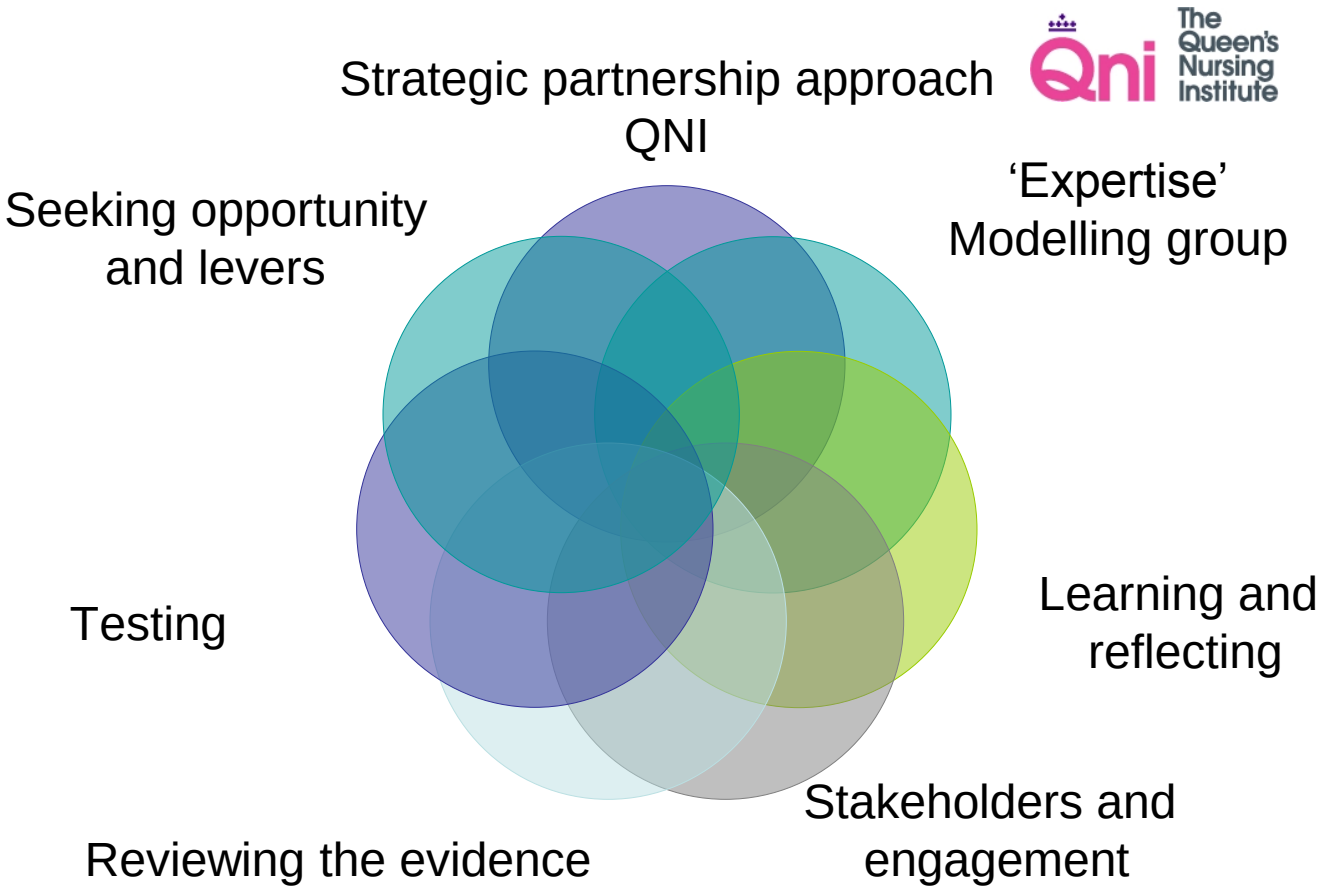
Community Nursing Development Programme

Aim: This programme of work would support the development of a strengthened and well-equipped community nurse workforce, who would deliver public health and health care support to service users, but particularly to support older people to be cared for nearer to home and improved management of long-term conditions.

Success measures:

- Establishing a clear vision of service;
- Articulation of the vision to service users and partners;
- Ensuring the outcomes contribute to and feed into major policies including; mental health and quality fourm;
- Ensuring the vision of service is robust enough to support the Health and Wellbeing Boards in their commissioning decisions.

Developing the vision



Developing the vision

Engaging:

- Advisory and task groups
- Focus groups
- Call for good practice
- Twitter
- Service users

COMMUNITY NURSING FOR IMPROVED HEALTH AND WELLBEING

Health and Social care services including:

- Hospitals;
- Care homes;
- Care homes with nursing;
- Hospice services
- Community (social care) and Voluntary sector organisations services;
- Out of hours service

Connecting other Health about care services

Connecting to Community Nursing Services

Primary care services

Community Nursing services

District nursing

Developing the profession to lead and deliver seamless services within the community

Compassion | **Communication** | **Competence** | **Courage** | **Commitment**

Collaborative, co-ordinated services

A life course Delivery Approach

Delivering community Services

Values and behaviours at the heart of District nursing services:

Care

Providing consistent, effective support and high quality of care nearer to home, within community settings.

Working in partnership with patient to ensure joint decision-making and care in patients homes.

Ensuring care is centred on the patient's own environment

Compassion

Providing care with dignity and respect.

Responding to the uniqueness of the patient.

Recognising the sensitivities and risk in providing care in 'out of hospital' settings and patients' homes.

Acting as an advocate for patients and always with integrity.
Encourage patients to be active participants in care and decision-making.

Competence

Confident, capable staff, who can influence the lifestyle of individuals, families, and communities.

Specialist Practitioners using their accountable role to drive service improvements and support the educational needs of the workforce.

Adapt high impact evidence based interventions providing these in people's own environment.

Highly technically trained providing support and care in community setting

Values and behaviours at the heart of District nursing services:

Communication

Providing information and guidance to support patients, whilst communicating with other agencies to provide a seamless approach to care.

Using all available resources including technology and social media to improve care and access to services, in the NHS, public health and social care.

Using special skills to manage the interface between the patient, community and multi disciplinary team

Courage

Ensuring patients' best interests at the centre of service delivery and providing challenge to others when services are not meeting needs patients and when things are wrong

Commitment

Delivering and designing ongoing support and quality services within patient's own environment, with a commitment to improving health outcomes.

Empowering patients to gain independence and where possible control their care.

Using business acumen and specialist knowledge to influence and direct commissioning

The District Nursing Service Offer

The District Nursing Service Offer

Qualified district nurses leading and supporting the team to deliver care and support in the home:

Population and Case load management:
Managing and accountability for an active caseload and providing population interventions to improve community health and wellbeing. Working with a range of health and social care partners (including GP, voluntary sector and community services) to provide services for adults and their carers, at home and in other community settings. For example, nursing intervention, screening and protection.

Support and care for patients who are unwell or recovering at home:
Delivering a swift response from the district nursing service when specific expert health intervention is needed e.g. with short-term health issues, or sudden health crises. For example, when patients are discharged from hospital, or have a sudden deterioration in a health condition.

Support and care for independence:
Providing leadership and prioritisation of support to help patients stay well and can manage their independence at home. For example, wound care management, advice on nutrition; help to avoid falls or to manage medicines, advice on 'assistive technology' such as telehealth and telecare, working with patients and their families to help them care for themselves.

Leading and delivering ongoing support from the district nursing team and a range of local services (e.g. GP, voluntary and community organisations, or local authority) working together with patients to deal with more complex issues over a period of time. For example, to meet continuing and long-term health needs, palliative care or for end of life care at home. Providing interventions with the home including chemo and IV therapy.

A focus on District Nursing

Through their unique contribution district nursing team will deliver:

Maximising health and wellbeing. Helping people to stay independent

- Leading, delivering, and evaluating care nearer home.
- Prioritising care and case management according to need and complexity of care
- Utilising decision making skills and providing expertise to support care and respond to patient needs in their own home
- Leading and co-ordinating an holistic assessment and whole system approach through key working
- Providing care in any community environment and supporting a smooth transition from primary to secondary care

Maximising health and wellbeing. Helping people to stay independent

- Identifying the need for early help and managing crisis intervention or long tremor continuing care
- Using the unique relationship as a therapeutic tool
- Identifying and responding to vulnerable adults
- Ensuring effective communication between primary and secondary care to improve discharge planning
- Measuring impact of service delivery through patient feedback
- Utilising the ‘family and friends approach

Delivering care and measuring impact

- Using professional expertise and business acumen to Influence and direct commissioning plans
- Utilising population and robust data to inform Joint Strategic Needs Assessment
- Using an evidence base to report outcomes
- Identifying and measuring harm as a way of quality improvement
- Benchmarking to measure effectiveness of care

A focus on District Nursing

Through their unique contribution district nursing team will deliver:

Building and strengthening leadership

- Acting a professional role model for all nurses working in a community setting Providing leadership and support to the team
- Empowering the team through supervision
- Using technology to support care in the home
- Leading and supporting patient complexity including technological support e.g.: tele-health
- Supporting the independent sector to set standards and develop skills
- Identifying and managing safeguarding incidents

Ensuring we have the right staff, with the right skills in the right place

- Providing supervision and supporting training needs of the team
- Developing expertise
- Utilising service planning tools to determine skill mix
- Referring and delegating within the team to maximise resources and utilise expertise of other skilled professionals
- Contributing as part of a multi-agency team, to support individuals and families / carer, particularly those with continuing or long term conditions, dementia and complex needs
- Providing an integrated approach and help patients and carers to navigate through the system

Ensuring we have the right staff, with the right skills in the right place

- Growing and supporting the workforce through appropriate mentorship and preceptorship
- Creating opportunities and supporting teams
- Pro-active and structured development for team
- Developing nurse leaders of the future by providing excellent practice placements

Competence and the ‘right staff’’

Competence and the ‘right staff’

- Graduate workforce with specific training in the unique context of the community;
- Clinical; the provision of evidence based care
- Leadership and management; leading a team to deliver nursing care and support care in the home
- Partnership and collaborative working; networking and sign posting and actively engaging with primary, secondary care, local authority and voluntary sector partners
- Communication and negotiation as a key caseload manager; valuing the contributions partners and families bring
- Coaching, mentoring and supervision; supporting the current and future workforce

Skilled in:

-Assessment
-Needs analysis and population data;
-Evaluation and review;
-Developing and implementing care plans;
-Prescribing

Knowledge:

- Outcome focussed approaches;
- Experts for wider health and wellbeing; for prevention, support and independence
- Influencing partners from health, social care and voluntary sector

Settings and pathways

Delivery Settings

Qualified district nurses leading and delivering care within community and 'out of hospital' settings;

- Patients home's
- Residential and care homes
- Clinics and GP surgeries

'Care nearer home…..'

Delivery through partnership:

District nurses working collaboratively with GP and primary care (including practice nurses)

District nurses managing the interface with wider community services to ensure;

- Effective delivery of care
- Effective negotiation and influencing
- Effective information sharing processes
- Effective joint planning
- Effective referrals

Key delivery partners:

- Acute services
- Specialist nursing services
- Community matrons
- AHPs
- Hospices
- Carers
- Voluntary sectors organisations
- Residential and Care homes
- Social care

Success measures and outcomes

Enhancing the patient experience – promoting a positive patient and carer experience

- Recognising ‘what is important to the patient and carer
- Going the extra mile – flexibility and responsiveness
- Making a difference – support and anticipation of needs
- Advocacy role and managing risk to keep patients safe
- Family / home centred
- Hands-on and highly skilled
- Core/key worker in centre
- The ’key’ to Multi-level care
- Adapting to the care setting and respecting patients home
  - **To be tested**

Next steps

- Comments required from stakeholders
- Testing success measures
- Draft for wider consultation early October
- Stakeholder testing November
- Revised model
- Published early Feb

Contact

'Working in patients' homes is a privilege'

Dignity is not an option!

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