

Item 8: NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG: Adult Community Services (Written Update)

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 6 March 2015

Subject: NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG: Adult Community Services (Written Update)

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG.

It is a written update only and no guests will be present to speak on this item.

It provides additional background information which may prove useful to Members.

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## 1. Introduction

- (a) On 11 April 2014, the Committee considered the redesign of community services and out-of-hours services in the NHS Swale CCG area. At the end of the discussion, the Committee agreed the following recommendation:
- *RESOLVED that the Committee determines the proposed service change as a substantial variation of service and that a timetable for consideration of the change would be agreed between the HOSC and NHS Swale CCG after the meeting.*
- (b) On 10 October 2014, the Committee considered an update on the out-of-hours proposals as part of the wider reconfiguration and recommissioning of emergency and urgent care services by NHS Medway CCG, NHS Swale CCG and NHS Dartford, Gravesham, Swanley CCG. At the end of the discussion, the Committee agreed the following recommendation:
- *RESOLVED that:*
    - (a) *the Committee do not deem this change to be substantial.*
    - (b) *the guests be thanked for their attendance at the meeting, that they be requested to take note of the comments made by Members during the meeting and that they be invited to attend a meeting of the Committee in six months*
- (c) NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG have asked for the attached update report, on proposals for adult community services, to be submitted to the Committee.

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## **2. Community Services**

- (a) Community health services cover a range of services provided by a variety of organisations and staff including:
- Community nurses;
  - Health visitors;
  - Community dentistry;
  - Podiatry;
  - Physiotherapy;
  - Speech and language therapy;
  - Family planning services;
  - Community rehabilitation.
- (b) Prior to 2009, the vast majority of Primary Care Trusts (PCTs) both commissioned and provided community health services. By 2009, PCTs had to organisationally split their commissioning and provider arms.
- (c) A wide range of options for the future organisational form of provider arms was set down in the 2009 Transforming Community Services programme. The “most likely options” were given as integration with an NHS acute or mental health provider; integration with another community-based provider; or a Social Enterprise.
- (d) By April 2011 PCTs had to divest themselves of their provider arms. A number of Community Health Trusts were created following the merger of community-based providers.
- (e) The Health and Social Care Act 2012 established Clinical Commissioning Groups (CCGs) which replaced PCTs on 1 April 2013. CCGs are now responsible for the planning and commissioning of health care services for their local area including community services; whilst NHS England is responsible for directly commissioning primary care and specialised services.
- (f) Monitor approved the Foundation Trust applications of Derbyshire Community Services NHS Trust and Bridgewater Community Healthcare NHS Trust on 30 October 2014. They became the first community health trusts to achieve foundation trust status.

## **2. Kent Community Health NHS Trust**

- (a) Kent Community Health NHS Trust was formed on 1 April 2011 from the merger of Eastern and Coastal Kent Community Services NHS Trust and West Kent Community Health.
- (b) It is one of the largest NHS community health providers in England, serving a population of two million; 1.4 million living in Kent and 600,000 people in areas outside of Kent. The Trust employs 5,500 staff including community nurses, physiotherapists, dietitians and many other healthcare professionals. The Trust’s budget was £229 million in 2013/14.

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- (c) The Trust provides wide-ranging NHS care for people, in their community, in a range of settings including people's own homes; nursing homes; health clinics; community hospitals; minor injury units; a walk-in centre and in mobile units. The Trust has three million contacts with patients a year.
- (d) The Trust is working towards becoming a foundation trust. The NHS Trust Development Authority discussed the Trust's application in July 2013 and agreed that it was ready to be assessed by CQC. The CQC carried out inspections across the Trust in June 2014 and rated it as 'Good'. The CQC has agreed that the Trust is now ready to be assessed by Monitor. The assessment by Monitor is the final stage in becoming a foundation trust.

### 3. Recommendation

RECOMMENDED that the report be noted and NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG be invited to attend the June meeting of the Committee.

### Background Documents

Department of Health (2013) '*Transforming community services transformational guides (08/02/2011)*',  
<https://www.gov.uk/government/publications/transforming-community-services-transformational-guides>

Kent Community Health NHS Trust (2014) '*About (01/01/2014)*',  
<http://www.kentcht.nhs.uk/home/about-us/>

Kent County Council (2014) '*Agenda, Health Overview and Scrutiny Committee (11/04/2014)*',  
<https://democracy.kent.gov.uk/mgAi.aspx?ID=27880>

Kent County Council (2014) '*Agenda, Health Overview and Scrutiny Committee (11/04/2014)*',  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5400&Ver=4>

NHS Trust Development Authority (2014) '*Monitor approves 3 FT applications (30/10/2014)*', <http://www.ntda.nhs.uk/blog/2014/10/30/monitor-approves-3-ft-applications/>

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