

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE
18th December 2012

**COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST – CLINICAL
STRATGEY – TASK AND FINISH REVIEW GROUP – INTERIM REPORT**

SUMMARY REPORT

Purpose of the Report

1. To present the outcome and findings of the Task and Finish Review Groups established by Health and Partnerships Scrutiny Committee to scrutinise County Durham and Darlington NHS Foundation Trust (CDDFT) Clinical Strategy and to seek Members views on a way forward.

Summary

2. The Health and Partnerships Scrutiny Committee agreed at its meeting on 25th October 2011, to scrutinise the operational workstreams of County Durham and Darlington NHS Foundation Trust Clinical Strategy.
3. To progress work Members established five small groups to consider each workstream in detail and have met with a variety of Officers.
4. Each Group has worked differently but overall Members and Officers from the Trust have found all the meetings successful and equally beneficial.

Recommendation

5. To seek Members' views on how to proceed on the pieces of work.

Paul Wildsmith
Director of Resources

Background Papers

County Durham and Darlington NHS Foundation Trust – Clinical Strategy 2012 - 2015.

Abbie Metcalfe: Extension 2365

S17 Crime and Disorder	This report does not have implications relating to Community Safety Partnerships for the residents of Darlington.
Health and Well Being	This report has implications to address Health and Well Being for the residents of Darlington.
Sustainability	This report has implications relating to sustainability for the residents of Darlington.
Diversity	This report has implications relating to diversity for the residents of Darlington.
Wards Affected	This report does not impact on a particular Ward, but Darlington as a whole.
Groups Affected	This report does not impact on a particular Group, but Darlington residents as a whole.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a Key Decision.
Urgent Decision	This is not an Urgent Decision.
One Darlington: Perfectly Placed	The report contributes to the Sustainable Community Strategy in a number of ways through the involvement of Members in contributing to the delivery of the five themes.
Efficiency	This report does not identify specific efficiency savings.

MAIN REPORT

6. Members of the Scrutiny Committee commenced this piece of work in April 2012 and it has become clear that the Trust's Clinical Strategy is a changeable document.
7. This Interim Report allows Members to review the work that has been undertaken by each individual Task and Finish Review Group and is an opportunity to agree whether :-
 - (a) it is appropriate to continue the Task and Finish Review Group work;
 - (b) circumstances have dictated that it is no longer necessary; or
 - (c) it is possible to amalgamate the Task and Finish Review Groups together.
8. Each Task and Finish Review Group has completed an Interim Report which are attached as Appendices, as follows:-
 - Appendix 1** – Emergency and Urgent Care;
 - Appendix 2** – Long Term Conditions;
 - Appendix 3** – Older People and End of Life Care;
 - Appendix 4** – Surgery; and
 - Appendix 5** – Women and Children.

EMERGENCY AND URGENT CARE

Introduction

9. This is the Interim Report of the Emergency and Urgent Care Task and Finish Review Group to consider the Emergency and Urgent Care workstream of County Durham and Darlington NHS Foundation Clinical Strategy.

Membership of the Review Group

10. Councillors H. Scott (Chair) Newall and Nutt.

Acknowledgements

11. The Task and Finish Review Group acknowledges the support and assistance provided in the course of their investigation and would like to place on record their thanks to the following :-

County Durham and Darlington NHS Foundation Trust, Edmund Lovell, Associate Director of Communications and Marketing; Dr Alan McCullough, Lead Clinical Governance and Derek Murphy, Associate Chief Operating Officer and Abbie Metcalfe, Democratic Officer.

Methods of Investigation

12. The Task and Finish Review Group has met on one occasion and the notes of that meeting were reported to the Health and Partnerships Scrutiny Committee.
13. At the meeting, Members discussed the Trust's plan to integrate Urgent Care Centre with Emergency Departments which includes moving the Urgent Care Centre at Dr Piper House to Darlington Memorial Hospital. The proposal is to enable patients to be directed more effectively and faster into the more appropriate environment for their care.
14. Members expressed their frustrations that this initiative has been muted for a long time yet appeared not to be moving forward. Members suggested that a briefing should be arranged with all NHS organisations to establish the issues.
15. Members were informed that the Trust had had success in reducing the number of unnecessary hospital admissions through the introduction of the Rapid Access Medical Assessment Centre (RAMAC) and of the plans to introduce further services in the hospital and community that GP's could access as an alternative to hospital admission.
16. The Trust were keen to improve the service in respect of unplanned care and emergency responses given that there has been a percentage increase in the number of emergency admissions into hospital within the last year and Members

were reminded that Darlington Memorial Hospital has Trauma Unit status for the next three years.

Conclusions to date

17. Members welcomed the opportunity to meet with Officers and receive an overview of the Emergency and Urgent Care workstream.
18. At the meeting, it became apparent that this issue was broader than first realised and needed to involve all Members of the Committee. There was also a duplication of work that the Committee was involved in and it could be beneficial to amalgamate the work being undertaken by the two previously established Task and Finish Review Groups (Urgent Care Centre and Emergency and Urgent Care).
19. The Health and Partnerships Scrutiny Committee, at its meeting in August 2012, agreed to disband both of those Review Groups and establish a new Urgent Care Services Task and Finish Review Group incorporating both strands of work.
20. A briefing was arranged for all Members of the Scrutiny Committee with representatives from County Durham and Darlington NHS Foundation Trust, Darlington Clinical Commissioning Group and NHS County Durham and Darlington and it continues to receive regular updates on the progress of integrating urgent care with emergency services.

Recommendation

21. That the position be noted.

Emergency and Urgent Care Task and Finish Review Group

LONG TERM CONDITIONS

Introduction

22. This is the interim report of the Long Term Conditions Task and Finish Review Group to consider the Long Term Conditions workstream of County Durham and Darlington NHS Foundation Clinical Strategy.

Membership of the Review Group

23. Councillor E. A. Richmond (Chair) and Councillor S. Richmond.

Acknowledgements

The Task and Finish Review Group acknowledges the support and assistance provided in the course of their investigation and would like to place on record their thanks to the following :-

County Durham and Darlington NHS Foundation Trust – Specialist Services Manager and Carol Robinson, Service Integration Manager/AHP Lead;
Darlington Borough Council Mike Crawshaw Head of Cultural Services and Ian Thompson, Assistant Director of Community Services;
Darlington Clinical Commissioning Group Joanne Evans Commissioning Manager and Jackie Kay, Deputy Director;
NHS County Durham and Darlington, Ken Ross, Public Health Specialist and Abbie Metcalfe, Democratic Officer.

Methods of Investigation

24. The Task and Finish Review Group has met on six occasions and the notes of each meeting have been regularly reported to the Health and Partnerships Scrutiny Committee.
25. At the first meeting, Members received an informative and detailed overview of the Long term Conditions workstream and the following key issues were highlighted
 - Integration of Service
 - Patient safety and patient experience
 - Workforce issues
 - Performance Indicators
 - There needs to be meaningful engagement with Local Authorities and the Voluntary Sector.
 - Programme of education with Care Homes and GPs about Long Term Conditions and how conditions can be managed in the community.

- Members are interested to hear the views of patients before and after the service have been integrated.
 - How members of the public can be encouraged to manage their long term condition and how to recognise symptoms.
 - That consideration be given to the possibility of using space at the Dolphin Centre to promote long term conditions on a rolling programme.
26. During the meeting a discussion ensued about treatment in community facilities and encouraging people to self-manage their Long Term Condition(s) within their own homes and community settings rather than visiting the GP practices or ultimately being admitted into hospital. The Dolphin Centre was mentioned as an accessible building within the centre of town which could be utilised.
27. Given the magnitude of this subject Members agreed to give further thought as to how best to approach this piece of work.
28. Members agreed to focus their work on the potential of utilising space at the Dolphin Centre as a one stop shop for Long Term Conditions, while continuing to receive updates on the others areas.
29. Following the initial meeting, Members met with the Head of Cultural Services to explore whether using the Dolphin Centre was a viable option and Members were delighted to hear that it was and that work preliminary work has already commenced.
30. Members agreed to meet all Partners to try and speed up the process and were keen not to loose momentum.
31. At a meeting in May 2012, Members met with representatives from County Durham and Darlington NHS Foundation Trust, Darlington Borough Council, Darlington Clinical Commissioning Group and NHS County Durham and Darlington Public Health Team and proposed:-

“That space at the Dolphin Centre be used as a one stop shop facility for health promotion/information advice and to carryout non-invasive health checks. Ideally this could be situated where the Tourist Information used to be located and NHS professionals could be present to meet members of the public on arrival at the Centre. There is also potential to explore the delivery of community based clinics with a focus on rehabilitation within the Dolphin Centre.

Members believe that the Dolphin Centre is seen by the public as a healthy place to visit which would encourage people to drop in to get their blood pressures checked, be weighed or BMI checked, etc. on their way to a class, use the gym or a swim. Staff could be available to sign post people to smoking cessation services, dietary advice, cardiac rehab, weight management and other services offered at the Dolphin Centre

By using the television screen publicity materials could be used to highlight (perhaps on a monthly basis) various long term conditions and the benefits of self-managing conditions.

Members are aware that people are more likely to voluntarily access non clinical venues in a town centre setting to receive advice/guidance on lifestyle choices rather than visit a GP waiting room.

Members believe that by introducing an all-encompassing partnership run health facility within a sports complex is very much in line with Government proposals of bringing public health within the responsibilities of Local Authorities from April 2013. If the initiative could be up and running as soon as possible we would be addressing the Marmot Report pertaining to adopting a life course framework for tackling the wider social determinants of health and reducing health inequalities (which remain the primes focus of the Scrutiny Committees work). In doing this localism will be at the heart of the new systems, with responsibilities, freedoms and funding being jointly developed wherever possible. A one stop shop facility of this nature would maximise the provision of a service through partnership and collaboration in accordance with the Darlington Single Needs Assessment 2010/2011, which Members of the Scrutiny Committee are fully aware and committing to.”

32. The meeting was a success with all Partners agreeing with the suggestion, in principle for the direction of travel for all organisations to work together, however, more detailed work was needed to develop a comprehensive and sustainable plan for interagency work within the Dolphin Centre.
33. It was also agreed that a report would be jointly prepared for consideration by each of the partners' Governing Bodies for approval to undertake an internal review of the delivery and service priorities to enable the final agreed project model to be integrated into each Strategy in a joined up manner.
34. Members have received progress updates in July and September 2012 and are delighted that there has been a number of quick wins, including; consideration of expanding the Pulmonary Rehabilitation Programme which already exists at the Dolphin Centre to include Cardiac Rehabilitation Programme and hosting the DESOMND Diabetes Education Programme which commenced on 10th December 2012.
35. Members are aware that a sustainable integration will require a procurement process and will take time.

Conclusions to date

36. Members have welcomed the opportunity to work with Officers from a multitude of NHS organisations and assist in developing and shaping integrated services.
37. Members are delighted that Officers share their vision of maximising the potential of the Dolphin Centre with the aim of creating a hub of health and

physical activities, which they believe will only enhance the very successful One Life Programme that has been running for a number of years.

38. Members understand the financial difficulty that this Council and NHS organisations are facing but accept that an integrated solution will drive efficiencies and make savings.
39. Members believe there are potential opportunities that arise out of the new NHS reforms and the current financial position in the public sector in relation to the use of public sector assets and buildings in the collocation or direct delivery of a range of services by NHS providers in the future.
40. From the work the Group have undertaken, we are satisfied that an enormous amount of progress has been made, however, we would like to see more progress and a service specification developed to enable tenders to be sought in the next financial year and therefore, would like to continue this piece of work.

Recommendations

41. That work continues to explore how in the long term the Dolphin Centre can be used to facilitate education programmes, prevention workshops and screening for long term conditions with NHS organisations working in partnership with this Council.
42. That any immediate transportation of services/education programmes be carried out as soon as possible to maximise the potential of using the facilities at the Dolphin Centre which will improve access and the patient experience as a whole.
43. That the Task and Finish Review Group continues to meet regularly to monitor the progress that Officers are making.

Long Term Conditions Task and Finish Review Group

OLDER PEOPLE AND END OF LIFE CARE

Introduction

44. This is the interim report of the Older People and End of Life Care Task and Finish Review Group to consider the Older People and End of Life Care workstreams of County Durham and Darlington NHS Foundation Clinical Strategy.

Membership of the Review Group

45. Councillors J. Taylor (Chair), Francis and Macnab.

Acknowledgements

The Task and Finish Review Group acknowledges the support and assistance provided in the course of their investigation and would like to place on record their thanks to the following :-

County Durham and Darlington NHS Foundation Trust –Nicola Allen, Clinical Services Manager; Lisa Cole, Head of Service, Stroke and Elderly Medicine; Dr Bernard Esi, Clinical Director, Consultant in Stroke and Elderly Medicine; Jane Haywood, Clinical Director Adults and Integrated Services/Programme Manager; Carol Robinson, Service Integration Manager/AHP Lead and Denise Stark; Clinical Services Manager.
St Terea's Hospice – Victoria Ashley, Clinical Services Manager and Jane Bradshaw, Chief Executive and Abbie Metcalfe, Democratic Officer.

Methods of Investigation

46. The Task and Finish Review Group has met on four occasions and the notes of each meeting have been regularly reported to the Health and Partnerships Scrutiny Committee.
47. At the first meeting, Members received an informative and detailed overview of the Older People and End of Life Care workstreams. The key issues discussed included the Dementia Collaborative, integration of Community and Acute Services, training issues across all Organisations, Patient Choice, Integrated Care Plans, the Surprise Question, Amber Care Bundle, screening and prevention work, Health Improvement Team, Readmission Avoidance Scheme, Care in the Community and Integration of Multi-Disciplinary Teams.
48. Given the extensive remit of this Group, Members agreed to give further thought as to how best to approach this piece of work.

49. Members agreed to focus their work by exploring specific areas, as follows:-

- Older People
 - Prevention and screening
 - Improve integrated partnerships across all health and social care providers
 - Training
- End of Life Care
 - St Teresa's Hospice
 - Pilots – Surprise Question and Amber Care
 - Training

50. Members have received a three month progress update from Officers in respect of the selected areas of interest which has led to more questions.

51. As a result Members intend to meet with Officers from this Council to seek assurance of provision of service, integrated working and training initiatives undertaken.

52. Members have recently met with Officers from St Teresa's Hospice and we are delighted to learn the breadth of services and support they offer.

Conclusions to date

53. Members welcomed the opportunity to work with Officers from the Trust and St Teresa's and have been interested to learn how services are integrated services.

54. Members are delighted with the variety of services provided at St Teresa's Hospice and would like to see better integration with the Trust and the Council wherever possible.

55. We are pleased that a focus on end of life care appears to be at the fore front of Clinicians minds when treating older people and ensuring that they have the opportunity, should they wish to, to plan for their end of life.

56. Members understand the financial difficulty that this Council and NHS organisations are facing but believe continued integrated services will drive efficiencies and make savings.

57. Members believe there are potential opportunities that arise from integration such as shared training and initiatives which ultimately would benefit providers, however, Members are not yet satisfied that opportunities are being fully explored and benefited from.

58. From the work the Group have undertaken, we are satisfied that an some progress has been made; however, we would like to see more progress and

better integration. We have meetings scheduled to meet with Council Officers and Officers from the Trust in 2013 and we would therefore like to continue this piece of work.

Recommendation

59. That the Task and Finish Review Group continues to meet regularly until Members are satisfied.

Older People and End of Life Care Task and Finish Review Group

SURGERY

Introduction

60. This is the Interim Report of the Surgery Task and Finish Review Group to consider the Surgery workstream of County Durham and Darlington NHS Foundation Clinical Strategy.

Membership of the Review Group

61. Councillors Regan (Chair), I. Hazseldine and Councillor S. Richmond.

Acknowledgements

62. The Task and Finish Review Group acknowledges the support and assistance provided in the course of their investigation and would like to place on record their thanks to the following :-

County Durham and Darlington NHS Foundation Trust, Janet Sedgewick, Associate Chief Operating Officer and Abbie Metcalfe, Democratic Officer.

Methods of Investigation

63. The Task and Finish Review Group has met on two occasions and the notes of each meeting have been regularly reported to the Health and Partnerships Scrutiny Committee.
64. At the first meeting, Members received an informative and detailed overview of the Surgery workstream and the following key issues were highlighted:-

- Urology
- Bariatric Surgery
- Orthopaedics
- Endoscopy
- Vascular Surgery
- Plastic Surgery
- Ophthalmology
- Clinical decision Unit
- Pathology
- Radiology

65. During the meeting a discussion ensued about the three main challenges the Trust were facing in respect of this workstream and were highlighted as

- Unscheduled care;

- Mainstreaming services and providing access to consultants 24hours, 7days a week; and
 - Delivering local services of a high standards and trying to compete with external providers to retain services locally
66. Given the enormity of this workstream Members agreed to give some thought as to how best to approach this piece of work and a further meeting was arranged.
67. Members agreed that there are a number of issues that the wider Committee need to be kept update about, namely the Clinical Decision Unit, Radiology and Vascular Surgery.
68. Members agreed to focus one specific area of interest, that being bariatric surgery and given the recent press focus it appears to be a timely piece of work.
69. Members would like to meet with the Associate Chief Operating Officer in sixth months' time to receive an update all the issues discussed at the first meeting.

Conclusions to date

70. Members welcomed the opportunity to meet with the Associate Chief Operating Officer and receive an overview of the Surgery workstream.
71. Members acknowledge that there is vast amount of work going on with the Trust and it would not be possible to thoroughly scrutinise everything and therefore it has been agreed to focus on only one element.
72. Members believe that a piece of work focusing on Obesity should be undertaken looking at the whole pathway and multi-agency approach. Members are aware that obesity often results in bariatric surgery and intend to scrutinise the pathway of care received and the necessary aftercare. We recognise that this could be a huge piece of work and therefore would wish to include all Members of this Committee.
73. Members understand the financial difficulty that NHS organisations are facing and believe streamlining services will drive efficiencies and create savings.
74. From the work the Group have undertaken, we are satisfied that the Trust are challenging the planned and emergency surgery pathways to reduce time spent in hospital and the number of aftercare visits required. We would like to hold a further meeting to discuss the progress being made to complete this piece of work.

Recommendations

75. That a Quad of Aims be drafted outlining Members intention of scoping a piece of work around Obesity.

76. That a meeting be arranged in April 2013 to enable Members to receive an update from the Associate Chief Operating Officer regarding the surgery workstream.
77. That the Surgery Task and Finish Review Group be dissolved as the work is completed.

Surgery Task and Finish Review Group

MAIN REPORT**Introduction**

78. This is the Interim Report of the Women and Children Task and Finish Review Group to consider the Women and Children workstream of County Durham and Darlington NHS Foundation Clinical Strategy.

Membership of the Review Group

79. Councillor Newall (Chair) and Councillor Donoghue.

Acknowledgements

80. The Task and Finish Review Group acknowledges the support and assistance provided in the course of their investigation and would like to place on record their thanks to the following :-

County Durham and Darlington NHS Foundation Trust – Mr Bob Aitken, Consultant Obstetrician, Tracy Hardy, Assistant Chief Officer, Ann Holt, Head of Midwifery and Cath Vasey, Head of Children and Families and Abbie Metcalfe, Democratic Officer.

Methods of Investigation

81. The Task and Finish Group has met on two occasions and carried out two site visits, the notes of each meeting have been regularly reported to the Health and Partnerships Scrutiny Committee.

82. At the first meeting, Members received an informative and detailed overview of the Women and Children workstream and the following conclusions were made:-

- The main focus of the Group will be to gather evidence to support the Trust in maintaining Women and Children's Services across two acute sites in County Durham and Darlington.
- The Group will also explore concerns about changes to commissioning arrangements and the potential of the current services/pathway fragmenting.
- The Group will undertake site visits and follow a journey of an average child's pathway from birth to five years and an example of high risk women, premature baby and the specialist support and services available.

83. Members have since met with Officers and received information in respect of the development of the Pregnancy Assessment Unit and the Healthy Child Programme Pathway.

84. Members have also visited the Paediatrics Ward at Darlington Memorial Hospital.
85. Members have recently met with Mr Bob Aitken and Anne Holt at Darlington Memorial Hospital to discuss in detail the opportunities to extend the operating hours of the Pregnancy Assessment Unit to take the pressure off the Labour Ward, the potential investment opportunities to update the maternity facilities at Darlington Memorial Hospital, the impact of the impending consultation on the maternity services at the Friarage Hospital, the benefits of retaining two Maternity Units across both Acute Hospitals and the impact of the Quality Legacy Project.

The Friarage Hospital

86. As part of the work of this Group has been involved the impending consultation in respect of the proposed consultation of a Midwife Led Maternity Unit and Paediatric Short Stay Assessment Unit at The Friarage Hospital.
87. Councillor Newall, as Chair, has met with Officers and Members from Richmondshire District Council and North Yorkshire County Councils.
88. The Tees Valley Health Scrutiny Joint Committee has also received a briefing from representatives from South Tees Hospitals NHS Foundation Trust and County Durham and Darlington NHS Foundation Trust considering the implications of a decision being made.
89. However, it has now been announced that the official public consultation has been put on hold. The Board of NHS North Yorkshire and York has confirmed that it would not include an option to retain a Consultant Led Paediatric and Maternity Services at The Friarage Hospital in the formal consultation. This is because local GPs, Clinicians at South Tees NHS Hospital Trust and the Department of Health's National Clinical Advisory Team all agreed that this option was not clinically sustainable due to on-going staffing and recruitment issues.
90. We will be monitoring on this issue and will respond to the public consultation. We need to ensure that as a result of any decision that Darlington Memorial Hospital is able to cope with additional number of births and has the capacity. We are reassured that currently there is capacity to take on an estimated additional 300 expectant mothers if the decision is taken to reduce the services provided at The Friarage Hospital.

Conclusions to date

91. Members welcomed the opportunity to meet with Officers and receive an overview of the Women and Children workstream.
92. Members believe the Pregnancy Assessment Unit is key to reducing pressure on the Labour Wards and will be more successful if hours opening hours were extended.
93. Members are pleased that the integrated health and social care children's team are working well in Darlington and are keen that the service does not become defragmented as things change within the world of the NHS over the coming months.
94. Members strongly believe that integrated children's services are crucial to delivering efficiencies and creating savings and ultimately improving the quality of the service.
95. Members are satisfied that at this time Darlington Memorial Hospital does have additional capacity to cope with an additional 300 births per year if the services at the Friarage Hospital were to change.
96. Following the work this Group has undertaken in respect of the provision of Women and Children, it has become apparent that it would be beneficial to consider amalgamating the work of this Group with the expected work to commence in relation to the Friarage Hospital Consultation.

Recommendations

97. That the Committee respond to the consultation in respect of a Midwife Led Maternity Unit and Paediatric Short Stay Assessment Unit at The Friarage Hospital.
98. That the Women and Children Task and Finish Review Group becomes The Friarage Task and Finish Review Group to respond to the impending consultation in respect of the Friarage Hospital and that all Members of the Scrutiny Committee be invited to attend the meetings.

Women and Children Task and Finish Review Group