

---

**DARLINGTON'S LONG TERM CONDITIONS COLLABORATIVE**

---

**SUMMARY REPORT**

**Purpose of the Report**

1. To update members on the progress of Darlington's Long Term Conditions Collaborative (DLTCC).

**Summary**

2. Darlington's Long Term Conditions Collaborative was formed as part of the Better Care Fund and is only one of the improvement strands running as part of this programme across health and social care.
3. The aim of the project is to improve the journey for people living with Darlington's most prevalent multiple chronic long term health conditions.
4. Improvement work was undertaken in October via a Rapid Process Improvement Event for the Breathlessness pathway.
5. A work plan for the remaining duration of the project has been agreed with the Darlington Chief Executives in December 2015, which forms the first part of the 2020 vision for Long Term Conditions which is one of the six priorities.

**Recommendation**

6. It is recommended that :-
  - (a) Members note the content of this report.

**Murray Rose**  
**Director of Commissioning**

**Background Papers**

None

Elaine Taylor : Tel 01325 743043  
County Durham & Darlington Foundation Trust

S17 Crime and Disorder	There are no direct benefits for Crime and Disorder.
Health and Well Being	People living with multiple LTC's access both health and care services. The project includes aspects of self-management to improve health and well-being.
Carbon Impact	There are no carbon impacts that could be measured.
Diversity	Some people living with multiple LTC's are located within diverse communities.
Wards Affected	All wards will potentially be affected by any changes impacted on by DLTCC.
Groups Affected	The whole population will potentially be impacted upon by DLTCC.
Budget and Policy Framework	The project is using LEAN improvement techniques to remove duplication across agencies which should deliver more for the same money or more for less money.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision.
One Darlington: Perfectly Placed	Some of the long term conditions in the work plan are those which are associated with deprivation
Efficiency	The project aims to deliver value for money.

## MAIN REPORT

### Information and Analysis

7. Darlington's Long Term Conditions Collaborative is a multi-agency approach to improving the customer journey through the complex system of health and care services.
8. The organisations involved are Darlington Borough Council, County Durham and Darlington NHS Foundation Trust, Tees, Esk and Wear Valley NHS Foundation Trust and Darlington Clinical Commissioning Group with support from Primary Care, Primary Healthcare Darlington and the North East Ambulance Service.
9. The first Rapid Process Improvement Workshop (RPIW) was held in October 2015 where a cross organisational team will look to improve the Stable pathway for those people suffering from Breathlessness conditions such as COPD, Coronary Heart Disease and Heart Failure.
10. Prior to the event, the customer journey from end to end was mapped out via a Value Stream Map which not only looks at the steps but also calculates what percentage value these add for the 'customer'.

11. A number of issues and problems with the current process were identified prior to the event and these 104 issues formed the basis of the improvement focus during the RPIW.

### **Service User Involvement**

12. A customer representative attended the RPIW for the full week to ensure that the customer perspective was at the centre of the improvement.

### **Conclusion**

13. The RPIW was attended by staff from each of the participating organisations with experience diseases that cause breathlessness.
14. The team generated many ideas on how to improve the current process; in total 83 ideas were generated throughout the event and 54 of those ideas were developed in to improvement outputs.
15. The RPIW split into following main improvement areas:-
  - (a) Care Planning
    - (i) Introducing a single care plan in Primary Care for people with multiple Long Term Health Conditions; this will require some training for Primary Care staff prior to implementation.
  - (b) Multi-Disciplinary Team Meetings
    - (i) Ensuring that the appropriate escalation levels are outlined in the care plan to enable those people with a Care Plan to be discussed via a multi-disciplinary meeting should they require a greater level of care due to an exacerbation or a change in personal circumstances. These MDTs are already in place in Primary Care.
  - (c) Key Worker
    - (i) Introduction of a Key Worker for those people who would benefit from additional help to access peer support or support groups, or require non-medical support such as help co-ordinating their appointments or assistance with housing or other social issues.
  - (d) Patient Information
    - (i) A review was undertaken to identify what information was given to the patient throughout their journey and some changes were suggested to the outpatient letter, a new leaflet around tests was designed and a teak and finish group set up to ensure that any signposting to other organisations information was consistent between Primary and Secondary care.

- (e) Discharge from services and Transfers of Care
  - (i) Cross training of Specialist Nurses to ensure they can deal with both Respiratory and Heart Failure clients;
  - (ii) Standardising Outpatient letters via use of templates;
  - (iii) Standardising and documenting the discharge criteria for Outpatients;
  - (iv) SystmOne access in Outpatients; to allow viewing of care plan and most up to date medication; prescribing/medication changes via SystmOne; and
  - (v) Changing some clinic templates to introduce a time slot for more urgent patients.
- 16. During a standard RPIW it is usual to be able to implement changes quickly but all of the changes identified will require longer implementation timescales which will cover a number of months.
- 17. An implementation plan has been drawn up for the improvements and progress will be reported via the Unit of Planning on a regular basis.
- 18. A number of areas weren't covered during the RPIW but have been added to the work plan. These are:-
  - (a) Development of an Algorithm for Primary Care to help with Diagnosis of Breathlessness;
  - (b) Management of Intermittently housebound and housebound patients;
  - (c) Mental health – Anxiety and Depression for people suffering from Long Term Health Conditions;
  - (d) Exacerbation Pathway for people suffering from Breathlessness; and
  - (e) Self-Management and Support.
- 19. The work plan has recently been approved by the Chief Executives of the partner organisations.
- 20. This work plan, which runs until the end of October 2016, has been agreed with the Darlington Chief Execs in December 2015 and forms the first part of the delivery plan for Long Term Conditions, which is one of the six priorities which form the 2020 Vision.