CLINICAL STRATGEY TASK AND FINISH GROUP

1st Meeting

Tuesday 10th January 2012 at 11.30am, Committee Room 1

Present: - Councillor Newall in the Chair; Councillors Donoghue, Francis, Macnab, Nutt, E. A. Richmond, S. Richmond, H. Scott and J. Taylor.

Officers: - Tom Hunt, Commercial Director, County Durham and Darlington NHS Foundation Trust and Abbie Metcalfe, Democratic Officer.

Tom Hunt, Commercial Director of County Durham and Darlington NHS Foundation Trust reminded Members that from April 2011 the Trust took over as the provider of community services and as such the Trust became an Integrated Service provider. The Trust have developed an integrated pathway of care and the aim is to deliver as much care as possible closer to home in the community and away from a hospital setting. By bringing hospital and community services together the Trust aims to provide the majority of services at home or in the community, only bringing patients into hospital when absolute necessary.

The Trusts Clinical Strategy focussing on achieving four things; improved outcomes for patients following their care; a better experience when patients are using the services; a high quality and engaged workforce with good opportunities to develop their careers and efficient, cost effective services which make best use of the taxpayers money. The key drivers are prevention and enablement, care closer to home and quality hospital care. Mr Hunt reported that the Clinical Strategy was the focus of a Board Seminar and was due to be refreshed in the near future.

Members considered the care closer to home strategy which supports and enables the delivery of many of the aims of the work streams, including developing alternatives to hospital admission and enabling earlier discharge. There is recognition of the need to increase the resources, skills and competencies of community based staff to better meet the needs and demand increase on the service as care moves out of the acute setting. A number of key opportunities have been identified to drive this strategy forward including the transformation of community nursing and extending their roles and an increase of capacity.

Mr Hunt talked Members through the six work streams and highlighted the key elements.

Long Term Conditions – It was explained that the number of people living with a long term conditions are increasing and also those with multiple long term conditions. The aim of the work stream is to provide a more integrated community based service offering better support for patients and service users, more education in self-management and people managing their own conditions, quick support to specialist help to avoid an acute episode or a hospital admission.

Older people – It is widely acknowledged that people are living longer and that the majority of people admitted to hospital are older people and in many cases admission to hospital results in a permanent loss of independence. The aim of the work stream is to increase prevention and screening at the earliest opportunity (at the beginning of the patient pathway through GPs), improve future care planning and introduce an early assessment team to join up hospital, community and prevention based services.

End of Life Care – Improving end of life care can be achieved by better planning and ensuring that support exists during the last days/hours of someones life. Work is on-going with local hospices and there are plans to provide 24/7 access to specialised palliative care advice.

Emergency and Urgent Care – It is planned to integrate the urgent care centre with the accident and emergency department to provide an integrated delivery of care. This will enable patients to be directed more effectively and quickly into the best environment to receive their care.

Women and Children – Integrated health and social care children teams are already in palace in Darlington and it is planned to add midwives to the teams. More work is planned to be carried out in community settings including antenatal assessments.

Surgery – The focus of this work stream is on changing the planned and emergency surgical pathways to reduce the amount of time spent in hospital and the number of visits required.

Discussed ensued on the Emergency Care and Urgent Care Centre and the plans to integrate the service at Darlington Memorial Hospital, taking the urgent care service away from Dr Piper House. Members were pleased to note that there are proposals to replace the urgent care service with GUM services in Dr Piper House. Members were assured that the centralisation of the service would be carried out in the spring on a phased basis and the proper processes would be carried out.

Mr Hunt explained that the work streams are operational and informed by the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy and the Health and Wellbeing Boards which are aligned to the Trusts commissioning intentions. Some activities have been carried out already and others are about setting priorities and considering how to deliver services differently, while still providing a high level of care. From the research carried out by the Kings Fund and the recently published NHS Operating Framework there a great deal of emphasis on providing integrated services as it is seen to be the only way to provide sustainable services for the future.

In response to a question from Member, Mr Hunt explained that by reducing length of stay and avoiding inappropriate admissions the number of beds required will reduce, but people are still getting older and living longer and that group are most likely to be admitted to hospital. The aim is to reduce the reliance on hospital beds, although hospitals bed will still be required. Staff will be trained to cope more with the anticipated increased demand on community services rather than hospital services. Work will be undertaken to ascertain the 'type' of hospital bed that will be required in the future.

Members expressed concerns about communicating messages to the general public and specifically the about the changes to Dr Piper House. Mr Hunt reported that the Trust has an Engagement and Communications Plan and that he has the direct responsibility for and was aware of the sensitivities. He acknowledged the perceived difficulties in communicating to the public and assured Members that this issue is taken seriously by the Board. In relation to the centralisation of urgent care Mr Hunt recognised the public confidence issue and that the Trust will have to promote the benefit of the integrating the service.

Mr Hunt was thanked for his attendance at the meeting and providing a valuable overview of the Clinical Strategy and the work streams. Mr Hunt said that the Trust were happy to support the work of the Committee.

Members discussed how to thoroughly scrutinise the Clinical Strategy and concerns were expressed about it being changeable document and whether in depth scrutiny was beneficial. It was suggested that initial scrutiny should be undertaken in respect of each work stream to establish whether the proposed operational objectives are being met and the associated timescales. This work could be undertaken by small groups of Members with the Democratic Officers arranging the visits. A further meeting would then be arranged to enable Members to report back to the Task and Finish Group their findings and then a discussion would be held as to whether further scrutiny of specific work stream and or projects needed to be undertaken.

AGREED –

(a) That the following Members will undertake Scrutiny of the identified work streams:-

- Long Term Conditions – **Cllrs E.A and S Richmond**

- Older People and End of Life Care – **Cllrs Francis, Macnab and J Taylor**

(It was agreed to combine these 2 work streams)

- Emergency and Urgent Care – **Cllrs Nutt and H Scott**

- Women and Children – **Cllrs Donoghue and Newall**

- Surgery – **Cllrs I Haszeldine and Regan** – nominated in their absence!!

(b) That Members forward their availability to the Democratic Officer to arrange visits to undertake scrutiny of their chosen work stream.