

**Long Term Condition – Task and Finish Group**

**Thursday, 13<sup>th</sup> December 2012**

**Present: - Councillors E. A. Richmond and S. Richmond.**

**External Officers: - Mark Jones, Specialist Services Manager, County Durham and Darlington NHS Foundation Trust.**

**Internal Officers: - Mike Crawshaw, Head of Cultural Services and Abbie Metcalfe, Democratic Officer.**

**Apologies: - Jackie Kay, Carol Robinson and Ken Ross.**

Members made reference to the draft report produced by Ken Ross, and were pleased that Mark Jones was happy with it and comments were circulated from Jackie Kay, Darlington Clinical Commissioning Group (CCG). In essence the CCG have advised they are happy in principle with the proposal to provide alternative settings for delivery of services.

It was noted that a report was taken to the Shadow Health and Well Being Board on 4th December 2012 entitled Sport and Physical Activity Strategy and Commissioning Plan. The report introduced the emerging Sport and Physical Activity Strategy, highlighting the important links to the health agenda and potential opportunities for joint commissioning of services to meet common outcomes. The report was approved by the Board which includes the CCG in its membership. It was agreed that the report be shared with Members.

It was acknowledged that it was a difficult time for the CCG at the present time and therefore a proposal of this nature was not their current priority but Members felt reassured by Jackie's Kay email.

It was suggested that Members should to meet with representatives from the CCG to discuss this proposal in more detail and establish whether realistically this was an option and something they would look to commission in the future.

Mike Crawshaw advised that it might be possible to improve health outcomes and/or efficiency if Council commissioning of Sport and Physical Activity could be jointly undertaken with health commissioning of similar activity. He believed that there are huge opportunities for the Council and health organisations to work together to provide services in community venues. Mark Jones advised that the specification of a service would need to include reference to a community setting and that the Trust would be able to provide services in the most suitable venue and if that was in the Community, so be it. He commented that there may be risks to the Trust of moving services out of the hospitals and they would need to be balanced against the perceived health improvements and accessibility issues.

Members were reminded that Diabetes Education Programme will be running at the Dolphin Centre on 18<sup>th</sup> December 2012. This would be a one day course of the DESMOND Programme for newly diagnosed Type 2 diabetics. Patient feedback would

be gathered and if people are happy with the facilities at the Dolphin Centre, courses would continue to be run there, which would enable courses to be run across three venues improving accessibility issues. Members were delighted and keen for other services/programmes to be offered at the Dolphin Centre as soon as possible.

Mr Crawshaw reported that the Superintendent Physiotherapist had contacted his team to discuss possibility of moving the back pain clinic to the Dolphin Centre/Eastbourne Sports Complex. He advised that back pain clinics are run Monday – Friday 9am – 12noon and up to 20 clients a day attend. Members were delighted to hear that.

It was noted that Cardiac Rehabilitation is the next service currently being considered to be moved to the Dolphin Centre as it already is offered at Eastbourne Sports Complex. Pulmonary rehabilitation is already established in the Dolphin Centre and the service is being piloted by the Shadow Clinical Commissioning Group (CCG) to established future commissioning intentions and whether the service is sustainable and shows positive outcomes for patients.

Mr Crawshaw advised that Eastbourne Sports Complex was very popular and currently hosts cardiac rehabilitation programmes and exercise after stroke programmes. Eastbourne is smaller than the Dolphin Centre and quieter and some people prefer to use the facility as a result. The venue is accessible via a bus and there are parking facilities and also a private physiotherapist operates from there. Mr Jones reported that the Trust also delivers the DAPHE Diabetes Programme at Morton Park as well as Dr Piper House and University Hospital North Durham (UHND). It is well established and evaluated and follow up appointments with specialist nurses also take place.

**Actions:-**

- That the report considered by the Shadow Health and Well Being Board in regards to joint commissioning of services be shared with Members.
- That the Democratic Officer liaises with Officers regarding the draft report for more input.
- That a meeting be arranged with Councillors' Richmond and the CCG in January 2013.
- That work continues to use space in the Dolphin Centre to promote Long Term Conditions on rolling programme and drop in centre.
- That services and clinics that are able to be moved to the Dolphin Centre as quickly as possible to continue as not to lose momentum.
- That a further meeting of the Group be arranged in three months' time.
- That Officers be thanked for attending the meeting.

## **Long Term Condition – Task and Finish Group**

**Tuesday, 22<sup>nd</sup> January 2013**

**Present: - Councillors E. A. Richmond and S. Richmond.**

**External Officers: - Jackie Kay, Assistant Chief Officer, Darlington CCG.**

**Internal Officers: - Abbie Metcalfe, Democratic Officer.**

**Apologies: - Martin Phillips, Chief Officer, Darlington CCG.**

Councillors Richmond provided Jackie Kay with an overview of the work they have been undertaking, the good relationships which have been formed as a result of this work, the progress made and their enthusiasm to continue the momentum.

Members made reference to the draft report produced by Ken Ross, and explained how they welcomed Jackie's original comments advising that the CCG are happy in principle with the proposal to provide alternative settings for delivery of services. Members were keen to discuss this further.

Members made reference to Sport and Physical Activity Strategy and Commissioning Plan which was agreed by the Shadow Health and Well Being Board on 4th December 2012 (Membership of the Board includes CCG representation).

Members acknowledged that it was a difficult time for the CCG and that a proposal of this nature was not their highest priority but Members felt that more commitment was needed by the CCG to consider community venues, where appropriate as part of the process of reviewing services.

It was suggested that the draft report should be considered by the Shadow Health and Well Being Board and Jackie Kay reported that she met regularly with Chris Sivers and Miriam Davidson to discuss the future agenda items for the Board and that perhaps Members may like to recommend that the report is considered by that Group prior to Board consideration.

Jackie Kay reported that one of the Key Strategic Aims of the CCG was 'Taking services closer to home for the people of Darlington' and agreed that commissioning services in the community where safe and appropriate to do so was a huge part of this, particularly education and awareness programmes, as there was real evidence that community settings tend to work well and people learn better. It was noted there are some services that are more appropriate and safer to be carried out in clinical settings. Members discussed whether contracts with the Foundation Trust included clauses that specify specific venues or were generic, focused more towards the service rather than the setting the service is delivered in. Financial restrictions within current contracts may restrict the potential of moving services but could ultimately make savings, although, further consideration would need to be given to this.

It was noted that Long Term Conditions was also a priority for the CCG and that a number of pilots were continuing which would ultimately deliver care closer to home.

Jackie Kay acknowledged that Long Term Conditions presented a huge challenge to the CCG and that joint working with partners was the only way to make savings and ensure delivery of high quality services. Jackie Kay reassured Members that by well established relationships and integration, efficient services, joining up pathways of care would improve outcomes for patients.

Discussion ensued on the Long Term Conditions Collaborative and Members acknowledged that it was still in very early stages. It was reported that DAD had been appointed to undertake the patient experience interviews and the CCG are very involved in this work.

**Action:**

- That Jackie Kay be thanked for attending the meeting.

**Further meeting – 24<sup>th</sup> January 2013**

**Present: - Councillors E. A. Richmond and S. Richmond.**

**Internal Officers: - Abbie Metcalfe, Democratic Officer.**

Members and the Democratic Officer discussed the way forward with this piece of work and agreed the following actions:-

- That a meeting be arranged with Cllr Nutt after he has recent first-hand experience of Cardiac Rehab – this will provide primary evidence and the patient view to be included into the draft report, to ensure that every aspect is covered.
- That a final meeting be arranged with representatives from DBC/CCG/FT/PH to discuss progress and updates.
- That the draft report be submitted to Health and Partnerships Scrutiny Committee for consideration with the recommendation that the report be submitted the report to the Health and Well Being Board for consideration.
- That a Task and Finish Group Final Report be drafted to include the following recommendations:-
  - That the CCG and DBC to commit to working together and where possible commissioning new services or reviewing service that consideration be given to using in community venue if appropriate to the service.
  - That Members receive a progress report in 12 months' time.
  - That Councillors Richmond be regularly updated about the progress of the Long Term Conditions Collaborative.
  - That the FT/CCG consider relocating services where possible into the community as quickly as possible building upon the success of the DESMOND Diabetes Education Programme.