

LONG TERM CONDITIONS

Introduction

1. This is the Final 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

2. 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 - Mark Jones, Head of Long Term Conditions and Carol Robinson, Head of Service Integration and Allied Health Professionals, Clinical Director – Acute and Long Term Conditions;
 Darlington Borough Council - Mike Crawshaw, Head of Cultural Services, Elaine O'Brien, Head of Strategic Commissioning Partnerships and Health Partnerships, Chris Sivers, Assistant Director – Development and Commissioning 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, Lynne Brown and Stephanie Wright, Community Cardiac Nurses and Adrian Holden, Exercise Facilitator;
 Councillor Tom Nutt, Community Heart Programme participant and Abbie Metcalfe, Democratic Officer.

Methods of Investigation

3. The Task and Finish Review Group has met on nine occasions and the notes of each meeting have been regularly reported to the Health and Partnerships Scrutiny Committee and are attached as **Appendix 1**.
4. 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.
5. 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 better utilised.
 6. Given the magnitude of this subject Members agreed to give further thought as to how best to approach this piece of work.
 7. 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.

Integration of Health Services in the Communities

8. Following the initial meeting, Members met with the Head of Cultural Services to explore whether using the Dolphin Centre and Eastbourne Sports Complex was a viable option and Members were delighted to hear that preliminary work has already commenced.
9. Members agreed to meet all Partners to try and speed up the process and were keen not to lose momentum.
10. 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 carry out 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 clinical setting for example GP waiting room or hospital clinic.

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.”

11. 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.
12. 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.
13. A joint report has been prepared ‘Integration of Health Services into the Community’ and has been circulated to partners for their input and is attached as **Appendix 2.**
14. Members met with the Deputy Director of Darlington Clinical Commissioning Group (CCG) who welcomed the work being undertaken and reaffirmed that the CCG had given its agreement in principle with the proposal to provide alternative settings for delivery of services.
15. Reference was made 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 consider that their work links closely to the Commissioning Plan and are

keen to submit their report to the Shadow Health and Well Being Board for consideration.

16. There are also links with one of the Key Strategic Aims of the Darlington CCG being 'Taking services closer to home for the people of Darlington' and Members are certain 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 acknowledged that there are however, some services that are more appropriate and safer to be carried out in clinical settings.
17. Members have received progress updates from the Trust in July, September and December 2012 and most recently in March 2013 and are delighted that there has been a number of quick wins, including; the commitment to expand 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.
18. There are a number of pilots currently running throughout County Durham and Darlington and Members are excited about the potential improvements to the service and self-management of long term conditions this could bring. Most notably, Members are delighted about the Intravenous Pilot which is due to be rolled out in Darlington, imminently. This pilot will focus of heart failure patients and enable them to receive intravenous drugs within their own homes rather than have to spend time in hospital.
19. Members are aware that sustainable integration will require a procurement process, if new services are to be commissioned to be located within the Dolphin Centre or Community setting and this will take time. However, it was agreed by all partners that Long Term Conditions are place a huge pressure on the NHS and the only way to address the issue, make savings and ensure the delivery of high quality services is to work together through integration and collaboration.

Community Heart Programme

20. Members of the Task and Finish Group met with Councillor Nutt who has recently completed the Community Heart Programme provided by the Community Cardiac Rehabilitation Team.
21. Members visited Eastbourne Sports Complex to meet staff and members of the group, along with Councillor Nutt and participated on some of the activities.
22. Members met two Community Cardiac Nurses and the Exercise Facilitator who explained that that the rehabilitation programme runs twice a week (Tuesdays and Thursdays) for eight weeks. There are two sessions available in the afternoon either 1.00pm – 3.00pm or 3.00pm – 5.00pm. The aim is to improve the physical fitness of patients with angina or other heart conditions, improve confidence in patients and carers and to provide information, advice and support in a social environment.

23. People must undergo an exercise test before starting the programme, to ensure that people are well enough to proceed. The effects of the exercises are recorded after each activity through monitoring pulse rates. The team provide a graduated exercise programme which includes a warm up, aerobic exercise (including gym work), cool down and relaxation.
24. It was noted that people attending the programme build up confidence and camaraderie between one another and support each other through the programme. Councillor Nutt has continued to use the gym even though he has completed his eight week programme and has embarked on a healthier lifestyle since completing the programme.

Long Term Conditions Collaborative

25. Members have met with Head of Strategic Commissioning Partnerships and Health Partnerships and the Assistant Director – Development and Commissioning on two occasions for progress on the Long Term Conditions Collaborative.
26. Members are pleased that all partners are members of the Collaborative and there is the highest level of representation on the Board.
27. Darlington Association on Disability (DAD) have won the tender to carry out the Discovery Interview, the first stage of the process and currently 16 interviews have been completed. The target is 50 patient interviews and partners are being encouraged to identify suitable candidates with a single or multiple long term condition.
28. The appointment of the Collaborative Co-Ordinator will be valuable and part of his role will be to consider the methodology of anticipated outcomes around finance, i.e. whether working collaboratively will reduce costs, how spend on long term conditions is defined, whether all costs spent on patients with long term conditions can be tracked and calculated, etc.
29. After the findings of the Discovery Interviews are known a High Level Value Stream mapping exercise will be undertaken which will scope out what areas require Rapid Process Improvement Workshops (RPIW). The anticipated outcome of this would be improved quality of care, more streamlined and joined up process and ultimately efficiency savings. The RPIW's will be carried out in line with LEAN Principles and aim to achieve tangible outcomes which do tend to be formulated when staff are given to opportunity to bring their improvement ideas to RPIWs.
30. Members have been invited to attend the RPIW and value stream mapping event and have undertaken to continue to receive regular progress briefings with the Collaborative Co-Ordinator and the Assistant Director.

Conclusions

31. Members have welcomed the opportunity to work with Officers from a multitude of NHS organisations and assist in developing and shaping integrated services. Members believe the richness of information they have gained has been due to meeting with decisions makers and providers of care and hope this continues in the future, further building on established relationships
32. 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.
33. 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.
34. Members would like consideration to be given to including community setting within specifications when consideration is given to tendering for new or different services.
35. Members have gained first hand exercise of the benefits of Community Exercise Programmes and have seen for themselves how people can change the lives and manage their long term conditions quite confidentially.
36. The Long Term Conditions Collaborative can only improve services and Members believe that targeted work such as this is crucial to improving the quality of care, eliminating duplication, identifying gaps and improvements and ultimately achieve efficiencies.
37. While recognising the volume of work the CCG had to undertake for Authorisation, Members look forward to seeing some tangible outcomes from collaborative working and engagement in the future.
38. From the work the Group have undertaken, we are delighted 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.
39. Members believe that by undertaking this piece of work we have assisted Officers and raised the profile and benefits of integrating health into the wider arena and making it everybody's business.
40. Members are pleased that Public Health now falls within the Local Authority's responsibility and are confident that this will benefit integration of services and ultimately the residents of Darlington.

41. Our overarching aim of this project was to ensure that people with Long Term Conditions are given the opportunity to self-manage their conditions in a venue that is appropriate to their needs. We believe that this piece of work has added value to this ethos. We hope that we will build on this and provide care and services closer home and ultimately keep unnecessary hospital admissions to an absolute minimum.

Recommendations

42. That consideration should only be given to integration of services as long as patient safety is not compromised and the quality of care remains at the highest standard.
43. That patients and service users views be taken into account before service integration takes place.
44. That every opportunity be explored to develop self-management of long term conditions both in acute and community settings.
45. That while understanding the financial difficulty that this Council and NHS organisations are facing, an integrated solution be pursued to drive efficiencies and make savings.
46. That both Councillors Richmond be invited to attend RPIW and value stream mapping event and receive regular progress briefing with the Collaborative Co-Ordinator and the Assistant Director.
47. That this Council and providers work with Darlington Clinical Commissioning Group (CCG) develop a fully integrated pathways for long term conditions.
48. That the Darlington CCG and this Council commit to working together and where possible commissioning new services or reviewing service that consideration be given to using community venues where appropriate to the service.
49. That the 'Integration of Health Services into the Community' report attached as **Appendix 2** be submitted to the Health and well Being Board to stimulate a discussion around this issue.
50. That the County Durham and Darlington NHS Foundation Trust and CCG consider relocating services where possible into the community as quickly as possible building upon the success of the DESMOND Diabetes Education Programme.
51. That opportunities be explored under Any Qualified Provider to utilise services/schemes within the voluntary sector that could be homed with the Dolphin Centre or Eastbourne Sports Complex.
52. That looking to the future, as Members found it extremely beneficial talking to Clinicians and Managers to gain a better understanding of the real issues, they wish to cite this as Best Practice future Scrutiny Reviews and investigations.

53. That Officers be thanked for their attendance, commitment and enthusiasm to this work.
54. That Members receive a progress report in 12 months' time.

Long Term Conditions Task and Finish Review Group

Long Term Conditions Task and Finish Review Group

3rd April 2012

PRESENT - Councillors E.A Richmond and S Richmond.

OFFICERS - Abbie Metcalfe, Mark Jones, Specialist Services Manager and Carol Robinson, Service Integration Manager/AHP lead.

Members received an overview of the areas of work that Carol and Mark are involved in. Discussion ensued and the following points were raised :-

- There is a need to integrate the services being provided - Hospital staff are going out into the community to provide services and community staff are coming into hospital to provide services. Therefore the level of expertise and skills need to be levelled out to ensure that all staff are providing the same level of service whether a patient is being treated inside the hospital (DMH) or in the community.
- The Trust's ultimate aim is for patients to maintain their condition(s) at home or a community based settings, to reduce hospital admissions and readmissions and reduce avoidable emergency call outs to out-hours-services (GPs and Ambulances).
- Durham Dales Pilot - 7 patients per clinic were chosen with diabetes - specialist nurses monitored their care on a weekly rotational basis. Care plans were developed and monitoring of blood sugar levels were undertaken, this assisted with upskilling Practice Nurses and GPs about the specific condition. The aim was to ensure that the patients were not admitted to hospital during the pilot period as their condition should have been successfully managed. The pilot was a success and consideration is being given to carry out a similar pilot in Darlington. This would enable people with a long term condition to self manage their condition with the assistance of specialist nurses and enable GPs to get a better understanding of the condition to allow treatment to be prescribed rather than being admitted to hospital. This will be an issue for CCGs in the future when taking into account the commissioning intentions.
- COPD Pathway - It was explained that ambulances used to collect patients with COPD related conditions and/or episodes and take them directly to hospital when the patient would usually have been admitted. Now what happens is that ambulances arrive at the scene and assess the patient and if they are able to be treated at home they are or an appointment is made for urgent care for an intermediate care nurse to treat the individual. Follow up appointments are also made and any issues are addressed. It was reported that now 9 out of 10 patients seen with COPD related symptoms are admitted to hospital.
- The overarching aim of the Trust to avoid unnecessary hospital admissions is sometimes seen as a negative by the general public and it was noted that a good PR exercise is needed to make people aware of the benefits of this. Officers

explained that when new pathways are being developed the patient voice is always included and taken into consideration, group such as LINKs play an important role and Breathe Easy were involved in the developing the COPD pathway.

- Unnecessary as to whether people who experience heart failure symptoms/episodes and whether drips could be installed at home, with nurses regularly checking patients rather than patients being admitted into hospital for four days. A number of issues need to be taken into consideration, such as risk assessments, barriers and whether telemedicine could play a role.
- Home Oxygen Service - Members were advised that the Trust has tendered for the service across several Trusts across the region, to work as a collaboration to deliver the service. This follows a successful pilot which involved respiratory nurses visiting patients at home and checking the levels of oxygen required which saved GPs nearly half a million pounds. The new service is anticipated to create more savings which the Trust hopes will encourage the CCGs to commission.
- There will be a fully integrated nurses pathway within the next 6 months, which will also include rehabilitation services, specialist nursing and therapies. By creating a multi-disciplinary nursing team the Trust hopes to increase consistency of care provision, provide a more co-ordinated approach and a seamless service and improve the availability of community based diagnosis support.
- Work is underway around discharging patients with long term conditions at an earlier stage in their pathway, with the assistance and accompaniment of a specialist nurse to ease their return into their own homes and receive a co-ordinated care package within the community.
- Key Performance Indicators (KPIs) - Officers advised that there are hundreds and which are used for a variety of pathways. The Commissioners also use KPIs to hold the contractors into account as part of their contractual arrangements. Patient feedback also informs the KPIs and feedback is gathered in a number of ways such as focus groups, questionnaires, secret shoppers, etc. Members were keen to see some results from such patient feedback.
- RIACT - Response Integrated Assessment Care Team.
- General discussion ensued about public health and prevention. Officers advised that giving more people access to the services and encouraging people to have check-ups and manage their own health is crucial and that every contact should be treated as an opportunity to educate people about taking responsibility for their own health. A suggestion was made about whether the Dolphin Centre could be used as a venue to be used as a drop in centre/information point./carry out blood pressure check-ups, etc. This would also provide an opportunity for promotion of long term conditions on a rolling programme.

Conclusions

- Long Term Conditions - key issues -
 - 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 Home 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 encourage to manage their long term condition and how to recognise symptoms.
- Further thought to be given how best to approach this piece of work.

Actions:

- That the following documents be sent to Abbie Metcalfe for sharing with the members :-
 - Copy of the organisations structure
 - Prevention First and Health Improvement Delivery Plan 2011/13
 - Outcome of the Pilot in respect of the Durham Dales and Diabetes
 - Outcome of patient feedback - secret shopper
- That a further meeting of the Group be arranged in 3 months' time.
- That Officers be thanked for attending the meeting.
- Abbie Metcalfe to send a list of voluntary organisations in Darlington.
- That work be undertaken to explore the possibility of using space in the Dolphin Centre to promote Long Term Conditions on rolling programme and drop in centre and Abbie Metcalfe to arrange and meeting with Mike Crawshaw and Miriam Davidson.

Long Term Conditions Task and Finish Review Group

10th July 2012

PRESENT: - Councillors E. A. Richmond and S. Richmond.

OFFICERS: - Mark Jones, Specialist Services Manager and Carol Robinson, Service Integration Manager/AHP lead, County Durham and Darlington NHS Foundation Trust and Abbie Metcalfe, Democratic Officer.

Members were keen to receive a report on the progress made by Officers to utilise facilities at the Dolphin Centre as a one stop shop to provide health checks and advice on long term conditions.

Members were informed that an Officers meeting was scheduled to take place on Friday 13th July 2012 to discuss the detail of using the Dolphin Centre. Officers reported that the proposal must be led by the commissioners and that the Shadow Clinical Commissioning Group needed to be fully engaged in order for this service to be successful. Pulmonary rehabilitation is already established in the Dolphin Centre and the service will continue to operate from there, the Trust would like to extend that service to offer more services, such as cardiac rehabilitation which currently takes place at Eastbourne Sports Complex and could easily be changed. Physiotherapy could also be offered at the Dolphin Centre which is currently carried out in Darlington Memorial Hospital (DMH) which might encourage people to continue attending the leisure centre.

Officers are aware that if a service of this nature was commissioned that the Trust would have to tender for the services, the same as other providers. However, it was noted that if the Trust were currently providing services it would be a change of venue, which would be easier to implement, which has been done in the past, the example quoted was ante-natal classes which were at DMH and are now provided at the Dolphin Centre.

Members were pleased that discussions were underway but expressed frustration that there was no proposed start date or commissioning specification yet.

It was explained that patients with straightforward physio needs could be transferred to the Dolphin Centre straight away as it would be easier for patients for a number of reasons to go there for treatment. The key would be to educate patients and promote the positives of running the service from the Dolphin Centre.

It was noted that Public Health are very keen to promote healthy living, exercise programmes, healthy eating etc. and health programmes as a result of long term conditions. Discussion ensued about exercise on prescription and encouraging GPs to use it more.

In response to a question regarding the use of Telehealth, Members were reminded that there were a number of on-going pilots that the Trust is running. Officers shared their concerns about the potential cost implications and patients' reluctance to use the

equipment, although, acknowledging that there are a number of benefits to using telehealth equipment.

Members were pleased to note that the Trusts readmission avoidance scheme was working particularly well with regards to long term conditions and action plans are in plan to enable staff to be more reactive.

Actions:-

- That work continue to be undertaken to explore the possibility of using space in the Dolphin Centre to promote Long Term Conditions on rolling programme and drop in centre.
- That the following documents be sent to Abbie Metcalfe for sharing with the members:-
 - Prevention First and Health Improvement Delivery Plan 2011/13
 - Outcome of the Pilot in respect of the Durham Dales and Diabetes.
 - Outcome of patient feedback – secret shopper.
 - Performance information in respect of the Readmission avoidance.
- That a further meeting of the Group be arranged in 2 months' time.
- That Officers be thanked for attending the meeting.

Long Term Conditions Task and Finish Review Group

25th September 2012

PRESENT: - Councillors E. A. Richmond and S. Richmond.

EXTERNAL OFFICERS: - Mark Jones, Specialist Services Manager and Carol Robinson, Service Integration Manager/AHP lead, County Durham and Darlington NHS Foundation Trust.

INTERNAL OFFICERS: - Mike Crawshaw, Head of Cultural Services and Abbie Metcalfe, Democratic Officer.

The draft report produced by Ken Ross was tabled at the meeting and Members and Officer were invited to comment. It was suggested that the Officers from Foundation Trust be sent the report electronically to input their comments and circulate within their internal Groups.

Members were keen to receive a report on the progress made by Officers to utilise facilities at the Dolphin Centre as a one stop shop to provide health checks and advice on long term conditions.

Members were informed that Diabetes Education Programme will be running at the Dolphin Centre on 8th December 2012. This would be a one day course of the DESMOND Programme for newly diagnosed Type 2 diabetics. Patient feedback will 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.

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 reported that by transferring services to the Dolphin Centre there were no associated cost implications as services are already being offered in other venues, such as Eastbourne Sports Complex. He reassured Members that staff are supportive of more services being integrated into the Dolphin Centre and they are fully committed to the vision of the Dolphin Centre becoming a hub of health and physical activities. He believes that the activities being brought in the Dolphin Centre would only enhance the very successful One Life Programme that has been running for a number of years. This is the biggest scheme that the Dolphin Centre runs and rehabilitation services only supplements that, with the aim being to encourage a continuation of leisure activity after successfully completing a Programme. Mr Crawshaw shared his vision of the Dolphin Centre becoming a walk in facility for people to access appropriate health and leisure

services that suits their individual needs, this would include access to support and education as well as physical activity programmes. This would be a long term vision and more discussion would be needed with Public Health and the Shadow CCG to pursue this and to form a firm strategic partnership to commit to delivering such services.

Mr Jones commented that the attraction for the Trust to use to facilities at the Dolphin Centre is it not a clinical building and suggested there was an opportunity to move some outpatient appointments. Positive feedback from patients will support future service moves. Discussion ensued about also using the Dolphin Centre for User Forums and encouraging them to socialise in the Dolphin Centre Café, for example rather than holding meetings at the Hospital, this might also encourage more people to attend.

Mr Crawshaw acknowledged that the Dolphin Centre is a high area of discretionary spending for the Council and as a result consideration on future services is very much linked with health improvements and health promotion. Healthy Lifestyle Programmes are currently run at the Dolphin Centre such as smoking cessation; healthy eating; etc and the aim is to build on this. Members were interested in the MIND Programme (Mind, Exercise, Nutrition and Do it), which is focused on nine families over a ten week period. The families are educated about healthy eating, physical activity and active travel. The families are referred by local Health Practitioners and tend to focus on obese children. There are two sessions a week over ten weeks and weight and BMI reading are taken and monitored over the course of the Programme and the intention is to change the mind set and instil healthy living into everyday family life. It was noted that one in four children are obese and it is hoped that this targeted intervention will assist in reducing this figure, as currently it is suggested that if improvements aren't made, the figure will raise to one in three. It was noted that Public Health are very keen to promote and build on healthy living, exercise programmes, healthy eating etc. and health programmes as a result of long term conditions.

Mr Jones reported that the Trust are keen to provide a Directory of Services advertising where services are delivered and what are being delivered, this would support collaborative engagement and avoid duplication of existing services. It was hoped that Public Health coming into the Local Authority would assist in reducing duplication and ensure closer working.

It was acknowledged that the Economy is pushing all organisations to work together to provide high quality services and ultimately drive costs down, as all organisations are struggling to achieve efficiencies and work on reduced budgets. Introducing competition into procurement processes also drives costs down but Officers stated that often local Trusts provide, working with the Local Authority, a wraparound services to achieve the best outcomes, which is not always a cheap option. However, it was noted that local organisations can develop and deliver good outcomes and for some small local services it is appropriate to procure such a service and the market needs such a mixed economy. Discussion ensued about around the differences of private contractors providing a service to the letter of the service agreement, in comparison to local public providers offering an integrated service, which would provide an overall experience for the patient.

Focus returned to the draft report and how this should be moved forward. It was acknowledged that there has been an agreement in principle and it was an appropriate time to get support from the necessary Directors, Groups and Boards to progress this further. There was an agreement that the report needed to reflect the long terms aspirations as well as detail the short terms gains. It was suggested that an Appendix to the report could detail the services available at the Dolphin Centre prior to the Group meetings, what is being delivered to date and what the future vision is. Everyone present agreed that the meetings had been very beneficial and hoped that the momentum could be sustained and that everyone continues to push forward with commissioning long terms services for the Dolphin Centre.

Actions:-

- That the Democratic Officer send the draft report to Officers from the Foundation Trust for their input and circulation around their internal Groups.
- That an Officer from the Shadow CCG and Ken Ross be invited to the next meeting of the Group.
- That the Democratic Officer liaise with Officers about adding an Appendix to the report as detailed above.
- 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 the Officers be thanked for attending the meeting.

Long Term Conditions Task and Finish Review Group

13th 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 18th 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

22nd 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 – 24th 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.

Long Term Conditions Task and Finish Review Group

19th March 2013

PRESENT: - Councillors E. A. Richmond and S. Richmond.

INTERNAL OFFICERS: - Elaine O'Brien, Head of Strategic Commissioning Partnerships and Health Partnerships and Chris Sivers, Assistant Director Development and Commissioning and Abbie Metcalfe, Democratic Officer.

Elaine O'Brien updated Members on the Long Term Conditions Collaborative reporting that the tender to carry out the Discovery Interviews had been awarded to Darlington Association on Disability (DAD). Each organisation has been challenged to identify patients with long term conditions and so far 24 have been identified, Adult Social Care has identified 17 with the remainder from health. GPs were encouraged to identify patients given that each GP Practice holds a Long Term Condition Register, the Clinical lead is resending the request to practices.

DAD have carried out 16 interviews to date and are identifying more patients with long term conditions through co-ordination with Darlington LINK. The vision was to get a variety of patients with long term conditions, with single and multiple conditions, across health, learning difficulties and disabilities. The Consultant Rheumatologist suggested approaching outpatients to boost numbers and it was hoped that the introduction of the Collaborative Co-ordinator would assist in reaching the target of 50 patients. This is being progressed.

It was hoped that evaluation of responses and identification of common themes would start to emerge by the end of April to early May.

Steven Bartley, has been appointed as the Long Term Conditions Collaborative Co-ordinator for six months and will work for two and a half days a week commencing on 1st April 13. He is currently employed by the Foundation Trust, although funding has been sourced from Darlington Clinical Commissioning Group (CCG) for this role.

Mrs O'Brien reported that the project is still in initial set up phase, the Collaborative Board continues to meet and in May 2013, it is hoped that some early findings would be presented by DAD.

It was still difficult to understand the methodology of anticipated outcomes around finance, i.e. Whether working collaboratively will reduce costs, how spend on long term conditions is defined, whether all costs spent on patients with long term conditions can be tracked and calculated, etc. this work will be progressed by the co-ordinator.

It was explained that after the findings of the Discovery Interviews are known a High Level Value Stream mapping exercise will be undertaken which will scope out what areas require Rapid Process Improvement Workshops (RPIW). The anticipated outcome of this would be improved quality of care, more streamlined and joined up

process and ultimately efficiency savings. The RPIW's will be carried out in line with LEAN Principles and aim to achieve tangible outcomes which do tend to be formulated when staff are given the opportunity to bring their improvement ideas to RPIWs. Consideration is also given to avoid duplication of services, with the focus being around a person/patient centred holistic pathway of care. Cost obviously has an impact but this should not negate the provision of good quality services.

Chris Sivers reported that staff enjoy RPIWs and the opportunity to input into the delivery of services and the enthusiasm is impressive. An RPIW in relation to long term conditions would include involvement from all Health and Social Care partners. Discussion ensued about the possibility of Councillors Richmond attending the RPIW and value stream mapping event.

Councillor Richmond asked how many people in Darlington have a long term condition and Mrs O'Brien undertook to find out. Members expressed concern at the amount per head of population that patients with long term conditions costs the Health Economy. It was noted that GPs hold lists of patients with long term conditions within their Practices. It was noted that there are approximately 3,500 people accessing adult social care and a high proportion of those people will most probably have a long term condition or multiple conditions.

Ms Sivers reported that part of the Collaborative Co-ordinator role would be to undertake some financial mapping, agree a baseline figure, look at national costs and trends, track some patients and consider actual costs, broken down where possible by organisation, carry out value stream mapping and evaluate the Discovery Interviews. Members requested sight of the final evaluation report and discussion ensued about Mr Bartley meeting with Members and possibly attending the next Health and Partnerships Scrutiny Committee.

It was noted that RIACT was currently under review and that consideration was being given to a Single Point of Access with regards to enablement as the new safeguarding hub would also be a point of entry, discussion around the Joint Safe Guarding Group and Multi agency Safeguarding Hub (MASH).

Actions:

- That Officers be thanked for attending the meeting.
- That Mr Bartley be invited to attend the next meeting of the Health and Partnerships Scrutiny Committee to share progress of the Long Term Conditions Collaborative.
- That Members continue to be updated on progress of the Long Term Conditions Collaborative and be invited to RPIW and value stream mapping event.
- That Members wish the all the very best to the Head of Strategic Commissioning Partnerships and Health Partnerships in retirement.

Long Term Conditions Task and Finish Review Group

21st March 2013

PRESENT: - Councillors Nutt, E. A. Richmond and S. Richmond.

INTERNAL OFFICERS: - Abbie Metcalfe, Democratic Officer.

Councillors Richmond met Councillor Nutt at Eastbourne Sports and Leisure Complex to visit the Community Heart Programme provided by the Community Cardiac Rehabilitation Team.

Councillor Nutt has recently completed the programme but still regularly attends the centre in the security of knowing that the Community Cardiac Rehabilitation Team are on stand by if anything was to happen.

Members met with Lynn Brown and Stephanie Wright, Community Cardiac Nurses and Adrian Holden, Exercise Facilitator. The staff explained that the rehabilitation programme runs twice a week (Tuesdays and Thursdays) for eight weeks. There are two sessions available in the afternoon either 1.00pm – 3.00pm or 3.00pm – 5.00pm. The aim is to improve the physical fitness of patients with angina or other heart conditions, improve confidence in patients and carers and to provide information, advice and support in a social environment.

People must undergo an exercise test before starting the programme, to ensure that people are well enough to proceed. The effects of the exercises are recorded after each activity through monitoring pulse rates. The team provide a graduated exercise programme which includes a warm up, aerobic exercise (including gym work), cool down and relaxation.

Relaxation techniques are practiced after exercising and there is also an information session throughout the eight week course. This is aimed to provide information about a variety of topics around health living.

Members were informed that the number participants of the groups fluctuated between 8 -12 people and that most were regular attenders and that the majority show a vast improvement by the end of the eight week programme. Progress is usually steady and time using the gym equipment varies to individuals based on their capabilities.

It was noted that people attending the programme build up confidence and camaraderie between one another and support each other through the programme. Councillor Nutt added that it was the social aspect that has kept him attending the gym even though he has completed his eight week programme.

Members were delighted that there was such a good take up of Cardiac Rehabilitation in Darlington of nearly 80% of those referred, in comparison to national take up of 20%. Staff explained that patients with heart failure also attend these sessions, which a lot of neighbouring Councils do not allow due to the high risk factors of such patients. It has

proved to be beneficial to patients in Darlington and many have successfully completed the programme.

Referrals come from Darlington Memorial Hospital and James Cook Hospital, usually via a Consultant referral. Most patients referred receive a phone call within 48 hours and a visit from a Community Cardiac Nurse within five days. How soon people are fit enough to attend the exercise programme is dependent on individual circumstances, some will recover quicker than others depending on other complications or long term conditions. Staff are able to tailor exercise to suit individual needs and ensure patients are comfortable.

Members commented about the venue of Eastbourne Sports Complex being fit for purpose, providing excellent facilities for the exercise programme. There are also side rooms available for patients to have blood taken if needed or private consultations, and car parking isn't an issue and all participants.

Actions:

- That the staff be thanked for their time and the service be welcomed.

Long Term Condition – Task and Finish Group

26th March 2013

PRESENT: - Councillors E. A. Richmond and S. Richmond.

EXTERNAL OFFICERS: - Mark Jones, Specialist Services Manager and Carol Robinson Service Integration Manager/AHP lead County Durham and Darlington NHS Foundation Trust.

INTERNAL OFFICERS: - Abbie Metcalfe, Democratic Officer.

Members thanked Officers for their attendance and briefed them on the visits and meetings that have attended in relation to Cardiac Rehabilitation and Breathe Easy.

Mark Jones was pleased to report there has been a commitment from GPs to expand the Pulmonary Rehabilitation Programme. He explained that one of GPs QOF (Quality and Outcomes Framework) target now includes exercise and education for patients. There is some non-recurring funding available to evaluate the current pilot with a view to expanding the service, at that stage consideration will be given to the most appropriate venue and the Dolphin Centre and Eastbourne Sport and Leisure Complex will be considered.

Carol Robinson advised of the Trusts intention to expand the current number of theatres, Members were previously aware. One of the possible options includes expanding to space where the gym currently is and some of the Office space within the Physiotherapy Department. Members suggested that Mrs Robinson contact Mike Crawshaw to assess the feasibility of using either the Dolphin Centre and Eastbourne Sport and Leisure Complex to use those gym facilities for physiotherapy. Members welcomed this and believed that there was lots of scope to make better use of Eastbourne Sport and Leisure Complex.

Discussion ensued about the implications of moving the whole Physiotherapy Service out in the community. Mrs Robinson explained the benefit of being based in a hospital including patients can be referred to the service straight from the fracture clinic, patients can use x-ray if necessary and on some occasions there is an easy access to consultants. There is a variety of options which could be considered if a move the entire service was feasible and would include the Dolphin Centre and Eastbourne Sport and Leisure Complex. Issues such as accessibility, car parking and rent of buildings would also need to be taken into account alongside the crucial aspects of patient safety and quality of care.

Members briefed Officers on their recent meeting with Chris Sivers and Elaine O'Brien around the Long Term Conditions Collaborative and Mr Jones confirmed that he had attended some of those meetings. Mr Jones added that a Project Initiation Document (PID) has been produced but was a little woolly and the outcomes of the process are yet to be determined. Mr Jones aspiration was to eliminate delays within the system and thought that by allowing providers of the service to come together in the form of a Rapid

Improvement Performance Workshop (RIPW) would be an opportunity to thrash out those issues.

Members acknowledged that this piece of work has been on-going for 12 months and asked Officers to reflect on the progress made since the very first meeting of the Group.

Members requested updates of the following areas:-

- Integration of Service – Mr Jones reported that the three Clinical Commissioning Groups (CCG) across County Durham and Darlington are leading a review of Specialist Nurses. Nurses from specialisms including Cardiac, respiratory and diabetes, therefore until that review has been completed it was difficult for Mr Jones to fully integrate his teams. Although, he reassured Members that there has been lots of informal integration and work has been on going around skilling up staff to ensure that all staff have the same skills set to enable shifts to be covered.
- Durham Dales Pilot – Mr Jones informed Members that the pilot has been extended until October 2013. The pilot has been successful in Durham Dales and the roll out into Darlington was imminent. Work was underway on agreeing the service specification and Dr Holmes was leading on this from Darlington CCG.
- COPD Pilot – Mr Jones reported this pilot was still on-going and Dr Penney from Darlington CCG was the lead. Members reported that had met with Dr Penney and were aware of this pilot. Mr Jones stressed it was still early days and that GPs are still referring patients to hospital, when symptoms could possibly be managed at home. Work on the acute exacerbation pathway of COPD symptoms has also been rolled out with the aim of triggers being identified enabling staff to be sent to visit patients in their own homes rather than presenting at hospital.
- Intravenous (IV) Dietetics at Home Pilot – Members were delighted to hear that work has been undertaken in relation to heart failure patients being able to have intravenous drugs at home instead of being admitted into hospital. Mr Jones added that work was still on going around Governance arrangements and overcoming difficulties of the Community Teams who only working five days a week and not weekends and the potential impact of patients. This also features within the CQUIN Targets and the intention is to roll it out across the County.
- Single Point of Access (SPA) – Discussion ensued about how useful having a SPA would be and comparisons were made about the success of the RIACT service. Officers advised that there are discussions on going and that it would be worthwhile for GPs.
- CHAPS Pilot – Mr Jones reported that this pilot included Community Matrons and District Nurses with the ultimate aim to reduce unnecessary hospital admissions. This pilot does not include Darlington.
- Email Advise Service for GPs Pilot in Durham, Dales – Mr Jones explained that this pilot enabled GPs to email into a SPA to request advice or information as required. The aim being the patients are not referred to Consultants to be told there isn't an

issue. This should ultimately be more cost effective and avoid unnecessary hospital admission and diagnosis tests.

Members acknowledged that there was a great deal of work being undertaken by the Trust and particularly a high number of pilots and the process of developing a pilot scheme was explained. General discussion ensued about the challenging time the NHS is going through with the emergence of the CCGs, which leaves the providers in a state of flux and unable to continually develop services until the landscape settles down.

Members were surprised that bed occupancy numbers were still high and that patients that are admitted to Wards are very ill. Officers explained that more acute beds are needed in both Darlington Memorial Hospital (DMH) and University Hospital of North Durham (UHND) and particularly UHND.

Members and Officers agreed that this piece of work had been extremely useful and that firm relationships had been formed. It was acknowledged that there was still a lot of work to do but systems and services are improving.

Actions:-

- That the Officers be thanked for attending the meeting and their commitment to the piece of work over the last year.

INTEGRATION OF HEALTH SERVICES IN THE COMMUNITY REPORT

SUMMARY REPORT

Purpose of the Report

1. This report highlights the 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 colocation or direct delivery of a range of services by NHS providers in the future. It also highlights the immediate potential for the Dolphin Centre in Darlington as a venue for local NHS commissioners and providers to utilise as a location for the provision of health services which could improve access and the patient experience.

Summary

2. The recent changes in the NHS will start to have an impact on the way that health services will be provided in the future, with a shift to moving services out of hospitals and into the community to improve access and patient experiences. The future providers of NHS services will start to change to include other providers, such as voluntary or private sector agencies. There is also a drive to move services out of hospital and into the community. The squeeze on public sector funding and the reductions in local authority and NHS budgets will also drive commissioners to become more innovative in the way that services are delivered to enable savings to be made while improving the quality and standards of care for patients.
3. These factors all provide opportunities for working jointly within the public sector to maximise efficiencies and improve services for the local population. One area that can contribute to increasing efficiencies, reducing costs and enabling services to move from hospitals into the community is the joint utilisation of public sector estates and assets. There are opportunities for the Council to work with the local CCG as commissioners and County Durham and Darlington Foundation Trust to work together to develop areas of joint working such as co-location or provision of NHS services from local authority buildings.
4. Due to its central location and high quality facilities, the Dolphin Centre is a strong candidate to test the utilisation of a local authority estate asset for the direct delivery of NHS services.

Recommendation

5. It is recommended that Members approve the recommendations in the final report.

Director of Place/

Background Papers

Abbie Metcalfe: Extension 2365

S17 Crime and Disorder	This report has no implications for Crime and Disorder.
Health and Well Being	This report has implications to address Health and Well Being for the residents of Darlington.
Sustainability	There are no issues relating to Sustainability which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address.
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	This links to the Theme 3 "Healthy Darlington". Specifically addressing health inequalities to narrow the gaps in health and well-being and life expectancy.
Efficiency	This report does not identify specific efficiency savings.

MAIN REPORT

Background Information

6. The White Paper *Equity and Excellence: Liberating the NHS* published in July 2010 set out a new vision for the NHS the new National Health Service Act implementing these reforms passing through Parliament and gaining royal assent this year.
7. The reforms have resulted in the establishment of Clinical Commissioning Groups (CCGs) which are new local bottom-up commissioning bodies for primary care, which are to be led by local clinicians such as GPs. Other health care commissioning responsibilities will pass to a new national body, the NHS Commissioning Board. Responsibility for Public health functions will pass to local authorities. Existing NHS Trusts have become Foundation Trusts which brings a greater level of autonomy and more local control over their own affairs. These structural changes of the NHS will move control over the commissioning and provision of healthcare down to a more local level to support the aim empowering every patient to choose any healthcare provider that meets NHS standards.
8. As a result of these structural changes there is an expectation of the emergence of a greater diversity of providers who may not be wedded to traditional ways of operating. In the coalition agreement, the government has signalled its expectation of much greater involvement of independent and third sector providers,
9. As services develop and providers proliferate it is likely that these may be more mobile or be based around non-traditional locations.
10. As the cost pressures from the tightening of public spending bite and reductions in local authority and NHS resources take full effect, the drive for more and more efficiencies without impacting on the quality and delivery of local services will continue to push the current trend for moving services out of hospitals and into the community. Pathways are being redesigned with health and social care professionals working remotely from traditional health care settings such as hospitals and health centres.
11. With the pressures from local cost savings and from the impact of more joint working and co-location, both commissioners and providers will need to better manage their estates and assets to help deliver their cost efficiencies and service improvements.
12. With the pressures that the changes and financial savings will place on every agency, it is clear that in future, achieving efficiency in the utilisation and management of buildings and facilities, in the sense of good space utilisation and lowest costs, in many cases will not by itself be sufficient. In future, the utilisation and management of buildings and facilities should also achieve success in effectiveness; that is to say, success in the contribution made by managing buildings and facilities to maximise resource utilisation and their contribution to performance standards in service delivery for the local community.

13. As the services develop and proliferate, and developments such as telecare services drive new standards for patient accessibility resulting in greater mobility in service delivery within an increasing tight cost envelope, this will demand new techniques for better utilisation of existing space and accommodation across agencies and organisations. For both commissioners and providers of services, including local authorities, these organisational change and financial constraints provide a platform for a re-appraisal of current asset management and utilisation which can inform a process of reshaping the existing estate over time.
14. Transfer of PCTs' public health functions to local authorities will mean that estate strategy decision making will be on a combined basis for all local authority service needs, including those for primary community care, but there is an even wider issue.
15. Opportunities for effective utilisation of both the existing NHS estate (primary and secondary care) and local authority estates could be considered in the context of the local public sector estate generally, with much greater emphasis placed on efficiencies achievable through joining up between local authorities and other public sector bodies. Through co-location of different public services where the relevant bodies are working jointly, there is the potential for rationalisation of the total local public sector estate to bring about the twin benefits of improved customer experience, and cost savings.
16. To effectively achieve these aims and outcomes, a range different techniques and approaches to asset management will be required to be explored in detail.

Local Implications

17. The Dolphin Centre is the main town centre focus for Darlington's municipal sport and leisure offer and the range of facilities and services delivered through the centre focus heavily on the 'Healthy Darlington' agenda. The Centre offers a diverse range of wet and dry facilities including a swimming complex (2 x 25 metre Pools plus Diving and Children's Pools), 80 station Fitness suite, 8 court sports hall, Squash courts, Bistro and cafe, large soft play area, sensory room, meeting and training rooms, and is able to cater for large functions and events. It also houses the Register Office and is a designated rest centre for Civil Contingency purposes. The facility itself is located in the centre of Darlington with excellent access by public transport, as well as benefiting from the proximity of a range of long and short stay car parks in the town centre. With its central location and modern and attractive appearance (following a £5 million refurbishment in 2006), the Dolphin Centre has a high level of recognition amongst residents of Darlington, County Durham and the Tees Valley. The centre has a very high footfall, with over 850,000 visits to the centre each year to participate in sport and physical activity. 2000 children access Swimming lessons each week during the school term time either through Key stage 2 curriculum or the DBC Swim for Life programme. There are approximately 200,000 visits per year to the Centre for casual swimming alone.
18. 100,000 visits were made to the Fitness Suite in the last full year including 6000 visits/referrals through the Darlington One Life Exercise on Referral programme.
19. There are 47 clubs/societies based at the Dolphin Centre. These include Darlington Swimming Club, Badminton, Karate, Basketball, Soccer School, Netball, Older

People's clubs and Darlington Rotarians. In addition, a diverse range of community sessions occur on a weekly basis within the Centre including: parent/toddler sessions, social groups for older people, Chill out café for young people, pre natal groups and disability groups.

20. Whilst the Dolphin Centre is primarily a leisure setting, many services which contribute to public health delivery and reducing health inequalities are already based within the venue, some of which are NHS services which have chosen the location as the best one for the delivery of their service.

21. Examples include:

- a. **DESMOND** – ('Diabetes Education and Self Management for Ongoing and Newly Diagnosed'). The Desmond programme is a programme which supports those with type 2 (late onset) diabetes to: find out more about Type 2 diabetes, to help patients manage the changes required to manage their condition, and to meet and share experiences with others. DESMOND also includes an element of family education modules.
- b. **Darlington One Life** – The Darlington Exercise Referral scheme has been in operation for over 20 years from the Dolphin centre, and is extremely well respected and valued by both customers and referring medical practitioners. The scheme offers a 12 week supported exercise programme which gives participants the skills and confidence to continue to exercise independently. Over 90 clients progress through the scheme each quarter.
- c. **Exercise After Stroke**. The Sports Development team have worked alongside Social Care partners to develop and deliver an Exercise After Stroke programme. The programme is funded as part of the intermediate care element of Darlington's reablement services. The programme offers 1:1 support to participate in physical activity to aid recovery from stroke.
- d. **MEND (Mind, Exercise, Nutrition, Do it!)** MEND is a healthy lifestyle programme delivered by the Sports Development team for 7 to 13 year olds and their families who are above a healthy weight. It involves two x 1- or 2-hour sessions every week for ten weeks and is funded through NHS County Durham and Darlington. The programme, supports parents and carers join their children in each session to learn about how to choose healthier foods and spend more time being active.
- e. **Chronic Back pain** – discussions are underway to consider relocating some of the NHS physiotherapy chronic back pain courses to the Dolphin Centre and Eastbourne Sports Complex.

22. A customer satisfaction survey was carried out at the Dolphin Centre in October 2012, the survey was conducted over a two week period and included a week during the school half term holidays.

23. Random participants were selected as they accessed the centre and the survey was carried out via face to face interview. In total 148 responses were collected 44% of which were female and 56% of which were male.
24. The headline results are summarised below:
25. 73.6% of respondents were attending the Dolphin Centre to swim with 59.4% reporting that they also used other facilities at the Dolphin Centre as well as the pool, the most popular being the Gym, Bistro and Soft Play. 35% of respondents stated that they visit the Centre 4-6 times per month followed by 34% stating 1-3 times per month.
26. 87% of respondents stated that they thought the prices were 'About right'
27. 93.1% of respondents were either very satisfied or fairly satisfied with the overall facilities at the Dolphin Centre, with only 4.8% stating that they were either fairly or very dissatisfied.
28. When asked what improvements could be made to the Dolphin Centre, the majority of responses referred to the need to improve cleanliness in the changing room. One respondent stated "The best run council centre in the country and very professional"
29. With the drive to develop more choice, better access and a better patient experience, and shift to providing community based care, closer to patients and outside the traditional health care settings, the Dolphin Centre would be ideally based to provide a venue to locate individual providers to offer existing or newly developed community services. It could also provide opportunities to explore further the potential for effective utilisation of buildings and facilities in the context of the local public sector estate generally, with the aim to deliver the twin benefits of improved customer experience, and cost savings.

Recommendations

- a) Recognise the opportunities and risks that are presented with the changes from the White Paper *Equity and Excellence: Liberating the NHS*
- b) Recognise the potential for delivering cost savings and improving services through the joint utilisation of public sector estates and assets
- c) Approve more detailed work to explore potential models for the joint management of estates and assets including co-location of services
- d) Approve more detailed work to use the Dolphin Centre as a venue to pilot the delivery of specific health care services

Practical issues with Colocation of services in shared building.

Build in as much operational flexibility as you can afford into the design of the space – anticipate changing occupancy

Design the space to be as flexible as possible for changing circumstances and occupancy/’churn’.

Consideration the following :-

- Flexible floor layouts
- Lightweight and easily demountable partitioning
- Flexible and agile working principles to increase versatility of space
- Flexible design of security systems / building services to allow for segregation e.g. public and private access
- Physical separation of spaces required to allow them to be used independently
- Access - with particular regard to shared reception, variable working hours and security
- Internal way-finding signage that can easily change with changes in occupancy

Consideration to the operational management of the facility should include the following:-

- office space and desk facilities for visiting staff
- Control and monitoring of access
- Arrangements for room/facility booking etc
- Provision for confidential discussions with customers/patients
- Shared meeting rooms
- Shared staff rest room
- Digital public information signage
- Document management & storage
- IT access and provision
- Telephony
- Space Utilisation and Demand Management

- a clear service level agreement to define all the office demises and services e.g. photocopiers/cleaning/ waste removal/filing space/water cooler/telephony/ stationery/teapoints and provisions etc.

- a clear methodology to the allocation of the costs of space, particularly with respect to common parts of the building such as reception and circulation space.

- An awareness of differing workplace cultures of co-locating parties.
 - E.g. There can be issues in integrating differing organisational guidelines. e.g. Health and Safety procedures

- A system to maximise the benefits and efficiencies achieved through cross service cooperation and the mixing of differing operational practices.
 - E.g. provide cross service responses at a shared service/reception desk by agreeing pooling arrangements for staff from the participating agencies.
 - Recognise that training will be required e.g. for desk staff working across different service provider disciplines.

Other considerations

Be clear about the drivers for colocation and cooperation.

These might include:-

- Improved Staff Productivity and/or Efficiencies
- Improved Customer Service
- Collaborative Behaviour
- Knowledge Sharing and Communication
- Real Estate economies

Produce a business case to demonstrate the analysis and benefits of the proposal.

Typically this should include the following:-

Strategic Objectives

- Client drivers e.g. customer service
- Strategic benefits and risks
- Critical success factors

Operational Considerations

- Business continuity issues
- HR impacts

Financial/Commercial

- Financial benefits including Real Estate savings and operational efficiencies
- Capital and revenue financial model/appraisal
- Cash flow forecast
- Funding
- Accounting treatment

Sustainability

- Impact upon staff travelling
- Impact upon energy consumption and carbon footprint

Deliverability

- Project, risk and change management arrangements
- Level of delivery risk
- Timetable
- Fit Out procurement strategy

Evaluation/Benefits Realisation

- Key Performance Indicators
- During project
- Post project
- Post Occupancy review