

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

3rd December, 2012

PRESENT:-

Representing Darlington Borough Council:

Councillors Newall (in the Chair) H. Scott and J. Taylor.

Representing Hartlepool Borough Council:

Councillors Fisher and Hall.

Representing Redcar and Cleveland Borough Council:

Councillors Kay and Mrs Wall.

Representing Stockton-On-Tees Borough Council:

Councillors Cunningham (as substitute for Councillor Wilburn), Javed and Mrs M. Womphrey.

APOLOGIES – Councillor S. Akers - Belcher (Hartlepool Borough Council), Councillor Cole, Dryden and Mrs Pearson (Middlesbrough Council), Carling (Redcar and Cleveland Borough Council) and Councillor Wilburn (Stockton-On-Tees Borough Council).

OFFICERS IN ATTENDANCE – A. Metcalfe (Darlington Borough Council), L. Stones (Hartlepool Borough Council), J. Ord (Middlesbrough), M. Ameen (Redcar and Cleveland Council) and P. Menear (Stockton-On-Tees Borough Council).

EXTERNAL REPRESENTATIVES –

County Durham and Darlington NHS Foundation Trust – Jane Haywood, Clinical Director Adults and Integrated Services/Programme Manager, Edmund Lovell, Head of Communications and Marketing and Diane Murphy, Clinical Director of Service Transformation.

Darlington Clinical Commissioning Group – Martin Philips, Chief Officer Designate.

NHS County Durham and Darlington – Berenice Groves, Programme Director NHS 111 Service North East (Deputy Director Unplanned Care)

NHS Tees – Ann Greenly, Assistant Director – Commissioning and System Development and Jonathan Maloney, Deputy Director Contracting, Intelligence and Performance.

South Tees Clinical Commissioning Group – Amanda Hume, Chief Officer Designate and Samantha Merridale, Interim Programme Manager.

Due to there not being a representative present from each of the Tees Valley Local Authorities, the meeting was inquorate and an informal meeting was held.

23. DECLARATIONS OF INTEREST – Councillor Javed (Stockton-on-Tees Borough Council) declared a Personal and Non-Prejudicial Interest in respect of any matters

arising in relation to Tees, Esk and Wear Valleys NHS Foundation Trust as his employer.

Councillor Mrs Wall (Redcar and Cleveland Council) declared a Personal and Non-Prejudicial Interest in respect of any matters arising in relation to the North East Ambulance Service NHS Trust as she is related to a number of employees.

24. NOTES – Submitted – The Notes (previously circulated) of the informal meeting of the Tees Valley Health Scrutiny Joint Committee held on 5th November 2012.

AGREED – That the Notes be approved as a correct record.

25. WINTER PREPAREDNESS AND PLANNING – Berenice Groves, Programme Director NHS 111 Service North East (Deputy Director Unplanned Care) NHS County Durham and Darlington and Anne Greenley, Assistant Director – Commissioning and System Development, NHS Tees jointly prepared a PowerPoint presentation (slides previously circulated) providing Members with assurance of robust Action Plans in place that are timely, shared, linked to resilience, escalation and Surge Plans, communicated effectively and owned.

Anne Greenley provided an overview of winter preparedness which included the PCT and Clinical Commissioning Groups (CCG) preparing assurance plans and testing severe weather and transport contingencies, organisations and personnel changes, capacity and demand, out of hours services, critical care, staff and patient vaccination, Ambulance and Accident and Emergency (A&E) handover, liaison with Local Authorities and delayed transfer of care, Situation Reporting (SITREP) arrangements and Strategic Health Authority and Regional Office winter arrangements.

Ms Greenley reported that there are multi agency assured plans and the winter planning exercises have been carried out involving all key originations. Key points of learning and live experience have been addressed through Local Resilience Fora, Root Cause Analysis being undertaken (where necessary), Surge Groups and CCGs.

Ambulance handover at A&E was highlighted as an issue and Ms Greenley advised that there is always a high number of emergency admissions during the winter months. Members were pleased to note that the Ambulance handover to Hospital and Divert Policy has been reviewed and would continue to be implemented across the Region to ensure a consistent approach to handover arrangements to minimise delays for patients. Members highlighted issues they were aware of around ambulance issues and the Chair reported that North East Ambulance Services would be attending a future meeting of the Joint Committee to address Members concerns.

Ms Groves acknowledged that more work was required around communications and there was room for improvement in how levels of pressure are reported at an earlier stage to enable hospitals being diverted to, to be better prepared to cope with the additional demand. The Area Teams would strengthen the communications from April 2013. It was reported that the introduction of the Hospital Ambulance Liaison Officers has alleviated some of the handover pressures in hospitals, ensuring that smooth handovers take place. It was noted that in future the Surge Groups would likely amalgamate with the County Durham and Darlington Groups which would harmonise any cross boundary issues.

Members were reassured that there are sufficient numbers of 4x4 vehicles available to ensure patients receive appropriate transport and care as required in the event of adverse weather conditions. It was noted that extended access to GPs appointments are in place as part of the urgent care services and extra staff would be available for high periods of demand. CCGs are considering the ambulance activity within their own area for the winter period and a report will be produced towards the end of March 2013.

Discussion ensued on flu vaccinations and specifically staff and patient take up of vaccinations. Members were reminded of the vulnerable and at risk groups who are entitled to receive a flu vaccination and how they are encouraged to do so. Officers acknowledged that it was a challenge to encourage young people with long term conditions and pregnant women to have a flu vaccination and the messages that the NHS is currently promoting. Members were interested to learn the take up of front line staff vaccinations within the NHS and Local Authorities and it was suggested that last year's exercise of writing to each Local Authority be repeated to ascertain whether take up rates have increased.

AGREED – (a) That the Officers be thanked for their attendance at the meeting;

(b) That the presentation and discussion be noted; and

(c) That a letter be sent to each of the Tees Valley Local Authorities requesting take up figures of front line staff who have received their flu vaccinations.

26. UPDATE 111 – Berenice Groves, Programme Director NHS 111 Service North East (Deputy Director Unplanned Care) NHS County Durham and Darlington provided Members with an update (previously circulated) on the NHS 111 Services launch in NHS South of Tyne and Wear on Tuesday 11th December 2012. The launch was intended to be a soft launch, as the service needs time to bed in and therefore marketing materials would not be distributed until January 2013. Ms Groves detailed what could be expected from the service based on experience for the County Durham and Darlington pilot and subsequent roll out. During implementation there will be daily SITREPS attended by the Commissioner, Providers and local Clinical Leads to ensure that the service is robust and resilient. Part of the information reviewed will include number of calls answered, number of triaged calls, number of 999 calls and patient feedback. Ms Groves reported that NHS Tees and North of Tyne are preparing to 'go live' for 2nd April 2013 and Jonathan Maloney, Deputy Director Contracting, Intelligence and Performance, NHS Tees introduced a powerpoint presentation providing more detail.

Mr Maloney reported that a very significant proportion of attendance at both A&Es across Tees attracts the two lowest tariffs and all of the activity may be valid but more needs to be done to understand the facts. Minor cases are being seen in the most expensive place and it is hoped that 111 might improve the number of unnecessary A&E presentations. Mr Maloney listed benefits of the introduction of 111 to include improved access to services (determined by local Clinicians), patients being steered to the most appropriate local service that best meets patients needs, helps to minimise the avoidable cost of patients unnecessarily attending inappropriate services, improving the patients overall experience of using NHS services and improved management of information and intelligence to inform future commissioning decisions.

It was acknowledged that clinical support and provider collaboration has been key and as a result a robust Project Plan is in place which includes building the Directory of Services, clinical governance and readiness testing. Mr Maloney added that clinically led process to ensure that safety remains paramount across the urgent care system, to ensure a whole system approach. It is the intention to implement a process for continuous learning and improvement based on a review of feedback from local Clinicians to assist with implementing a process of assurance for CCGs that the urgent care system is fit for purpose.

Members raised the issue of access to GP appointments and Mr Philips responded that Darlington CCG have initiated a piece of work looking at access to appointments and that work was underway to match the level of supply against the demand. He commented the access to primary care needed to be flexible and right. GPs are aware that there are perceived problems, but some thought must be given to whether patients have actually tried ringing their GP Practice or have just assumed they cannot get an appointment, as they've been unable to in the past. Mr Maloney highlighted the Dr First initiative that NHS Tees are piloting which allows GPs to work in a different way and have more telephone discussions with patients which may avoid the need for them to attend the Practice / A&E.

Ms Groves reassured Members that 111 is not a way of by passing GP appointments as in hour patients would still be referred to GP Practices for an appointment if it was appropriate and work was undertaken to enable GP Practices to accept 111 referrals of patients.

AGREED – (a) That the Officers be thanked for their attendance at the meeting; and

(b) That the presentation and discussion be noted.

27. TRANSFORMING COMMUNITIES SERVICES – Samantha Merridale, Interim Programme Manager, South Tees CCG introduced a powerpoint presentation (slides previously circulated) outlining the Integrated Management and Proactive Care for the Vulnerable Elderly (IMPROVE) scheme. Ms Merridale outlined that the clinical drivers for the scheme are the rising prevalence of diseases such as COPD, Coronary Heart Disease, Stroke, Diabetes and Hypertension; an increasing elderly population and pressures around emergency and acute activity. The key principles are to provide/deliver sustainable, fully integrated, high quality care; gain better knowledge about those people and increase the potential to act upon that knowledge in a more proactive way; ensure better clinical outcome for those patients with long term conditions; descriptions of the clinical drivers for change; facilitate self-management and ensure that patients get the best functionality at the end of their health episode. A fully integrated approach across the entire health and social care system will ensure that the most appropriate interventions, in the right place, at the right time is offered.

Ms Merridale outlined the objectives is to offer a targeted and proactive individualised case management; improve routine care for all patients with long term conditions; reduce avoidable hospital admissions and readmissions following an exacerbation of condition; identify the need for, and improve access to, a range of integrated support services; meet national performance targets and outcome measures; enables better

management through early identification and risk assessment and rationalise delivery of care and support for these patients.

The successes reported so far include the introduction of a virtual ward, which is live across South Tessa and involves proactive identification of those people deemed to be at risk of escalation of their long term conditions. The Rapid Response Nursing Services and additional teams of nursing resource across South Tees, to include Senior Nurses, Community Nurses and Community Therapists, aimed at helping to prevent emergency admissions, and supporting the management of patients in their own homes. The excellent engagement across the patch between primary, secondary and social care.

Members welcomed IMPROVE and queried whether it was achievable with being so aspirational. Ms Merridale advised that self-management of long term conditions was key and that there needs to be varying levels of support to enable people to self-manage their conditions. Minimal support could include providing advice and information, to a range of telehealth, telecare and telemedicine support and system monitoring. Members welcomed the use of telehealth and highlighted the successful results of the North Yorkshire pilot.

Representatives from County Durham and Darlington NHS Foundation Trust addressed the meeting and Diane Murphy, Associate Director for Transformation introduced a powerpoint presentation. The Associate Director informed Members of the Trusts' four touchstones being best outcomes, best experience, best efficiency and best employer. Now that the Trust is an integrated care organisation the focus is to shift the centre of gravity from hospital to community based services. The Trusts Clinical Strategy 2012 – 2015 includes six workstreams of which Members of Darlington Scrutiny Committee are very familiar with, following their scrutiny investigations.

Ms Murphy reported that the Trust has made progress by working with the CCGs, Local Authorities, Health and Well Boards and the Third Sector in a number of projects including working with Nursing Homes, Bariatric Surgery Pathways, End of Life Care, Liaison Psychiatry and One Point. The main benefits are to improve quality across the patient journey; integrated pathways; pathways are mapped and understood by all stakeholders to ensure whole system change with fewer handovers and silos to provide efficiency across the health and social care economy.

Reference was made to the Long Term Condition Collaborative work that has commenced with Darlington Borough Council, CCG, Tees, Esk and Wear Valley NHS Foundation Trust and the Trust, building on the achievements from the Dementia Collaborative. Ms Murphy advised it was early days with the project however, frequent flyers were currently being identified and the next stage would be to carry out discovery interviews to ascertain the pattern of behaviour.

- AGREED** – (a) That the Officers be thanked for their attendance at the meeting; and
- (b) That the presentation and discussion be noted.