South West Clinical Senate

Senate Council Meeting
19th June 2014
Taunton Rugby Ground,
Taunton 10am to 4.30pm

Minutes of Meeting

Present: Vaughan Lewis (In the Chair)
Ellie Devine (Senate Manager)

Shelagh McCormick	Dan Williams	Sue Dolby
Caroline Gamlin	Deepak Gupta	Mary Backhouse
John Miskelly	Diane C Crawford	Susan Hawkins
Joanna Parker	Geraint Day	Derek Greatorex
Christine Teller	Guy Rooney	Sanjay Vyas
Stuart Walker	Jayne Weare	Sara Evans
Adrian James	Liz Toy	William House
Ann Remmers	Paul Winterbottom	Trevor Beswick
Sunita Berry	Philip Yates	Jenny Winslade
Chris Burton	Ray Sinclair	Sally Pearson
Susan Jones (Note taker)		

Apologies:	Sarah Watson-Fisher	Virginia Pearson	John Graham
	Marion Andrews-Evans	Andy Smith	Carol Grey
	Shona Arora	Mark Callaway	Simon Mathias
	Mathew Mulloy	Paul Eyers	Steven Sale
	David Halpin	Helen Thomas	Andrew Seymour
	Emma Stapley	Jason Kendall	Simon Mathias

Welcome and introductions

Attendees were welcomed to the meeting by Vaughan Lewis (VL) and introductions given by all attendees. A short period of silent reflection was held in memory of Joe Matthews (Senate Council Member) who sadly passed away in May.

VL informed that group that there had been no requests from the public to attend this meeting.

Senate business items

- VL asked the group if the Code of Conduct which had been previous circulated could be signed off, the group agreed.
- Christine Teller, Chair of the Citizens Assembly, welcomed the recently appointed New Citizens' Assembly Members to the council; John Miskelly, Joanna Parker and Simon Mathias.(It was noted that Simon Mathias had given apologies for the meeting.) Cliff Puddy who will no longer attend Council meetings remains on the Citizens' Assembly and has been thanked for his ongoing input.

- Shelagh McCormick (Vice Chair) updated the group on the success of the Senate Assembly Meeting which had taken place in April, with the majority of feedback from surveys being good or excellent. The meeting was attended by both Assembly and Citizens' Assembly Members as well as some Commissioners. It generated potential Senate topics and questions which have since been distributed to all Commissioners.
- Caroline Gamlin (CG), Area Team Medical Director, updated the group on progress with Clinical Senates across England taking on the old NCAT function. She updated the group that all 12 Senates have been meeting to discuss this at a national level and have been developing the detail of the formal process and discussing potential issues around resource and payment, which were also at this point flagged by several council members as a concern. The final draft of the document 'Clinical Senate Review Process Guidelines' has just been completed and ED will share this with the council ahead of the next national meeting on 16th July. Following this the document will go to the NHS England Oversight Group in August for final sign off. In addition to this a national Terms of Reference for Clinical Senates has been developed which the South West Senate has also contributed to. This will also be circulated and some small amendments made to our regional TOR accordingly. The Conflicts of Interest policy for Senates is being aligned nationally as it is expected that professionals will be recruited to undertake reviews across regions and it therefore makes sense to work to the same documentation.
- Ellie Devine (ED) advised the group that she had applied for CPD points for the meeting and will keep the group updated with results.
- No undeclared Conflicts of Interest were raised.
- The group were advised that parts of the meeting would be recorded but only for the purpose of writing minutes.

The question for this Senate DeliberativeSession;

'What criteria (clinical, pragmatic and humanistic) should be used to determine suitability for discharge from acute units to community settings (including normal place of residence)?'

Setting the Scene

VL noted that a recurring theme from the South West Clinical Senate event on 10 April 2014 was the issue of how community facilities could be better utilised to reduce hospital admissions and facilitate early discharge. The question for this meeting was subsequently formulated and circulated to all 11 South West CCGs.

Council members were asked to read and assimilate information from a number of sources (attached).

VL commented that the intention was not to come up with a set of standardised criteria that providers should work to, but to consider the measures that could be put in place to improve the interface between acute and community care and identify criteria that CCGs could commission against to move towards better integration of care.

Patient groups were also consulted through the Citizens' Assembly and its membership, made up of representatives from 11 out of 13 Health Watch organisations across the South West

VL gave further information, background and regional data relating to the question in a presentation which helped set the scene and the scope of the question. The presentation included a 4 minute film by David Oliver (link within presentation).

190614_Setting the scene VEL final.pptx

Presentations

1. **Alan Carpenter – Chair, Age UK, Bristol**

   Older people's discharge from acute trusts

   Alan's presentation considered hospital discharge and what makes it good. Key themes were loneliness and isolation in the elderly and the health impact of this, developed infrastructures for good post discharge care and the concept of enhanced community support.

   Hospital Discharge - An Age UK Perspectiv

2. **Elizabeth Williams – Project and Service Redesign Manager, South West Commissioning Support Unit**

   Rehabilitation Models and Bed Audit Findings

   Elizabeth's presentation described two snap shot audits in BNSSG and Somerset, why they were done, how they were done, the key results and what has happened as a result.

   Elizabeth Williams - Rehabilitation Models

3. **Ben Bennett – Programme Director, South West Commissioning Support Unit**

   Community Services in the South West – Challenges and lessons learned

   Ben's presentation asked the question 'If community hospitals are the answer, what was the question?' and included history and statistics around the number of community hospitals in the South West, the substantial investment each area has had in the last 10years, what the hospitals look like now and what they are used for, future plans and one way of commissioning a new type of service considering the recent re tender of the South Gloucestershire Community Services.

   Ben Bennett SWCSU.pptx

4. **Jenny Theed, Director of Operations, & Julie Sharma, Business Development Lead, Sirona Care & Health**

   Sirona – Delivering integrated health and social care in the community

   Jenny & Julie's presentation introduced Sirona Care & Health as a community interest organisation and considering their models to provide an integrated service between community and social care health.


Sirona-cic.ppt

5. Dr Derek Greatorex, South Devon and Torbay CCG

Pioneer bid and the Joined up Strategy

Dr Greaterox gave an overview of the South Devon and Torbay Pioneer Strategy and its aim to achieve excellent joined up care for everyone.


South Devon and Torbay CCG - Dr Grea

6. Jenny Winslade, SWAST

Although Jenny did not give a formal presentation she spoke briefly about the role of the ambulance service and the high number of patient contacts they have with people, often in their own home. In particular she noted that aside from the ambulances they have 3000 community responders out and about every day and considered how we can ensure all parts of the system work together to create the correct pathway.

Questions and points following the presentations

- How do we make a community organisation or create community resiliance?
- Do we re-pattern services already in place and support change?
- How do we get people to engage across sectors?
- What role can social media play?
- Medicines need to be considered - can IT help with good medicine management?
- The need to factor in end of life care not only rehabilitation.
- What does local mean – is there a definition?
- Transport issues are always raised.
- Can there be greater provision of diagnostics in the community?

Additional Presentation - Dr Sara Evans, Geriatrician

Dr Sara Evans gave a summary of the key points and themes at the King's Fund event she had attended on behalf of the clinical Senate the previous day - 'Innovations in the delivery of care for older people'. This included a brief presentation looking at some best practice models.


Kings Fund review (share).ppt

Deliberation Group Work

The group split into three groups feeding back key points into the group deliberation session. They were given some additional information to review and asked to consider the following;


190614_Slides for group work.pptx

Given your pre-reading and the evidence and discussion from this morning's session, please discuss as a group one or two key changes that should be implemented by commissioners in the South West.

- **Are there any key levers that commissioners could use to edge towards a tipping point in favour of better integration?**

- **Given that the Clinical Senate has a wealth of provider knowledge, what one or two things could providers do to improve discharge and transition to the community for patients?**

- **What needs to happen in hospital to prepare patients and their families/carers to leave hospital?**

Group 1

- Palliative care – give patients confidence and support to die at home
- Use Care Navigators as the 'body' to link everything up
- Increased use of generalists rather than specialists
- Ambulance Service as key players with high numbers of staff on the ground
- Hard to survey community and plan capacity

Group 2

- Consistence required across boundaries/consider impact of changes to whole system
- Early Senior Input
- Multiple agencies to be co-located and have consistent polices and principles
- Managing patient and carer expectations with clear communication
- Enhanced recovery after surgery for all
- Appropriate medication on discharge/ don't duplicate prescriptions

Group 3

- Importance of community resilience – how can this be created or commissioned?
- Must tackle isolation including Dementia and Mental Health
- Community Neighbourhood Healthwatch - how can this be commissioned?
- Integrated Services – a shared purpose and understanding across region is required
- Health visitors for the Elderly
- Develop a care co-ordinator role (to include mental health liaison) to provide patient with one point of contact and number
- Roll out 'discharge to assess' across South West with home assessments on the day of discharge (to include common paperwork)
- Secondary care clinicians need to know what services are available in their patient's community
- Risk stratification of frail elderly to plan services/find at risk patients

Deliberative Session

VL noted that some key themes had arisen from the group sessions and the deliberative discussion explored these further;

1. The need for the role of a care navigator or co-ordinator, to assist the communication and modelling of holistic patient care post discharge. Discussions took place around where this person needed to be located physically and where they would sit within the pathway to be able to signpost the patient throughout their pathway. In addition to this the possibility of a Health Visitor for the Elderly and potential funds within Public Health to support this role was discussed, including how such a post could help to identify patients at risk, similarly to the work described by Sirona. It was agreed that CCGs commission the patient care post discharge and that patients need a named co-ordinator with one phone number for at least 6 weeks post discharge. This person must have excellent knowledge of and access to all local services to be the negotiator and advocate for the patient to include links with a health visitor, mental health, the third sector and medication.
2. The ongoing issue of having joined up IT systems that talk to each other across providers. It was noted that this issue is not a new one and can be extremely hard to resolve. The importance however of being able to share information is ever present. There was some discussion around mandating the use of one provider and competition law in future tenders. The conversation focused on how to achieve interoperability rather than mandate one provider and how this might be achieved through mandating that providers across the system work to the same standards. It was also noted that this would be beneficial around safeguarding and risk stratification. It was noted that the Better Care Fund states that services must detail how they will provide better data sharing between Health and Social Care providers.
3. The benefits of 'discharging to assess' patients can be noted in current best practice models across the country and are recommended by leading geriatricians. This involves patients being assessed in their own home within 24 hours of discharge so for example OH assessments are carried out in the patient's own kitchen to understand real life requirements. Using a trusted assessor model described in the presentations (have one

correct assessment rather than multiple assessments) and the complex geriatric assessment/early senior input models post discharge were also strongly supported.

4. The group noted that many of the themes were already addressed with specific advice for commissioners in one of the pre-reading documents; “Safe Compassionate Care for Frail Older People using an integrated Care Pathway: Practical guidance for commissioners, providers and nursing, medical and allied health professional leaders” and that perhaps CCGs should be encouraged to assess themselves against this, especially ahead of putting their community services out for tender over the next couple of years as many of them will need to do.

5. Early geriatric assessment should take place for all elderly admissions and link to discharge.

6. The evidence heard suggested that building community resilience would support greater integration of healthcare services. There was some discussion around how to develop community resilience and how health and social care can feed into this. There was some discussion around Healthy Villaging – with buy in funding from local industries, and the support of the community with a funded communication network. It was noted that LAs have local engagement officers also. The group discussion that community resilience plans need to be developed on a 10-15year basis and Health and Wellbeing Boards need to consider the importance of this. Ambulance Trusts may also have a key role to play given their community coverage. However it was noted that this is only something that can be encouraged not prescribed.

7. Joint ownership across providers and agencies is required to implement best practice models as described. It was discussed that the use of CQUINS across South West CCGs may help with implementation and responsibility.

Close

The following key points for advice were agreed by the Council:

1. All CCGs should assess the services they commission against the recommendations in the NHS document; “Safe Compassionate Care for Frail Older People using an integrated Care Pathway: Practical guidance for commissioners, providers and nursing, medical and allied health professional leaders” http://www.england.nhs.uk/wp-content/uploads/2014/02/safe-comp-care.pdf. Consideration should be given to incorporating the recommendations into CQUINS for 2015/16.

2. It is recommended that CCGs develop the role of a ‘Care Navigator’ for patients discharged from hospital with additional needs. Care Navigators will undertake co-ordination and where appropriate advocacy roles for patients requiring care packages. Care Navigators will need a thorough understanding of local services and systems across acute, mental health and community services.

3. Early assessment by Mental Health Liaison workers should be mandatory for patients with dementia or other complex mental health needs.

4. All trusts should undertake Comprehensive Geriatric Assessments upon admission of elderly patients and move to ‘discharge to assess’ with same day assessment post discharge in the patient’s place of normal residence.

5. Consideration should be given to employing ‘Health Visitors for the Elderly’ with responsibility for case finding linked to existing risk stratification work.

6. In order to support longer-term integration, commissioners and providers (health and local authority) should set the same standards for all clinical IM&T systems to ensure interoperability and compatibility across the system. South West CCGs should work together to develop a common CQUIN related to the integration of health and social care information systems as a key enabler for integration.

Pre-reading

Community services - How they can transform care. Nigel Edwards, Kings Fund.
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/community-services-nigel-edwards-feb14.pdf

Effective Approaches in Urgent and Emergency Care - Paper 3. NHS IMAS.
http://www.england.nhs.uk/wp-content/uploads/2013/08/dis-old-people.pdf

Making our health and care systems fit for an ageing population. Oliver D, Foot, C& Humphries R. Kings Fund. (Chapters 6&7).
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/making-health-care-systems-fit-ageing-population-oliver-foot-humphries-mar14.pdf

Safe, compassionate care for frail older people using an integrated care pathway: Practical guidance for commissioners, providers and nursing, medical and allied health professional leaders. NHS England.
http://www.england.nhs.uk/wp-content/uploads/2014/02/safe-comp-care.pdf

Presentation: David Oliver: Designing services that work for an ageing population.
http://www.kingsfund.org.uk/audio-video/david-oliver-designing-services-work-ageing-population