

**Darlington Health and Housing Scrutiny Committee**  
**21<sup>st</sup> October 2020**

**Right Care Right Place Update**

**1. INTRODUCTION & PURPOSE:**

1.1 To update the Health and Housing Scrutiny Committee on progress with the Right Care Right Place programme

**2. BACKGROUND INFORMATION AND CONTEXT:**

2.1 In the summer of 2019, TEWV launched a new programme of work which aims to deliver improve experience and outcomes for services users, our staff and our partners by focusing on how all of our services, and those of our partners, can work more seamlessly and better together.

2.2 A lot of system engagement took place in Darlington over the summer of 2019, culminating in a vision development event in autumn 2020. The output of that event is shown below.



2.3 From the vision event, work progressed to identify initial priorities for the local programme. These were beginning to be tested and implemented in early 2020, however COVID-19 and lockdown has essentially paused these formal plans.

**3. KEY ISSUES:**

3.1 Although the formal priorities and actions were paused due to COVID-19, work has been continuing as a result of the pandemic to progress different ways of working and this will be really helpful in influencing next steps in our

transformation. For example, creative approaches to supporting care homes, embedding low level mental health pathways and access to appropriate support through community hubs and using new technology within specialist services to complete appointments in different ways.

3.2 An updated position against the key priorities in the original action plan is summarised below:

Priority Area	Current Position/Progress
<p>PRIORITY 1 - Review and improve access models and reduce waiting times for CYP and AMH (Talking Changes and Access) with an aim to achieve access through multiple routes, easy access 24/7 for everyone, referrals based on need not diagnosis. Roll out Easington dementia work</p>	<ul style="list-style-type: none"> <li>• Single points of access in place for AMH and CYP. Practice Based Mental Health workers in place</li> <li>• CYP – improvement event for assessment to treatment held June 2020</li> <li>• Ongoing work in Talking Changes – currently performing well and have embraced use of technology to continue to see people through lockdown. Additional, rapid CCBT offer in place throughout lockdown for TEWV and wider system staff</li> <li>• Significant change in use of technology and phone for self help, monitoring, appointments etc and significant increase in usage of Recovery College online and Kooth.</li> <li>• Positive work at pace with local partners to support community hubs and put in place needs led access to a range of mental health services</li> </ul>
<p>PRIORITY 2 - Continue improvements to services available for people in crisis or who need more urgent support</p>	<ul style="list-style-type: none"> <li>• New crisis model in place and working well, with single Freephone number for accessing it</li> <li>• Mental health support line operational 7 days, 8.30am – 8.30pm for lower level, non crisis needs. Moving to 24/7 service shortly</li> <li>• During COVID an OP specialist was based with the crisis team on a 24/7 basis to provide specific OP support. Discussions ongoing to provide this substantively</li> <li>• Very successful through lockdown at supporting people with home based treatment as an alternative to admission.</li> </ul>
<p>PRIORITY 3 - Easy access to timely advice and support for referrers/partners without the need to refer into services</p>	<ul style="list-style-type: none"> <li>• E-referral process in place via GP Strategic Lead</li> <li>• Further focused work continues in current COVID context, especially to support anticipated increases in demand across the system.</li> <li>• Practice Based MH workers now in place who will support availability of access to advice and guidance</li> </ul>
<p>PRIORITY 4 - Continue improvements to Talking Changes to address feedback being received and enable greater collaborative working with primary care and others</p>	<ul style="list-style-type: none"> <li>• Waiting times for all steps monitored via weekly tracker with significantly improved performance</li> <li>• Keeping in touch strategy fully implemented</li> <li>• Some challenges predicted in accessing practices for face to face work due to social distancing restrictions and the impact on available space</li> <li>• Service have responded flexibly through COVID, developing cCBT offers for social care and care home staff, and working in different ways which has led to a reduction in waiting times for some modalities. Positive</li> </ul>

	<p>feedback being received from primary care about speed of access to services</p>
<p>PRIORITY 5 - Agree and deliver new service models in line with the new Community Framework (ie services increasingly “wrapped around” primary care)</p>	<ul style="list-style-type: none"> <li>• Delayed significantly due to COVID, however new re-launch meeting held at the end of September and rapid conversations to be held through October to develop our model and plans</li> </ul>
<p>PRIORITY 6 - Co-ordination, collaboration and improved links across the system to improve communication and reduce/eliminate barriers to care</p>	<ul style="list-style-type: none"> <li>• Clinical Directors now aligned to PCNs to improve engagement and relationships</li> <li>• Effective GP Forum in Darlington to help manage any issues and take forward shared developments</li> <li>• HIU work becoming more embedded and well received</li> <li>• Joint work to develop plans for people with a personality disorder continues to be rolled out, including significant developments around structured clinical management which have received commissioning support</li> </ul>
<p>PRIORITY 7 - Improve arrangements for transfers and transitions between services to ensure delays are eliminated, individuals are well supported and there is greater continuity of care. In particular this relates to:</p> <ul style="list-style-type: none"> <li>• Transitions between TEWV services</li> <li>• CYP to AMH transitions</li> <li>• Transitions from TEWV to other organisations</li> </ul> <p>Additionally, continue work with schools to support Mental Wellbeing being embedded in the curriculum. When families are in services, use interventions to help bring down barriers between parent and child</p>	<ul style="list-style-type: none"> <li>• CQUIN already in place for CYP-AMH</li> <li>• Whole CYP pathway work to include elements of RCRP vision</li> <li>• Existing CYP Transformation Plans (multi agency) in place</li> <li>• Work re LTP implementation has restarted. Significant increase in demand noted, especially as schools re-start, but the nature of this demand is not yet known.</li> <li>• Transitions remain a priority area across pathways</li> </ul>
<p>PRIORITY 8 - Improve services for people with dual diagnosis</p>	<ul style="list-style-type: none"> <li>• Work complete with Darlington Healthwatch to develop improved user information and links between TEWV and NECA</li> <li>• Refreshed Dual Diagnosis referral pathway in place</li> </ul>
<p>PRIORITY 9 - Continue to improve staff wellbeing and training across the system</p>	<ul style="list-style-type: none"> <li>• Staff wellbeing facilitator in post</li> <li>• Recovery College were supporting local training offers pre-1cokdown, especially for admin staff and other practice based clinical staff. COVID-specific activity has rapidly increased the courses and support available to staff online</li> <li>• Existing Recovery College offer promoted across system Recovery College online has seen significantly increased levels of hits and activity through lockdown, and has flexibly and rapidly developed bespoke and creative offers to meet changing needs which has been very well received.</li> </ul>
<p>PRIORITY 10 - Review and continue to improve support</p>	<ul style="list-style-type: none"> <li>• Work started at Trust level, work ongoing local re Triangle of Care</li> </ul>

<p>available within TEWV and across the system for families and carers, ensuring greater co-ordination of the offer and easier, more consistent access</p>	<ul style="list-style-type: none"> <li>• MHSOP have some new investment to create a dedicated Carers post</li> <li>• Durham County Carers engaged with ongoing work across locality and Trust</li> <li>• Will need to be revisited post-COVID to reassess approach and consider how best to meet needs moving forward, linking to VCS who have been providing increased levels of support to carers throughout lockdown and COVID period</li> </ul>
<p>PRIORITY 11 - Build on and further develop community based support and community assets across the County, flexing the offer to meet specific local need as required. This should include greater use of peer workers/those with lived experience (including carers)</p>	<ul style="list-style-type: none"> <li>• Range of initiatives were in place/being developed locally pre COVID supported via DOT and SIG, will need to be re-started as COVID pressures ease</li> <li>• Work during lockdown with the CVS with some innovative schemes and mutual aid groups developed.</li> <li>• Will need to consider resources available to support this to continue to develop via the MHLDP Partnership Board, Tees Valley CCG and Public Health (mental health promotion)</li> </ul>
<p>PRIORITY 12 - Develop and introduce a simple way of understanding what services are available across the system at borough, locality and community level (“not a directory of service”)</p>	<ul style="list-style-type: none"> <li>• Directory in place via IAPT, practice based CPNs also have local directories.</li> <li>• Work being considered to co-ordinate via SPLW developments</li> <li>• Existing resources often signposted via Healthwatch. Living Well Darlington in place. Further review and work required with partners</li> <li>• Pathways and information refined through COVID. Multi agency work expected post COVID to review learning and adapt systems. Exploring “quick wins” around use of IT/digital solutions to support this,</li> </ul>

## 6. CONCLUSIONS:

RCRP activity was progressing at pace pre-lockdown. As a result of the pandemic, activity has understandably shifted in focus and some of the more formal actions have been paused. However, the pandemic period has enabled us to continue to progress work in line with the principles of Right Care Right Place and has given us some unique opportunities to improve system working. The learning from this will be integral to moving the formal programme forward in the coming months.

## 7. RECOMMENDATIONS:

The Darlington Health and Housing Scrutiny Committee are asked to note this update and ongoing work, which will change as the COVID-specific context evolves.

**Jennifer Illingworth**  
**Director of Operations**  
**Durham and Darlington**