Darlington PCN Living Well Service

Ethna Parker – Living Well Operations Manager

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Darlington PCN

- Clinical Director Dr Amanda Riley
- Covers all 11 GP Practices in Darlington
- Approx., 110,920 patients
- Working very closely with GP Federation Primary Healthcare Darlington (PHD)
- Coterminous with DBC
- Building on good stakeholder relationships

Population Health

- Clinicians tend to focus on the patient in front of them
- Practices focus on their registered lists and contractual obligations (Quality and Outcomes Framework, etc.,)
- PCN provides an opportunity to approach healthcare from a population/locality level, working with partners to meet identified needs



Health Inequalities

- We know that certain groups in our locality experience poorer health outcomes for multiple reasons
 - Deprivation and wider determinants of health
 - Difficulty accessing health care
 - Cultural and language barriers
 - Mental health problems
- We need to understand which specific groups face the poorest outcomes in Darlington in order to target services
- PCNs cannot do this alone- needs to be a system approach

Data and evaluation

- Use data and local knowledge to identify focus of work
- Monitoring and continuous evaluation will be key
- Multiple data sources (e.g., LA, PCN and Trust)
 will provide more accurate view of what is
 happening
- Use of PCN data dashboards, e.g., Foundry
- Data needs to be interrogated by the right people to ensure we are asking the right questions
- Data alone won't tell the whole story

The PCN Plan

- Over £300k PCN investment in service delivery and development, including:
 - Living Well Operations Manager
 - Practice Placement Facilitator for TNAs
 - Premises, desks, chairs, headphones, computers, laptops, mobile phones, training, etc.,
- The PCN has subcontracted the delivery of the Living Well Service to PHD
- Over £1million worth of Additional Roles Reimbursement Scheme (ARRS) staff annually:
 - Health Coaches
 - Social Prescribing Link Workers
 - Trainee Nursing Associates (TNAs)



The PCN Plan

- Bigger focus on data and evaluation
- More cross organisational working
- Community focus and investment
- Identify 'Anchor Organisations' in Darlington and develop close working relationships
- PREMISES how to do we support the new recruits?
 - hybrid working and hotdesking to ensure new recruits have access to IT facilities, networking, peer support and high-quality supervision



10 public health priorities identified by Tees Valley CCG

- 1. Frequent attenders to Primary Care
- 2. A&E & Non-Elective demand
- 3. Alcohol
- 4. Healthy Weight (including physical activity)
- 5. Drug / substance misuse
- 6. Mental health
- 7. Poverty and wider determinants of health
- 8. Unknown to services / access health systems as emergency / late stage
- 9. Best start in life (0-2)
- 10. Older people / Loneliness (linked to falls / A&E admissions)



Suggested focus for Darlington

Area 1 - Not known to Primary Care

Area 2 - Frequent fliers

Area 3 – Older people / Loneliness



Progress so far...

- In development: a PCN Virtual Link Worker Service
- Co-location of a social prescriber at AGE UK
- Provisional agreement that the PCN will part-fund Age UK to develop and provide a befriending service for Darlington residents aged 50+
- Motivational interviewing/coaching education for existing PCN staff and ARRS workers
- Adverts out for:
 - Trainee Nursing Associates (TNAs)
 - Practice Placement Facilitator for TNAs
- Recruited:
 - Operational Manager
 - Social prescribers (9 = 6.2 WTE)



Progress so far...

- Agreement to create a social prescribing drop-in service at the Dementia Café in Cockerton
- Agreement to create bookable social prescribing sessions and drop-ins at AGE UK
- Working with the Enhanced Care in Care Homes service to offer a bespoke social prescribing service to residents discharged from respite care
- Social prescribing drop-in sessions planned at Food Banks across the town
- Looking to work with St Teresa's Hospice to create bookable sessions and/or drop-in sessions with social prescriber and/or health coaches
- Bespoke referral pathways for GP Practices, Adult Social Care, MSK, CDDFT, cancer services, self-referrals and more
- THIS IS JUST THE BEGINNING!

