

RIGHT CARE, RIGHT PLACE: DURHAM AND DARLINGTON

KEY MESSAGES AUGUST 2019

1. WHAT IS “RIGHT CARE, RIGHT PLACE”?

In response to the NHS Long Term Plan, Five Year Forward View for Mental Health and forthcoming Community Mental Health Framework, the TEWV Trust Board have initiated a new programme of improvement covering community, inpatient and urgent care delivery, needs to be prioritised. This new programme is called “Right Care, Right Place” (RCRP) and it aims to deliver better 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, reflecting staff, users’, carers’ and partners’ feedback. Using a recovery-focused and trauma informed approach, RCRP will work systemically (not just within TEWV) so that we can:

- Improve how the whole system works together for both planned and unplanned care (especially thinking about how services better “wrap around” PCNs)
- Reduce “hand offs” (ie passing people between services) within the Trust and with other providers
- Ensure people’s needs are identified and addressed as early as possible
- Reduce unwarranted variations whilst making sure we provide what local communities need
- Achieve the best use of all resources (money/ staff/ community assets)
- Address physical healthcare needs better and in a more joined up way

The programme will link closely to all other Trust and multi-agency programmes of work to avoid duplication.

2. WHAT IS ALREADY HAPPENING IN DARLINGTON, AND WHAT MIGHT THIS NEW PROGRAMME MEAN LOCALLY?

We do not plan to duplicate existing work and groups. Therefore, the Crisis Concordat will remain the focus for urgent care work, and work to make our use of beds more efficient within TEWV will continue. Development of community services will inevitably be the biggest area for development, in particular to look at how mental health services better “wrap around” PCNs. We will set up a specific project group for Darlington, most likely as a sub group to the New Models of Care work, involving PCNs, third sector, public health, patients, families and other stakeholders to lead this. We have however set up a senior reference group to co-ordinate and oversee the work.

3. THE “GIVENS”

There is a genuine intention to be creative and move away from traditional organisation, commissioning or delivery arrangements where appropriate or where these inadvertently create a barrier to easy access to care. However, there are a range of “givens” that services and partners will need to work within as a framework to support this development. These are currently being finalised but will include national performance measures, CQC and other regulatory requirements etc.

4. ENGAGEMENT AND INVOLVEMENT

We have made a genuine commitment to co-produce our plans with partners, service users, families and staff. Work is developing to make sure we are able to do this properly, balancing rapid testing in some areas of different ways of working with agreeing a shared vision for the future. The Trust’s Expert by Experience Lead has provided advice and guidance re meaningful user involvement. Healthwatch are also engaged to begin to consider how they could help with wider engagement. Priority work for August will be planning the vision development events for October (dates to be confirmed before the end of August), and a Design Events for Darlington is being planned for November to begin to develop implementation plans.

Ideas Generation

A simple “ideas generation” exercise has started across services internally and externally, simply asking people to identify what 2 things (big or small) they think would make the biggest difference to people struggling with their mental health. To date, 180+ ideas have been generated (primarily from PCNs) to date, and there are a number of possible prototypes emerging that services will be encouraged to test through August and September to evaluate the impact.

The NHS MH Implementation Plan has recently been published and outlines plans for a £2.3bn investment nationally in mental health services over the next 5 years. The work commenced to date on the RCRP programme places us in a strong position to take advantage of this by building on the creative and different approaches being developed.

5. WHAT HAS BEEN HAPPENING OVER THE PAST MONTH?

The RCRP programme in Darlington is progressing reasonably well from a system perspective. There has been an increasing level of engagement, including primary care and the voluntary sector, and generally a high level of enthusiasm to take the opportunity we now have to do things differently, building on the good practice already available within the system. In relation to the 3 specific workstreams:

Acute Care – bed action plans are now in place for both adult mental health and older people’s services, although generally, Durham and Darlington locality performs well in this area

Urgent Care - Adult crisis services continue work to move towards a single hub and spoken model. Discussions about RCRP are planned for the next Crisis Concordat meeting. Bids have been submitted in conjunction with the CCGs for additional investment in crisis services. Work is also being considered through the Crisis Concordat to support co-ordination of different strands of work related to high intensity users

Community Services - Much of the work related to RCRP over the past month has related to community services. There has been a significant focus on external engagement and immediate ideas generation to identify potential prototype work. Initial meetings are being held over the summer with the Primary Care Networks, the community and voluntary sector, and other key stakeholders in Darlington (including DBC). Work will include ensuring there are strong links with emerging Social Prescribing Link Worker roles. Discussions have also started more strategically to consider commissioning approaches and resources might be used to best effect to support this programme.

Data packs showing referral trends by directorate, team, PCN and practice have been produced and shared with a small number of people for comment to support further development. It is hoped these may help the system to start to focus questions and explore creative and robust solutions based on a real understanding of specific local issues. For example, if CYP referrals have significantly increased in 1 practice, understanding if this may be linked to new housing or school developments may help focus ideas about possible solutions/work that may be required.

6. NEXT STEPS

We are undertaking two key pieces of work which we will run in parallel over the coming 3-4 months:

1. Through existing forums, speak to PCNs, users/carers/families, stakeholders and TEWV staff to identify what would make the biggest difference quickly, and where possible test these ‘prototypes’ to assess the impact
2. Plan and deliver wider engagement events with service users, families, PCNs, other stakeholders (including voluntary sector) and our staff within TEWV develop a shared (and possibly radical) vision for the future for implementation (within the ‘givens’ that we have) over the coming 3-4 years

This is an exciting but ambitious programme of work and we intend to send updates to all key partners/stakeholders in Darlington services as the work progresses

If you would like to discuss anything in more detail please don't hesitate to contact Jo Murray, Right Care Right Place Delivery Lead (Durham and Darlington), at jo.murray1@nhs.net