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**Report of Jo Murray, Right Care, Right Place Delivery Lead, Tees, Esk and Wear Valleys NHS Foundation Trust**

**Electoral division(s) affected:**

Countywide

**Purpose of the Report**

- 1 This report provides an overview of the Right Care, Right Place programme within Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and outlines short term actions within County Durham.

**Executive summary**

- 2 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.
- 3 There is already significant multi agency work across County Durham focused on mental health and wellbeing services. We will build on and align our RCRP work with these existing arrangements as far as possible. This will include alignment and strong engagement with the Mental Health Strategic Partnership Board (including the Crisis Care Concordat and Mental Health Prevention Steering Group), Primary Care Networks, the Prevention Steering Group, and Integrated Community Services across the county.
- 4 We are undertaking two key pieces of work which we will run in parallel over the coming 3-4 months:
  - Through existing forums, speak to Primary Care Networks (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

- 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 work will mean that, by the end of 2019, we will have a clear vision for mental health service provision across County Durham, and an initial implementation plan to deliver this vision across the system over the coming years. This will complement and build on all the existing work within County Durham (such as development of an approach to wellbeing).

### **Recommendation(s)**

- 5 Members of the Health and Wellbeing Board are recommended to:
- (a) Note the contents of this report and the direction of travel as it affects County Durham
  - (b) Agree how best the Health and Wellbeing Board can be involved in the programme
  - (c) Receive further updates as the programme progresses.

## **Background**

- 6 In response to the NHS Long Term Plan, Five Year Forward View for Mental Health and anticipated Community Mental Health Framework, the TEWV Trust Board has initiated a new programme of improvement covering community, inpatient and urgent care delivery. 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.
- 7 The programme is the next stage of development from previous improvement work and is in direct response to staff, users’, carers’ and partners’ feedback around opportunities to continue to improve what we do, as well as building on positive feedback of where things work well.
- 8 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
  - Reduce “hand offs” (i.e. passing people between services) within the Trust and with other providers
  - Ensure people’s needs are 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
  - Reflect the direction of the whole system e.g. primary care networks
- 9 The programme will link closely to all other Trust and multi-agency programmes of work to avoid duplication.

## **County Durham Specific Context**

- 10 There is already significant multi agency work across County Durham focused on mental health and wellbeing services. We will build on and align our RCRP work with these existing arrangements as far as possible.

- 11 There will be 3 distinct workstreams as shown below. Wherever possible these will build on and use existing structures to ensure all work undertaken under the auspices of RCRP does not duplicate effort.

- Urgent Care Development

The Durham and Darlington Crisis Care Concordat (CCC) is already well established, with a shared vision for the future, shared priorities and an agreed workplan that not only considers TEWV services but also early intervention and recovery. Therefore, rather than establish a RCRP workstream for urgent care, we will ensure that we have appropriate involvement in work through the CCC. The CCC also directly reports into the Mental Health Strategic Partnership Board (MHSPB) for Durham so provides additional opportunities to provide assurance of multi-agency alignment.

- Acute Care Development

Acute services across the specialities within Durham and Darlington have worked hard over a number of years to maximise efficiency and make best use of the bed base. Older people's and adult services have established workplans in place to continue this work therefore this will continue in its current form.

- Community Development

Development of community services is inevitably the biggest area for development, in particular in considering how mental health services might better "wrap around" PCNs in line with the national direction of travel. There are very well established partnership groups and workplans within County Durham that have agreed priorities and deliverables that will intrinsically support the RCRP agenda, and there are a range of existing initiatives across agencies that give us an excellent base for further development with our partners. Immediate work, therefore, will focus on where RCRP can add value to and support the work already happening within the system, and help to address any outstanding priority areas.

## **Programme Management and Governance**

- 12 We will set up a specific project group for Durham, as a sub group of the PCN Leads meeting and MHSPB, involving PCNs, third sector, public health, patients, families and other stakeholders to lead and co-ordinate the detailed programme work. We have also set up a senior reference group to co-ordinate and oversee the work. The high level structure is shown at Appendix 2.

- 13 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, Care Quality Commission (CQC) and other regulatory requirements etc.

### **Engagement and involvement**

- 14 We have made a genuine commitment to co-produce our plans with partners, service users, families and staff and our overall approach is shown at Appendix 3. 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 about meaningful user involvement. Healthwatch are also engaged to begin to consider how they could help with wider engagement and how the programme can address recommendations from previous review work they have completed. Vision development events are now being planned for October and a Design Event for Durham is being planned for November to begin to develop implementation plans.

### **Progress to Date**

- 15 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
- 16 Urgent Care: Adult crisis services continue work to move towards a single hub and spoke model, and discussions about wider opportunities within the RCRP programme are planned for the next Crisis Concordat meeting. Bids have been submitted in conjunction with the Clinical Commissioning Groups 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
- 17 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 Durham. Work includes 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.

18 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, over 180 ideas have been generated, and there are a number of possible prototypes emerging that services are being encouraged to test through August and September to evaluate the impact. These include:

- Simple and consistent advice system for primary care for response within 1 working day
- Clarify dual diagnosis pathway for GPs and work with patient cohort to explore other opportunities
- Developing options with the community and voluntary sector to support social isolation/vulnerabilities of isolated elderly people and assess impact on practice attendance before and after
- Developing a support worker or ‘buddy’/volunteer role to support those with enduring and chronic mental health problems managed within primary care to engage with services appropriately
- Testing a buddy/peer worker/group approach to better support a specific cohort of individuals with alcohol difficulties and depression/anxiety
- Testing more creative ways to support individuals with a learning disability to attend their annual health check
- Testing impact of Improving Access to Psychological Therapies (IAPT) interventions for anxiety/depression for those patients with recurrent Chronic Obstructive Pulmonary Disease (COPD) admissions
- Consider how best to roll out successful community based work in Easington for Dementia patients

There are other ideas that have been generated from individuals/groups with county-wide roles that would merit exploration and testing through the same time period, for example testing ways to better support women who have experienced significant trauma to attend their smear tests, or testing ways to provide a single point of contact (“care navigator”) for people with dementia to support them through their journey (including access to community and voluntary sector e.g. Alzheimers Society resources).

- 19 The NHS Mental Health 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.
- 20 Within TEWV, work is also well underway to develop data packs at PCN and GP practice level which may help the system to start to focus questions and explore creative and robust solutions based on a real understanding of specific local issues.

## **Main implications**

### *Alignment with other programmes of work*

- 21 Alignment to existing programmes of work and activity will be critical to the success of RCRP in County Durham. This includes:
- Alignment with the Mental Health Strategic Partnership Board (including the Crisis Care Concordat and Prevention Steering Group)
  - Strong engagement with Primary Care Networks as they develop
  - Strong engagement with the Prevention Steering Group
  - Strong engagement with and links to the Mental Health and Learning Disability Partnership and Integrated Commissioning Board, for example to co-ordinate development of the wellbeing offer with any prototypes that might emerge in the coming months
  - Engagement wherever possible with Integrated Community Services across the county

### *Engagement and Involvement*

- 22 Delivery of our intended approach to engagement and involvement at all levels to co-produce this work will be vitally important to the success of this programme. Work has started to build on (rather than duplicate) existing work that has been undertaken across County Durham. This will be supplemented by specific events in October and November to further develop and finalise our vision.

## **Conclusion**

23 The “Right Care, Right Place” (RCRP) programme offers an exciting and timely opportunity for TEWV and its partners 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. Building on a history of partnership working and delivery, by the end of 2019 we will have a clear vision for mental health service provision across County Durham that builds on and complements work already completed across the county. We will also have an initial implementation plan to deliver this vision across the system over the coming years.

## **Background papers**

- NHS Five Year Forward View for Mental Health
- NHS Long Term Plan

## **Other useful documents**

- County Durham Approach to Wellbeing
- JSNA for County Durham as it applies to mental health
- Mental Health Strategic Partnership Board priorities

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## **Appendix 1: Implications**

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### **Legal Implications**

None.

### **Finance**

None identified at present, although PCNs, CCGs, TEWV and the Mental Health and Learning Disability Partnership are exploring opportunities for additional investment or reconfiguration of resources as they arise.

### **Consultation**

The involvement and engagement approach to co-producing this work has been outlined in the body of this document and at appendix 3.

### **Equality and Diversity / Public Sector Equality Duty**

None.

### **Human Rights**

None.

### **Crime and Disorder**

None.

### **Staffing**

None at present, although any workforce implications (including new ways of working) will be addressed as the work progresses.

### **Accommodation**

None at present.

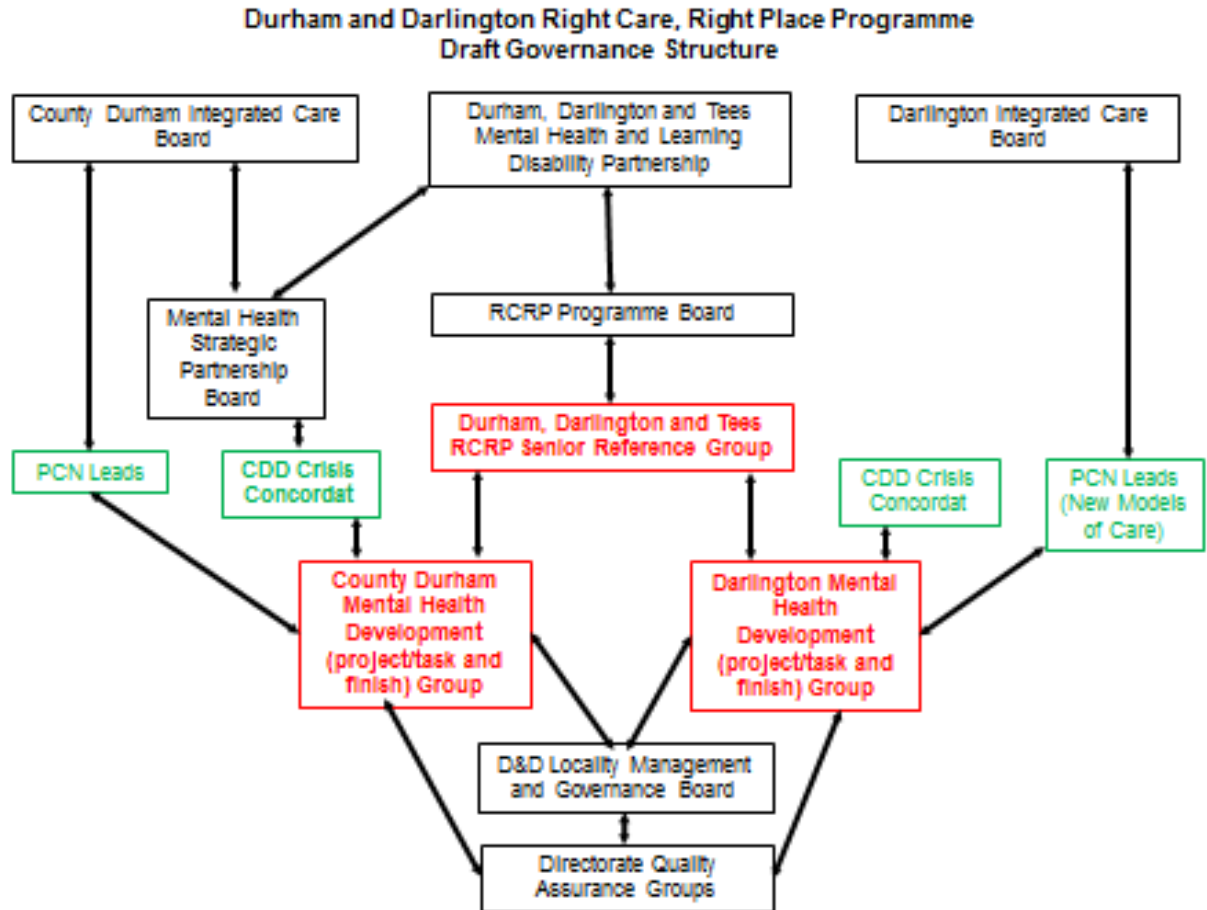
### **Risk**

A risk log for the programme has been developed and is managed by the TEWV RCRP Programme Board.

### **Procurement**

None. However, opportunities to share learning from RCRP engagement with the DCC Commissioning Team have been identified and are being progressed.

## Appendix 2: Governance Arrangements



## Appendix 3: Engagement and Involvement Approach

### Durham and Darlington Right Care, Right Place Programme Engagement Plan

TEWV Levels of Participation	Definition	Durham and Darlington RCRP
<b>CONTROL</b>	Responsibility for decision making is in the hands of identified stakeholders and individuals	Priorities and testing initiatives to be owned by PCNs, TEWV staff and other partners eg CVS
<b>CO-PRODUCE</b>	Equal and two way partnership between service providers, service users, carers and other key stakeholders with shared power for design, delivery and evaluation	EbE, Users, Carers, Partners (especially PCNs) to be equal members with TEWV on project development/steering group
<b>COLLABORATE</b>	People working together with clear roles and responsibilities and direct involvement in decision making and action	A range of networks to be established, building on what already exists, to enable true joint ownership of key deliverables in the project plan
<b>INVOLVE</b>	People have an active role in influencing opinions and outcome but the final decision rests with the organisation	Work with Healthwatch, Northern Heartlands, Community Resilience Group etc to maximise involvement and engagement from all sectors of communities, including those that don't or won't use services, different communities, to all our staff (across organisations) and people that do use services
<b>ENGAGE</b>	Seeking a broad range of views and comments to inform decision making. Decision making remains with the organisation	
<b>INFORM</b>	People informed of action and changes but their views are not actively sought	Deliver communication plan internally and externally, embracing and using the Taylor Family within Durham, consistency of language