Health and Wellbeing Board

16 March 2017

Community Hubs / Teams Around Practices

Report of Lesley Jeavons, Director of Integration, North Durham Clinical Commissioning Group, Durham Dales Easington and Sedgefield Clinical Commissioning Group, Durham County Council

Purpose of the Report

1 To inform the Health and Wellbeing Board of progress with regard to Community Hubs/Teams Around Practices.

Background

2 The Five Year Forward View and the Care Act 2014 outlined the need to design and implement services around individuals and their communities to further enhance pathways and joint service provision across health and social care.

3 Sustainability and Transformation Plans support the development of services outside of acute settings with a view to preventing admissions and facilitating effective discharge.

4 Work is underway regionally to develop a consistent approach to the Better Health Programme and the Neighbourhood and Communities Strategic Overview Group is included within the remit of Integrated Community Hubs. The Health and Wellbeing Board in County Durham commissioned additional scoping work to inform whether our existing integrated services were sufficient and to identify benefits from extending integrated opportunities further. The developments outlined within this report resulted from this scoping work.

5 Engagement and development work undertaken to date has identified that the term “community hubs” is confusing and is not fit for purpose in describing the new model. Chief Officers have agreed therefore that the term “Teams around Practices” should instead be adopted.

6 Many adult health outcome measures within County Durham fall significantly below the national average presenting a challenge to the local health care system. There are a rising number of people with multiple long-term conditions including respiratory, cardiovascular disease and diabetes. Demographic pressures also place emphasis on the need to manage demand for social care more effectively.

7 At present, distribution of spend is very focussed on the acute and there is a need to move away from using existing organisations spend in secondary care as the basis of determining spend patterns in community services. Health and Care organisations need to review how they can redistribute resources appropriately at a community level in response to local population needs to ensure best use of the "public pound". Continuing with current patterns of funding and delivery is not an option.

Overview of the Teams Around Practices Model

8 The model acknowledges that more care should be delivered in a community setting and at home through better integration of provision. This will involve identifying the front line workforce across a number of disciplines to deliver care that supports more complex patients with a greater focus on prevention and independence.

9 These teams will work across a group of practices. Some may have a physical base whilst others will be "wrapped around" existing groups of GP practices. This is in recognition of the need to utilise existing estate and to avoid disruption to members of the public.

10 In County Durham the work to explore the potential for adapting such a model was completed in Summer 2016 with a proposal for 13 hubs (now Teams Around Practices) to be developed on a countywide basis around a typical population of between thirty and fifty thousand with the principle outcomes being:

- Improved primary care access
- Enhancing the preventative offer
- Enhancing independence and wellbeing through risk stratification
- Less presentation at A&E
- Reduction in bed days
- Less people in residential and nursing care

11 A service specification was developed by Finnamore Consultancy however the main framework and detail for the model is being developed with:

- Primary Care and Federations
- North Durham and DDES CCGs
- Durham County Council
- County Durham and Darlington Foundation Trust (CDDFT)
- Tees, Esk and Wear Valleys NHS Trust
- Voluntary Sector

12 It is envisaged that the voluntary sector and informal care will be utilised as part of any solution. This will help promote preventative approaches. Delivery of services will ultimately be delegated to professionals at a local level who will be responsible for ensuring outcomes are met.

13 An important function within the model will be to identify the most vulnerable adults who are a risk of significant deterioration in their health and wellbeing with a resultant admission to acute and/or permanent care settings. This is expected to be the top 2% of those people on GP lists who fall into that high risk group. Services will then focus upon enhancing health and wellbeing through proactive treatment, reablement and rehabilitation.

14 Budgets could be devolved to hub level and work is underway with finance colleagues to ascertain accurate levels of community nursing resource as a starting point for budget alignment.

15 The following illustrations outline the model with increased preventative approaches wrapped around primary care.

Figure 1 Hub/TAP Services

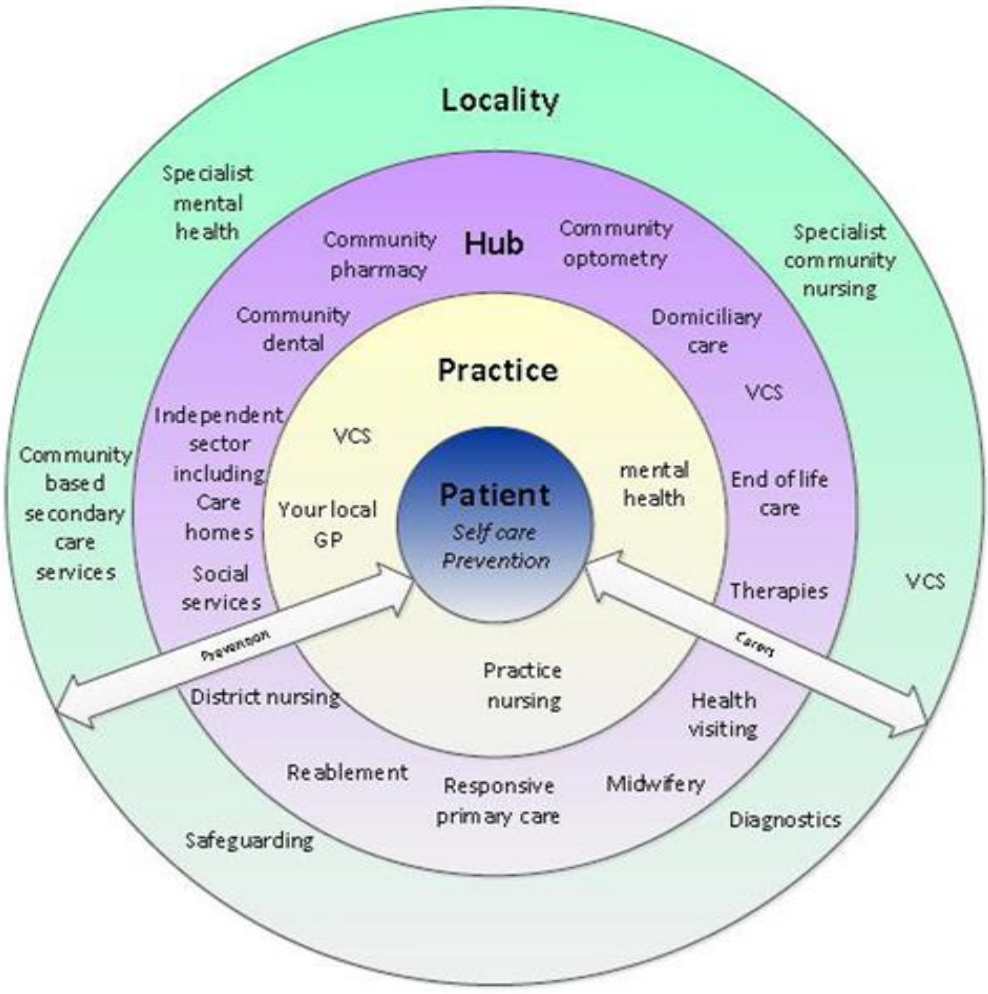
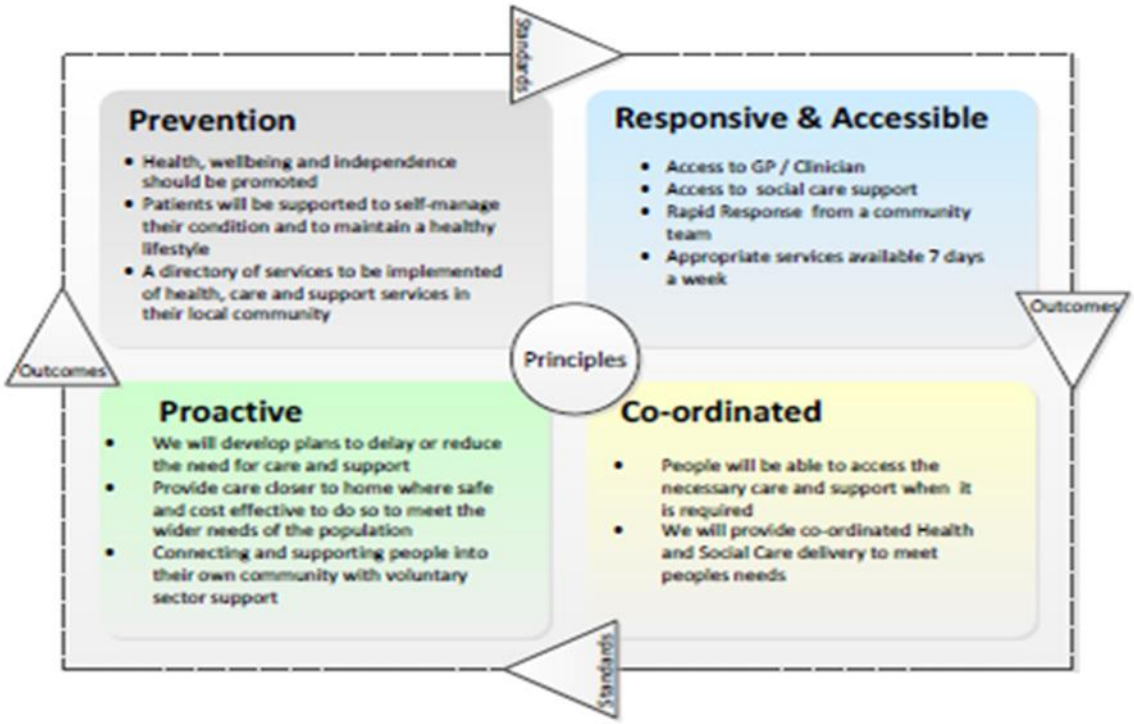


Figure 2 Principles, standards and outcomes associated with TAP delivery



Accountable Care Networks

16 In County Durham an agreement has been reached that the new model of care will progress as part of an Accountable Care Network arrangement.

17 An Accountable Care Network (ACN) is a group of organisations which are not formally enshrined but work as a network to deliver joined up care.

18 Organisations within the ACN will work together to ensure the delivery of efficient, high quality care which meets the needs of the population.

19 The ACN is not a stand-alone organisation. Its work, including progressing opportunities for further integration will be overseen by the Integration Board.

20 A Memorandum of Understanding (MOU) for the ACN will be developed and presented to the Integration Board in April 2017.

21 The Integration Board will update the Health and Wellbeing Board on progress and developments and will also be required to seek support within partners' host organisations through usual governance routes, for agreement to proceed with any new proposals.

Progress to Date

22 In light of the requirement for senior level shared leadership and capacity, Lesley Jeavons has been appointed as Director of Integration. Her role will

require her to work as part of the Chief Officer team to ensure effective leadership and delivery of this agenda.

23 As outlined above a project implementation structure is now in operation and work has been purposeful and effective.

24 Team configurations have been proposed and agreement reached with CDDFT and DCC on staff alignment.

25 Locality briefings are underway and a project and communications and engagement plan is in place. A steering group is overseeing the work and has representation from CCGs, CDDFT, Adult Social Care, GP practices, Federations and the Voluntary Sector.

26 A Communications and Engagement Plan is currently being populated with the use of existing patient engagement forums being the favoured approach.

27 Workstreams have been established and localities are being asked to consider representation to help shape work relating to referrals, work allocation, pathways, risk stratification and performance.

28 A request has been made for early adopters of the model to come forward and several nominations have been received with an expectation they will begin working together by April 2017. It is envisaged that the model will be rolled out fully throughout 17/18.

29 It is particularly important to note there is an intention to engage with all stakeholders during set up and implementation of the proposed model of care. The workforce will be key to supporting the design and rollout of pathways going forward.

30 It is acknowledged that consideration of the existing estate will need to take place to better utilise community buildings within a TAP geography and this is underway currently.

31 Whilst it is understood that challenges exist in relation to delivery of this project the commitment from the NHS and partner agencies across County Durham to further develop integrated provision and commissioning is clear.

32 The commitment was reiterated by Chief Officers at a recent well attended countywide leadership event.

33 Further work will be required to develop staff working within the new model and to encourage new ways of working. This is being considered as part of the project planning process.

34 There is also a need to consider how practices within each grouping interface with each other and establish links to enable work to take place together for the benefit of the local population.

Recommendations and reasons

35 The Health and Wellbeing Board is recommended to:

- Receive this report for information;
- Agree to receive a further update report in three months' time.

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Appendix 1: Implications

Finance
Existing and future financial challenges facing the NHS, local government and public health, increased demand for health and social care and rising costs of delivering services will make integration health and social care services increasingly difficult. The Better Health Programme framework of care will have to be implemented within current financial resources.

Staffing
A critical element of delivering an integrated model of care will depend upon a suitably trained and skilled workforce.

Risk
Failure to transform and integrate services will result in reputational damage for the Council and its partners. If transformation and system wide reconfiguration is not achieved this will result in services aimed at improving results for patients, life expectancy and quality of life not being delivered efficiently and effectively.

Equality and Diversity / Public Sector Equality Duty
Equality Impact Assessments are carried out as part of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

Accommodation
No direct implications.

Crime and Disorder
No direct implications.

Human Rights
No direct implications.

Consultation
Proposals for integration would be the subject of consultation with stakeholders.

Procurement
No direct implications.

Disability Issues
No implications at this stage.

Legal Implications
There are a number of key legislative and policy developments/initiatives that have led the way and contributed to Adult Care Transformation and further integration with Health and Social Care Services. All changes must be compliant with legal requirements