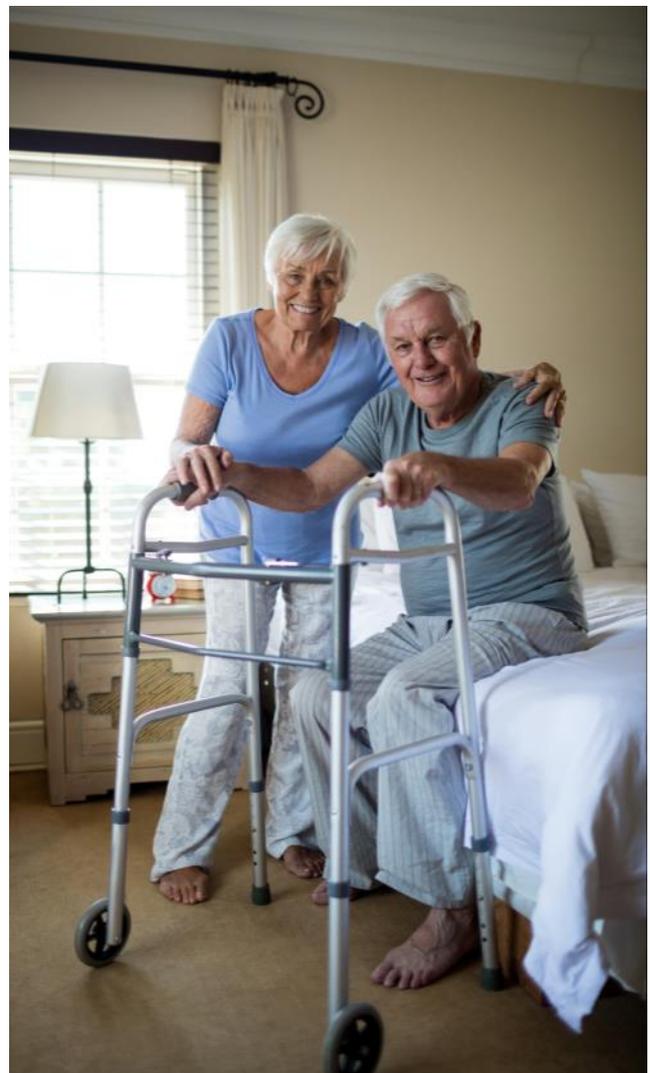




Welcome to the latest edition of the Accountable Care Network bulletin designed to keep you up to date with integrated care in County Durham.

In this edition:

- An update on Teams Around Patients (TAPs)
- A voluntary sector engagement update
- Exploring more about 'Discharge to Assess' (D2A)
- Shine a spotlight on Durham Dales, Easington and Sedgefield Clinical Commissioning Group
- County Durham and Darlington NHS Foundation Trust update
- Information on our project work streams
- Details of Public Health's contribution to integration



Teams Around Patients update

Implementation of Teams Around Patients (TAPs) across County Durham is progressing:

- Development work is continuing with the 'early adopter' TAPs in the Dales and Sedgfield areas.
- Locality briefing meetings in Derwentside and Chester-le-Street have taken place while engagement with key stakeholders in these TAP areas is ongoing.
- A range of documents for TAPs have also been developed including Statement of Common Purpose, Operating Principles, Staffing Lists, Role Summaries, Terms of Reference, Clinical Scenarios, MDT Levels and Frequently Asked Questions.
- Community nursing workforce allocations for TAPs have been confirmed and responsibilities for Band 7 lead nurses developed.
- A performance outcomes dashboard for TAPs is agreed and further work will take place on social care metrics.
- A Voluntary and Community Sector (VCS) delivery plan is being implemented to ensure VCS are fully engaged in the development of TAPs.



Talking to the Voluntary Sector

Through Durham Community Action, a dialogue has begun with both local and specialist Voluntary and Community Sector (VCS) providers to brief them about the development of the TAPs, and to explore how the voluntary sector can become engaged with the TAPs, as providers of local community services.



We are exploring opportunities to simplify referral routes for front line health and social care practitioners into the voluntary sector, making the best use of partnerships and networks. Through the Advice in County Durham Partnership, we hope to be able to test the use of the Advice Referral Portal, which many of the member organisations of the Advice Partnership are already successfully using, to ensure a "no wrong door" policy for clients.

During the summer, a short series of four workshops for health and social care professionals has been planned, as an opportunity to familiarise themselves with the work of the VCS across County Durham, and to introduce them to the Advice Partnership network and referral routes.

Using feedback from this phase, we will be entering into more detailed consultations with the TAPs during autumn, to help inform and shape engagement between VCS providers and health and social care professionals.

Discharge to Assess – what it means

Definition:

“Where people who are clinically optimised and do not require an acute hospital bed, but may still require care. Services are provided with short-term, funded support to be discharged to their own home (where appropriate) or another community setting and then assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person.”

It is about

- User focus/patient centred care.
- Supporting people to go home being the default pathway, with alternative pathways for people who cannot go straight home.
- Free at the point of delivery for additional care over and above existing care package, regardless of ongoing funding arrangements until assessed within agreed time scale.
- Ensuring on the day access to formal care and support, if it is required.
- Assessing the long-term care needs when the actual level of care required can be more accurately.
- Making sure patients are not assessed twice – avoiding ‘assess to assess’.
- Consideration of Home from hospital services.

It is **NOT** about:

- Discharging people from hospital before they are clinically ready.
- Discharging people without assessment for services required for their safety at home or another community setting.
- Moving people home from hospital without the right support and without their consent or a best interests decision.
- Creating an additional transfer in a person’s care pathway in order to free up a hospital bed, without adding value to their experience of care or meeting good outcomes for the person.
- Moving people without clear pathways and processes, including an agreed care plan.
- Denying people the right to an assessment for NHS Continuing Healthcare (NHS CHC) if they may have a need for this.



Spotlight on Durham Dales, Easington and Sedgefield Clinical Commissioning Group

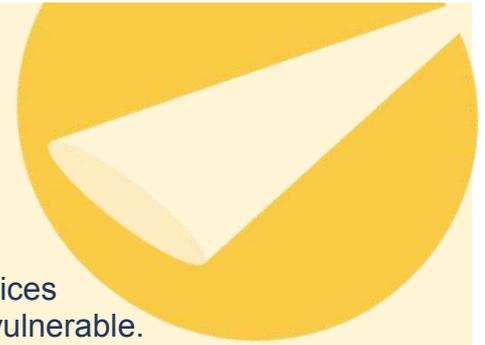
Primary Care Home – What is it?

It's a new scheme that will allow practices to work together sharing learning and skills to identify patient flow and address concerns. Practices will work together with social care to identify and to support the most vulnerable.

Primary Care Home (PCH) aims to re-shape the way primary care services are delivered based on the needs of the local population. PCH focuses on healthcare teams from primary, secondary and social care areas working together, including Teams Around Patients (TAPs). The approach provides comprehensive, personalised and consistent care for people.

PCH practices and professionals within the TAPs work collaboratively to support high intensity users in the PCH population.

- ◆ **Primary Care Home (PCH) leads induction meeting held on 19 May 2017 provided a refresh on the TAPs model, MDTs purpose and frequency, PCH lead role description, terms of reference, agenda setting and demand management.**
- ◆ **The first PCH in common (DDES wide) meeting held on 25 May 2017 provided an update on the development and progress of the TAPs, a presentation on community nursing allocation and identified the elected PCH leads.**



Primary Care Home (Practices working together in the population groups developing new services)	Teams Around Patients (TAPs) (wrapping community based services around primary care for patients)
<ul style="list-style-type: none"> • Developing services to populations of 30-50k 	<ul style="list-style-type: none"> • Wrap-around of community services to populations of 30-50k • Focus on frail elderly and Long Term Conditions
<ul style="list-style-type: none"> • Acute and community spend • Prescribing • Demand Management • Can pool budgets if wish to 	<ul style="list-style-type: none"> • Pooled community and virtual social care budgets to support integration • Local coordination
<ul style="list-style-type: none"> • GP practices at the centre of coordination • Encourage work with secondary care 	<ul style="list-style-type: none"> • Integrated workforce • Strong focus on partnerships • Primary, community and social care • Voluntary Sector

County Durham and Darlington NHS Foundation Trust update

CDDFT have worked jointly with the CCGs to implement the community TAPs model from 15 May 2017. Thank you for your patience during the lengthy HR process which had to be followed; it is pleasing to note that redundancies have been avoided and that all substantive staff remain in post at their current grades and hours. We are now in the process of recruiting to the identified vacancies and would welcome input from primary care representatives with the interview processes. Once full staffing establishment has been achieved it is our intention that the TAPs B7 Lead Nurse along with colleagues from primary care will then have the opportunity to influence the skill mix / numbers in each TAP within the identified budgets as further vacancies arise through natural turnover.

In our efforts to more efficiently manage the many temporary contracts within community services, we expect to convert temporary posts to permanent ones wherever possible; this will be particularly important as we try to build a career structure for the substantive community nursing workforce whilst remaining within the allocated budget for each TAP.

The locality based Workforce work stream meetings are now up and running and we would very much welcome input from primary care representatives as we start to address your requirements from the workforce and what our patients need overall. Thank you to those of you who have already contributed and please continue to do so; we want to address skills and training needs within each TAP and would like to build in the potential for local variation and some flexibility but this will require us to understand the issues and pressures within primary care and vice versa so we get the workforce profile right early on in our journey.

The development of the Care Co-ordination Centre (C3) which will be the means of receiving and directing referrals into community services is being progressed through the Access, Referral Pathways and Processes work stream. We have identified 5 senior clinical posts to enable clinical triage and clinical pathway development. Whilst C3 is in the early stages of development it will have a critical role in receiving and directing referrals into the appropriate service. It is important that we get this right from the outset and ensure that it is streamlined and responsive in directing referrals to the appropriate service.

Key contacts for County Durham and Darlington NHS Foundation Trust are as follows;

Name	Title	Locality	E mail	Telephone
Wendy Quinn	Associate Director of Operations	Integrated Adult Care	wendy.quinn@nhs.net	07919 398822
Lisa Cole	General Manager	North Durham	lisa.cole5@nhs.net	07920 708279
Elaine Shaw	General Manager	DDES	eshaw2@nhs.net	07971 895364
Mandy Lowery	Clinical Strategy Business Manager	C3	mandy.lowery@nhs.net	07827 082540

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Work streams

Five work streams have been established to progress key areas of work for the Accountable Care Network in relation to TAPs implementation. If you feel you would like more information about any work stream or would like to contribute to their work please contact the relevant lead.

Work stream	Chair
Communications and Engagement – concerned with identifying key stakeholders and planning effective communication methods and engagement strategies.	Paul Copeland Paul.copeland@durham.gov.uk Tel: 03000 265 190
Human Resources and Workforce Development – concerned with staff allocation and alignment, workforce planning i.e. skill mix, training and development for teams wrapped around primary care.	North Locality: Lisa Cole Lisa.cole5@nhs.net Tel: 01325 380 100 South Locality: Elaine Shaw Eshaw2@nhs.net Tel 01833 696 515
Finance and Budgets – concerned with identifying budget allocations for the hubs/teams around patients and financial management.	Mark Booth Mark.booth@nhs.net Tel: 0191 371 3230 NB this group has not yet launched
Performance Outcomes – concerned with developing a comprehensive and effective outcome focussed performance framework for each team around the patient.	Paul Copeland Paul.copeland@durham.gov.uk Tel: 03000 265 190
Access, Referral Pathways and Processes – concerned with the details of how the teams around patients will operate. Its activity will focus upon care planning, alignment, interface and risk stratification.	Phil Emberson Phil.emberson@durham.gov.uk Tel: 03000 268 253 Elaine Shaw Eshaw2@nhs.net Tel: 01833 696 515

Edition 2

Public health role in health and social care integration

Public health is about helping people to stay healthy and protecting them from threats to their health. The aim is to promote and protect health and wellbeing, prevent ill-health and prolong life. Public health practice can be grouped into three areas – health improvement, health protection and improving health and care services.

Public health is well placed to support major service change such as health and social care integration. Durham County Council Public Health Team can offer a range of support to leaders dealing with the integration agenda so that plans promote health and wellbeing and reduce inequalities. In some cases this may be about adding value by advocating a population wide focus to plans, guiding discussions on specific issues, or facilitating access to technical skills (such as epidemiology/public health intelligence), evidence and experience to inform and deliver integration.

For further information please contact publichealth@durham.gov.uk



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