

# Update

Issue 2, February 2019

## Welcome to our second stakeholder update!

The Durham, Darlington and Teesside NHS mental health and learning disability partnership is about working together to improve outcomes for people with autism, mental health or learning disability needs. The vision, aim and structure of the partnership is explained in our first stakeholder update.

Working together through the partnership framework and developing new ways of working is enabling people and their families to become more involved in the management of their care package. It is also helping to ensure services can be provided without some of the traditional organisational boundaries which can sometimes hinder transformation and earlier intervention.

### Case management and the commissioning framework

Effective case management and commissioning arrangements are central to the DDT partnership.

We are developing a single framework for commissioning across Durham, Darlington and Teesside, which will enable us to deliver more efficiently whilst remaining responsive to local needs.

The transforming care programme, a national programme which aims to improve the lives of people with a learning disability or autism, has generated some significant improvements, including changes in the way we support and commission services for people. Whilst the national programme comes to an end in March 2019, work will continue across our local areas through the DDT partnership as well as other settings, including the resettlement hub, specialist commissioning staff and NHS England. Our aim is to provide a safe and sustainable community care model, which helps to reduce the need for inpatient care and crisis management.

Updated principles for case management have now been agreed and work is underway to clarify the detail, implementation procedures and timelines. Whilst the implementation process is being developed, the partnership is working to identify care packages for review. There is a primary focus on those who haven't had a review for some time or

where there are changes in healthcare requirements. This is being completed by each speciality area, working closely with local authority partners.

### Continuing Healthcare

NHS Continuing Healthcare (CHC) works on behalf of the clinical commissioning groups within the framework of the DDT partnership. It provides a package of care outside of hospital, arranged and funded by the NHS, for children and adults with ongoing healthcare needs.

Nurse assessors from CHC are involved at the start of a person's journey, when an individual is assessed to determine if they meet the funding criteria to receive care and support. Once this has been determined, a care package is developed through the case management process, working with TEWV and other relevant organisations as appropriate, including local authorities, housing and care providers.

Through the partnership framework, greater clarity is emerging around the lines of responsibility between various agencies, and enhanced relationships are developing between CHC and TEWV. CHC staff attend the operational group of the DDT partnership and contribute to the development of the case management approach.

## Individual reviews

One of the key aims of the partnership is to ensure people and their families are involved in managing their own care package and making decisions about the best ways to meet their individual needs.

For anyone across the partnership who meets the criteria for funding, this is achieved through the case management process, working within the framework of the partnership.

The case management process involves regular meetings with the individual, their carer, community nurse and social worker. It may also include family members and representatives from other relevant organisations.

An individual's care package will be reviewed through this process, and the frequency of the reviews is determined by individual need. The meeting provides an opportunity to consider the individual's aspirations, activities, physical health, mental health and accommodation needs. It will look at long term goals and the steps which need to be in place to support this. It will also check to ensure the quality of care the person is receiving and if there are any concerns about their safety.

The next stage is to check whether the right service providers are in place to ensure this support is achieved in the best way, or whether any changes to the individual care package would be advantageous. Any suggested changes must first be agreed by the regular attendees of the case management meeting, including the individual. An action plan is then developed identifying the best way to take things forward, again this is discussed and agreed with the person at case management meetings.

## The provider forum

The provider forum is a key part of the DDT partnership framework. It provides a supportive environment where care providers can come together, share best practice and identify any issues or areas for improvement.

The forum meets on a bi-monthly basis and includes a range of provider organisations across the Durham,

## Jane's story

Jane is an adult who has a learning disability. She has very complex needs, including 2:1 care for most of the day. Her care package had been reviewed by various agencies previously, but this had not achieved any positive outcomes for Jane. Staff were finding it difficult to identify anything which could be done to improve Jane's quality of life, due to the complexity of her care and the length of time it would take to achieve significant change.

It was identified that Jane's care package was not sustainable, and change, however difficult, was needed.

Risk assessments of Jane's situation were undertaken and reviewed in consultation with her care management team, which included the care provider, Jane and her family. Evidence based practice was considered. A long term plan was agreed to reduce the amount of restrictions and observations Jane needed, increase positive behaviour support and to reduce and eventually remove the need for a second care worker.

Jane's care management team facilitated the change process. Reducing restrictive practices gave Jane greater empowerment and dignity. Education, training and support was provided through various mechanisms.

Jane's quality of life is now much improved, she is supported through 1:1 care in most situations and is able to live more independently. She is extremely proud of what she has achieved. Jane's care review led to a £78,000 saving.

Darlington and Teesside area. This is steadily growing, as new providers from a wider range of services join the network.

Members report they find the meetings useful to discuss ideas and work collectively to consider solutions for any issues raised.

## For further information please contact:

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