



Integrated Care Organisation

Durham Dales Cluster

County Durham

History of the Cluster

12 + 1 General Practices

Population 87000

Bishop Auckland General Hospital

2 Community Hospitals

1 Young Offenders Institution

1 Urgent Care Centre

Social Services

Working Together

- Locality, Fundholding, Primary Care Group, PCT
- Practice Based Commissioning Cluster
- Strong links with Bishop Auckland General Hospital and community
- Need to build on relationship with Social Services and the Mental Health Trust (TEWV)
- History of innovation

Challenges

- Rurality
- Deprived urban populations
- Hospital reorganisation
- Social services and community services reorganisation
- Bringing together 6 organisations

Positives

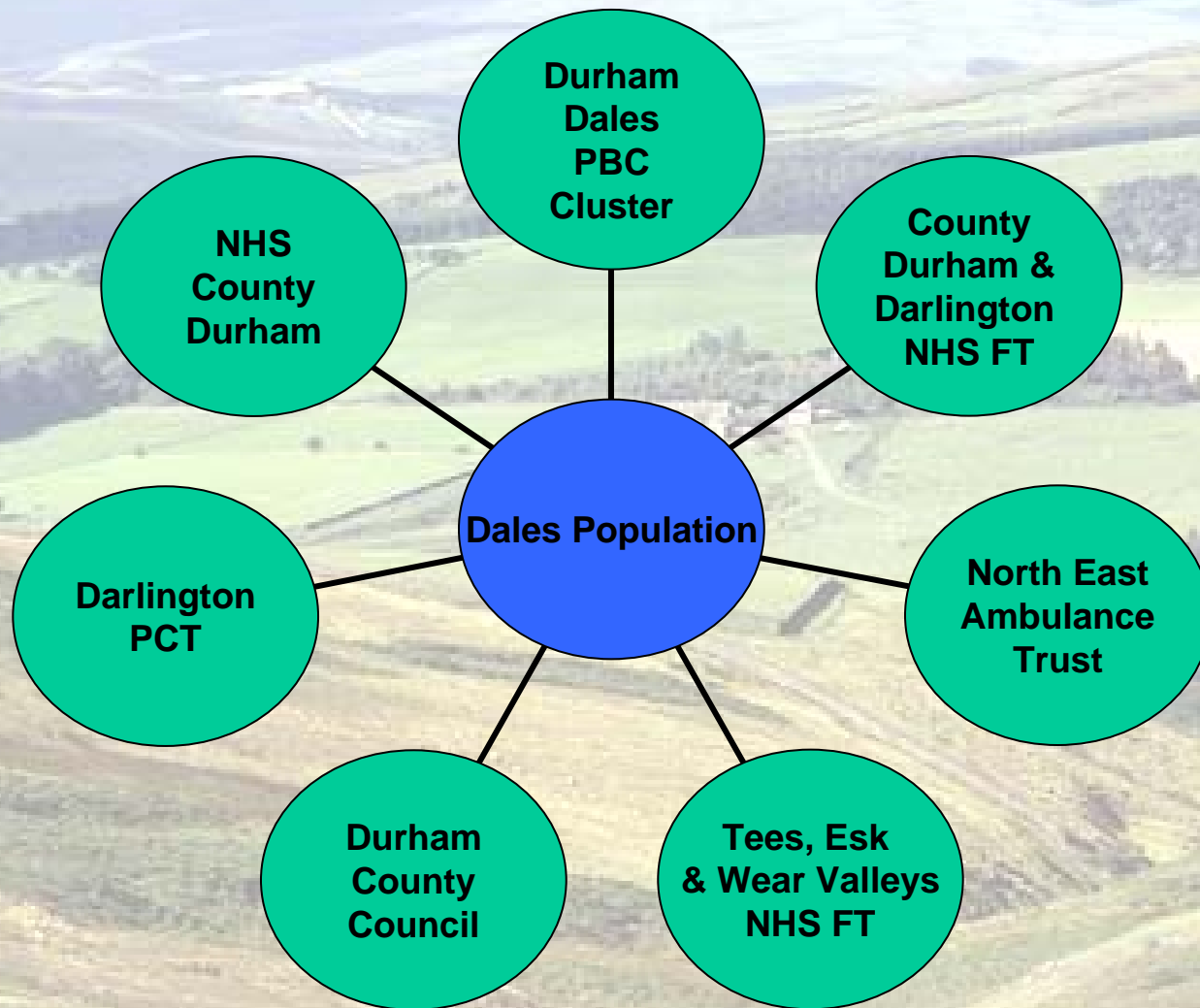
- Sign off by executive group of each partner organisation
- Fits with PCT commissioning strategies
- Timely links to hospital reorganisation
- Public support and involvement
- The ICO will succeed

Mission

The integrated care pilot programme presents a distinctive leadership opportunity for clinicians, working in mature relationship with colleagues from other sectors, to shape and test new models of integrated care and achieve a sustainable step change in the quality of patient care and outcomes for service users and carers.

DH(2008) Integrated Care Organisation Prospectus

Partner Organisations

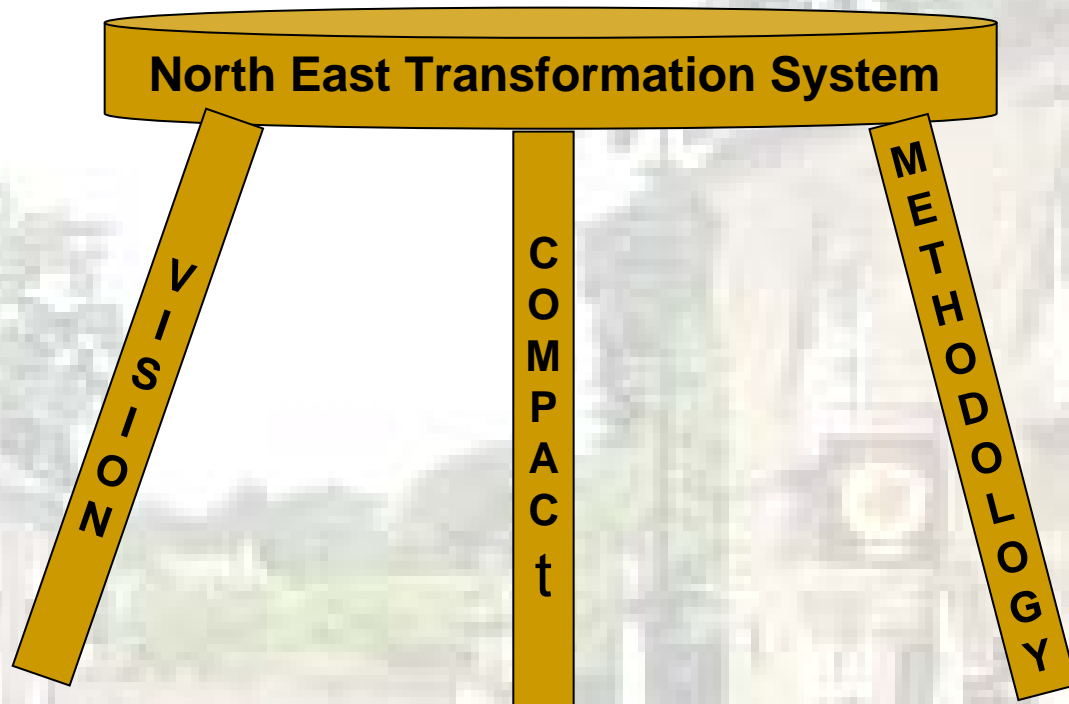


Partnership programme board

- Each partner organisation has nominated a senior decision maker to sit on the partnership board
- Role of the partnership board
 - provide leadership to the change programme, championing innovation and joint approaches
 - agree and oversee workstreams
 - unblock and remove inter organisational barriers to change
- Board members will act as lead sponsor to specific work streams and champion the ICO within their own organisations

North East Transformation System

- Developed by NHS North East



This approach will be adopted

Vision

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- To achieve a sustainable step change in the quality of patient care and outcomes for service users and carers by delivering integrated programmes of care across partner organisations

Compact

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- An explicit statement of
 - the understanding between partner organisations
 - how things will be done
 - the 'Gives' and the 'Gets'
 - the 'mature relationships'

Methodology

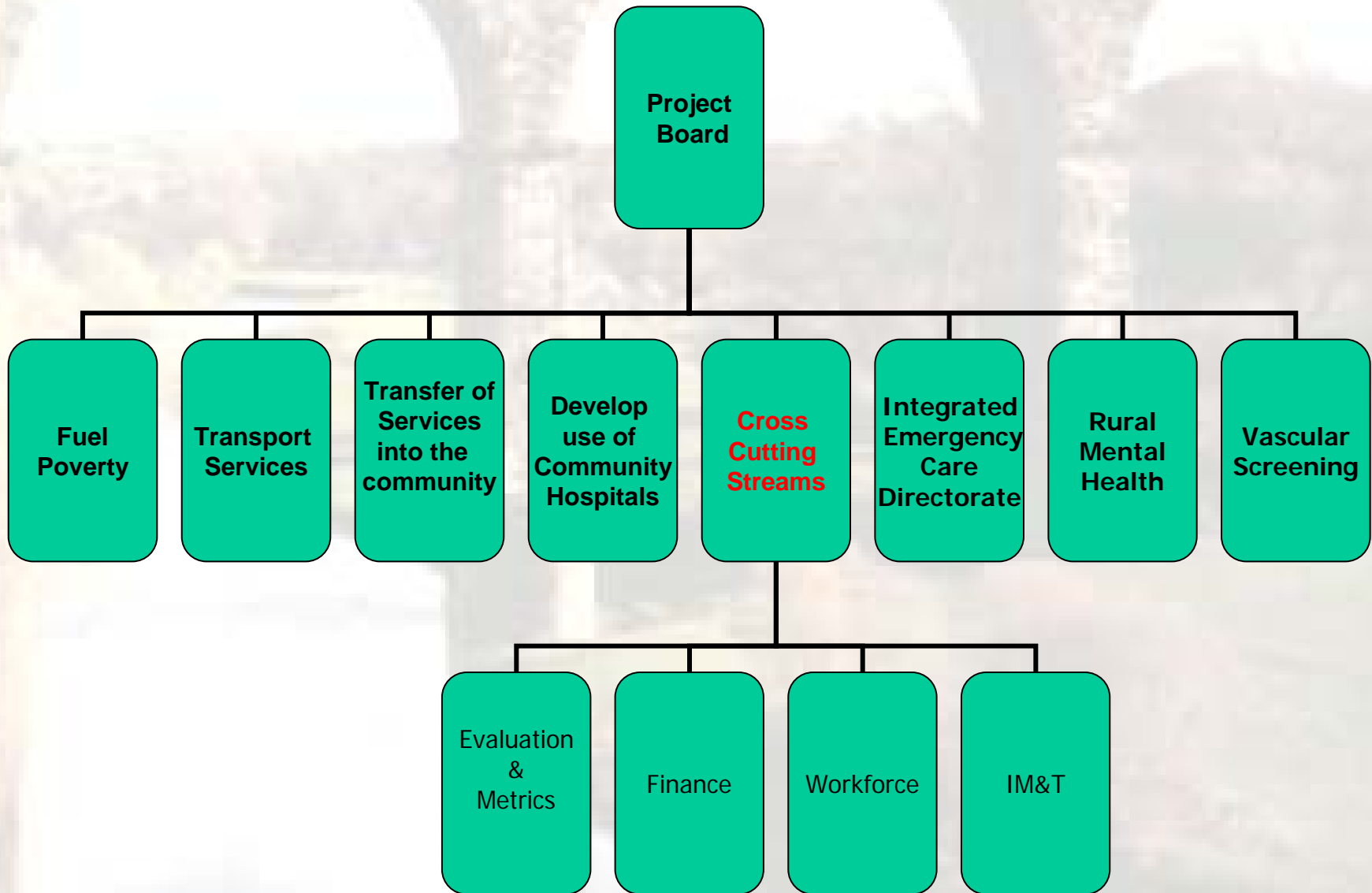
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- In general terms the project will adopt 'Lean' approaches
 - Looking at the value stream(s) or integrated pathway(s) for each work stream
 - Looking to remove waste or non value adding activity from all processes
 - Striving to embed a culture of continuous improvement

The Work Streams

- Combination of Thematic & Cross-Cutting
- Each will have a board member as senior sponsor
- Will be clinically/social work led, multi agency and multi disciplinary
- Will have appropriate management and administrative support
- Will use most appropriate methodologies and approaches to change

The Work Streams



Cross Cutting Workstreams

- **Finance, Informatics, Metrics & Evaluation, Workforce**
 - Multiple agency approach
 - All partner organisations contributing people, knowledge, skills and information
 - Guidance, advice, quality assurance and problem solving
 - Linking to all thematic workstreams and reporting directly to the partnership board
 - Testing out the ICO approach to market management, competition and collaboration

Workstreams (continued)

Fuel Poverty

- Aim - reduce hypothermia and excess winter deaths
- Multi-agency group including Energy Saving Trust
- Advice & grant services - Financial, welfare benefit, Disabled Facilities Grant, emergency grant funding

Transport Services

- Links with commissioning transport policies and hospital review
- Pilot scheme elsewhere in county – shared agency delivery
- Taking account of rurality issues

Workstreams (continued)

Transfer of services from hospital settings into the community

- Looking at current hospital and mental health care trust services, especially out patient services -
Pathway redesign – potential for alternative sites

Developing use of community hospitals

- Focus on out patient services and rural access
- Include mental health issues
- Development of community tariff

Workstreams (continued)

GP Beds in the General Hospital

- Close to home and family
 - Palliative care protocols
 - Observation
 - Rehabilitation
 - Respite

Integrated Emergency Care Directorate at the General Hospital

- GP fronted triage
 - Reduction of inappropriate A&E attendances & unnecessary admissions
 - Align with GP opening hours
 - Address issues of regular attenders

Workstreams (continued)

Rural Mental Health

- Dementia
 - Reduced nursing home placements
 - Reduced hospitalisation
 - Reduced carer burden
 - Earlier diagnosis
 - Reduction in depression / earlier diagnosis
- Increased availability of psychological treatments
- Reduced travelling leading to increased uptake of services

Workstreams (continued)

Vascular Screening

- Screening the age group 40-74
- Identification of risk
- Recording of risk
- Lifestyle interventions and referral
 - Smoking cessation
 - Alcohol advice
 - Statin use
- New diagnosis
 - Diabetes
 - Hypertension
 - Renal disease

Reality Check

- **There are clearly some risks to successful implementation, for example:**
 - Potential conflicts of interest between partners
 - Different expectations of partners
 - Incompatible targets and initiatives as between partners
 - Change in commissioning priorities
 - Information sharing
- **Addressed through robust governance and risk management arrangements**

Summary

- Benefits of ICO are self explanatory
- Patients will see a difference in all aspects of the patient pathway, for example:
 - Transport
 - Focus on prevention and life quality not just medical treatment
 - Care will be closer to home, helping both patients and their carers

Why is this ICO so special?

- All the statutory service providers in the locality are involved
- The voluntary sector is also involved
- Patients, carers and the public play a central role in all aspects of the project
- Particular focus on rural issues