

North Tyneside Council Report to Cabinet

ITEM 7(g)

Title: Health & Social Care
Integration Programme

Date: 9 September 2013

Portfolio(s): Elected Mayor Adult Social Care Children, Young People and Learning	Cabinet Member(s): Mrs. Norma Redfearn Councillor L Spillard Councillor I Grayson
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Report from Directorate: Community Services

Report Author: Paul Hanson (Tel: (0191) 643 7001)

Wards affected: All

PART 1

1.1 Purpose:

The purpose of this report is to inform Cabinet of work that has been done to further integrate health and social care services for everyone who lives in North Tyneside or who is registered to be treated here. It asks Cabinet to agree the areas of focus and delegate appropriate authority to the Elected Mayor, Cabinet Members and Officers to make appropriate arrangements where greater integration will mean the service is more effective.

1.2 Recommendation(s):

It is recommended that Cabinet:

- (1) Note the work done so far,
- (2) Agree the areas for focus as described between paragraphs 1.5.14 to 1.5.15,
- (3) Agree that the Adult Social Care, Health and Wellbeing and Children, Young People and Learning Sub Committees of Overview and Scrutiny are asked to consider this work and, as it develops, make any recommendations to Cabinet, and
- (4) Agree that the Strategic Director of Children, Young People and Learning, the Director of Public Health and the Strategic Director of Community Services in consultation with the Elected Mayor, the Cabinet Member for Children, Young People and Learning and the Cabinet Member for Adult Social Care make appropriate arrangements where greater integration will mean the service is more effective: Including using Section 75 of the National Health Services Act 2006 to pool funding.
- (5) Receive further update reports as this work develops.

1.3 Forward Plan:

28 days notice of this report has been given and it first appeared on the Forward Plan that was published on 31 July 2013.

1.4 Council Plan and Policy Framework

This report is directly in support of:

- The 2010 - 2013 Sustainable Community Strategy – Priority Two and the current Council Strategic Plan, and
- The 2012 – 2015 Council Strategic Plan - Priority One; Sustaining our front line Council services within the Council, but only spending what we can afford.

The report also describes work specifically designed to deliver North Tyneside's Health and Wellbeing Strategy.

1.5 Information:

Background

1.5.1 For some time Government, Elected Members, Clinicians, Practitioners, NHS Senior Management, Council Officers, tax payers, patients, customers and their representatives have considered the integration of health and social care a priority. Each has their own particular reason. Some of which can be broadly summarised as:

- **An improved experience;** for patients, social care customers, families and carers;
- **A more efficient approach;** targeting the right people with the right skills at the right time; and
- **A chance to square the circle;** tackling rising demand with reducing resources by taking the right prevention and early intervention action.

1.5.2 The previous Government considered proposals for a “national care service” and, following its White Paper on the NHS in July 2010, the Coalition Government has been clear it sees closer working between health and social care as a key element in the work to balance rising demand, rising costs and the need to improve the customer experience. The new Care Minister, Norman Lamb, M.P. has long spoken about the need to integrate.

However, the case is not completely made. “Integration” has meant different things to different people over the last 30 years or so. Commentators have observed down sides to the self-evident truth

- **Limited real examples;** despite the profile and length of the debate there are relatively few real examples. Those that endure tend to be about particular pathways or client groups
- **Inherent tensions;** some disability campaigners have been vocal in their opposition to “integration”. Their concern, and experience, is that the medical aspects of a disability often drown out the social model in “integrated pathways” with too great an

emphasis on capability and function and not enough on the real social results of choice and control

- **Co-location;** many of the services labelled as “integrated” are really co-location with the cultural and structural differences still in place. Many rely on specific personal relationships and their effectiveness can wax and wane.

1.5.3 As a consequence of the national priority and the accompanying reservations the Chief Executive of North Tyneside Council, Chief Officer of North Tyneside Clinical Commissioning Group and Chief Executive of Northumbria Healthcare Foundation Trust, with the agreement of the Elected Mayor at that time, commissioned a short project by the Strategic Director of Community Services. The purpose of that project was to describe the health and social care landscape in North Tyneside, suggest the priorities for health and social care and propose a programme for action.

1.5.4 That project included an extensive document review, structured interviews with the top team and conclusions drawn from wider integration discussions. The final conclusions of the project were presented to three Chief Officers by 27th March 2013. Those conclusions were then tested by the senior teams in each organisation and tested with the Elected Mayor and Cabinet Members for Adult Social Care and Children, Young People and Learning.

1.5.5 The rest of this report summarises the landscape, sets out the priorities and the proposed focus for action.

The Health and Social Care Landscape in North Tyneside

1.5.6 Health and social care services in North Tyneside are commissioned and delivered by a wide range of organisations. Between the Local Authority, the NHS, the Community and Voluntary Sector and the private sector, thousands of people and millions of pounds are devoted to supporting the health and wellbeing of the people of North Tyneside.

1.5.7 The scope of that can be illustrated by the sum of the resources available to North Tyneside Council, North Tyneside Clinical Commissioning Group and Northumbria NHS Foundation Trust alone. Between them they have around 2500 people working in the Borough on health and social care, they make spending decisions in the order of £495m annually and they operate from over 400 buildings.

1.5.8 It is also important to note that some specialist services such as those for people with complex mental health needs and learning disabilities, are delivered by Northumberland Tyne and Wear NHS Foundation Trust. In addition, Newcastle Hospitals NHS Foundation Trust, provide a range of acute services, in particular, to those living in the west of the borough.

1.5.9 That is a significant starting point for any effort and, in part, explains why North Tyneside has recognised high performing health and social care services as a priority. However, despite that organisational effectiveness, there is still much to do to improve the health and wellbeing of North Tyneside.

The Priorities

1.5.9 The Health and Wellbeing Strategy for North Tyneside is based on the Joint Strategic Needs Assessment and extensive consultation with the community. The agreed priorities are:

- Improving the health and wellbeing of families
- Improving mental health and emotional wellbeing
- Addressing premature mortality to reduce the life expectancy gap
- Improving healthy life expectancy
- Reducing avoidable hospital and care home admissions.

1.5.10 In terms of performance the Council and NHS commissioning data tells us that the Borough has particular concerns.

- Emergency readmissions within 30 days of discharge from hospital are too high
- Permanent admissions to residential and nursing homes are too frequent
- Adults in contact with secondary mental health services in paid employment are too few
- Adults in contact with secondary mental health services in appropriate and settled accommodation are too few
- Under 75 mortality from cancer is higher than average
- Under 75 mortality from cardiovascular disease is higher than average.

1.5.11 In terms of new legislation and the financial climate there is also a list of “must dos” for health and social care in North Tyneside:

- There is work to be done in services for people with a learning disability, both in response to Winterbourne View but also in response to our value for money profile and the consequences of the 2010 Comprehensive Spending Review and the Spending Review for 2013
- It is essential to define and deliver the future of the North Tyneside General Hospital site building a centre of excellence for the support of older people
- A new 0-25 Service by Autumn 2014 is expected as a consequence of the new Children and Families Bill.

1.5.12 From the scoping project it was also clear that:

- Work is needed to understand our customers in the settings and services we seek to integrate
- Shared intelligence is required on what winning will look like in those settings and services

- Effort is required to develop a top team creating the right conditions to integrate services and work together more closely.

Scope

1.5.13 The scope of this work is as follows

- **Geography;** the Metropolitan Borough of North Tyneside and the services outside the Borough who serve the people of the Borough as well as the people outside the Borough who are registered to be served within North Tyneside; and
- **Organisations;** North Tyneside Clinical Commissioning Group, Northumbria Health Care NHS Foundation Trust and North Tyneside Council.

Areas for Focus in the Proposed Programme for Action

1.5.14 Considering the health and social care landscape and the health and social care priorities for North Tyneside, Cabinet is asked to agree the focus for the proposed programme for action.

a) Supporting older people with complex conditions at home and treating them more effectively if they need to go into hospital - Here the aim is for older people to be proactively supported to maintain their health, well-being and independence for as long as possible, managing and / or receiving care in their home and local community wherever possible. This work will review and where needed, redesign existing services including:

- **Local Integrated Networks (LINS)** - A working ethos rather than a service which through a multidisciplinary approach coordinates the care and support across health and social care for an individual
- **Avoiding Admissions Resource Team (AART)** – Single point of access for health and social care professionals with a focus on admission avoidance and early discharge support for over 65; medically stable service users who have the mental capacity to participate in a programme of rehabilitation following comprehensive nursing, therapy and social care assessments
- **Reablement** – Embracing a ‘Social Model’ of care which not only focuses on the individual and their condition, but on their environment and the impact this has on needs; services are typically more varied than traditional home care support, are more intensive in nature, due to the goal of helping people to regain or acquire skills, and are tailored towards the individual’s needs, goals and preferences
- **Advance Care Planning in Nursing Homes** – A GP Led project which seeks to avoid admissions at End of Life by embedding advance care planning in the community and nursing homes, so that each person approaching end of life receives coordinated care
- **New Elderly Assessment Centre** - At North Tyneside General Hospital, will provide a facility for GP referral of patients for rapid multidisciplinary assessment, diagnostics and access to specialist opinion which can help support service users and carers and maintain them and their independence in their own homes and communities. It will house an expert multidisciplinary elderly care team

- **Intermediate Care Units** - A number of varied health, social care and independent sector units which have highly trained care staff and associated rehabilitation services
- **Psychiatry of Old Age Service (POAS)** - expert multidisciplinary old age psychiatry community and hospital service at Northumbria Healthcare Trust
- **Primary Care** - North Tyneside has 29 practices a number of which have been actively involved in the integrated care COPD pilot, LINS, enhanced care planning and nursing home support projects
- **Community Services** - a wide range of community health and social care services across health, social care and the independent sector with opportunities for integration along patient pathways.

b) Integrated Disability and Additional Needs – 0 to 25 years

The development of a new service for disabled children and those with special education needs from birth to age 25 by Autumn 2014. This will include:

- A new 0-25 co-ordinated assessment process and single Education Health and Care (EHC) Plan
- The option of a personal budget for all families with an EHC Plan
- Local Authorities and other services setting out a local offer of all service available
- A new approach to identifying a Statement of Educational Needs (SEN) through an Early Years setting based category and school based category of SEN
- A new duty on local health services to provide services detailed in EHC Plans.

c) Integrated Commissioning for Adults with a Learning Disability

A redesigned service for adults with a Learning Disability that dovetails into the arrangements up to 25 years and combines the work of the Clinical Commissioning Group and the Local Authority to make the service more effective and sustainable in the face of rising demand and reduced funding.

This will involve looking at the existing levels of need and spend across health and social care for people with a learning disability currently accessing services.

The work will also closely align with existing change proposals for learning disability services and will focus on increasing independence and access to universal services where ever possible.

d) Creating a Health Living Service for North Tyneside

The best way to make health and social care services effective and sustainable in North Tyneside is to minimise the demand for them by making sure the people of the Borough do as much as they can to keep themselves healthy. The physical and social assets of the Borough mean this is currently successful but more can be done.

In particular, the performance and commissioning data tells us that people with mental health needs would benefit from more systematic and more comprehensive approach to their support. We also know that some people in North Tyneside choose lifestyles which mean they are harmed by alcohol or are obese with the attendant physical and mental

health problems. This work would bring a range of assets, opportunities and clinical services into a single model designed to keep North Tyneside as healthy as possible and treat people at the right time in the right way.

The eventual model developed will be:

Based on the Marmot Review¹ principles with particular reference and regard to the concept of proportionate universalism i.e. *“actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage”*

Be informed by the North Tyneside Joint Strategic Needs Assessment (JSNA) and should align with and support relevant North Tyneside documents including: Strategic Policy for Improving Public Health; Health Improvement Commissioning Strategy; and Health and Wellbeing Strategy

Based on existing community assets and underpinned by community engagement, empowerment and ownership.

1.5.15 To support these four areas of work, some enabling work is required. This will cover

- **Shared view of our customers**

Understanding what our customers are telling us about how they would like the service to feel.

- **Shared intelligence**

Creating a small number of the right indicators for each project, to ensure we know we are making a difference

- **Developing a shared culture**

Building a team, developing trust and creating confidence across organisational and professional boundaries

- **Reviewing our commissioning arrangements**

Taking the best from the involvement of our clinicians so far and sharpening the arrangements to support the Health and Wellbeing Board as it becomes a Section 102 Committee of the Council.

National developments

1.5.16 Cabinet will wish to note that the Council has previously expressed an interest in using this area of work to demonstrate work on “community budgets.” That expression of interest has been accepted by the Cabinet Office and the Council will be part of a national network of public service organisations developing their thinking on how to pool budgets and other resources.

1.5.17 Cabinet will also wish to note that in coordination with this national initiative the Department of Health has called for expressions of interest in being “integration pioneers”. A bid was submitted by North Tyneside Council, North Tyneside Clinical Commissioning Group and Northumbria NHS Foundation Trust but was unsuccessful.

Professor Sir Michael Marmot and his team, including the ‘Commission on Social Determinants of Health’ and ‘Fair Society Healthy Lives’ (The Marmot Review).

In neither case is a resource commitment required nor participation is predicated on these arrangements being beneficial to North Tyneside.

1.6 Decision options:

The following decision options are available for consideration by Cabinet/Council/officer (title of decision maker):

Option 1

Cabinet can agree the report and more detailed work will commence.

Option 2

Cabinet can ask that further work is done to develop the policy options.

Option 1 is the recommended option.

1.7 Reasons for recommended option:

Option 1 is recommended for the following reasons:

- It is based on robust research of health and social care in North Tyneside
- It has the support of North Tyneside Clinical Commissioning Group and Northumbria Healthcare Foundation Trust

1.8 Contact officers:

Paul Hanson, Strategic Director of Community Services, tel. (0191) 643 7000

Haley Hudson, Senior Manager Strategic Planning, Partnerships and Business Transformation, tel. (0191) 643 7008

Alison Campbell, Finance Business Manager – Tel 643 7038

1.9 Background information:

The following background papers/information have been used in the compilation of this report and are available at the office of the author:

- (1) North Tyneside Health and Wellbeing Strategy

PART 2 – COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

2.1 Finance and other resources

There are no financial implications specifically related to this report. Future decisions arising from this project that may have financial implications will be brought to Cabinet for a decision before implementation.

2.2 Legal

Section 75 of the National Health Services Act 2006, gives the NHS and local government the power to transfer funds to each other to support integrated service delivery

2.3 Consultation/community engagement

2.3.1 Internal Consultation

Internal consultation has taken place with the Chief Executive the Strategic Director of Children, Young People and Learning, the Head of Adult Social Care and the Director of Public Health. Briefings have also taken place with the Elected Mayor and her Cabinet.

2.3.2 External Consultation/Engagement

External consultation has taken place with the North Tyneside Clinical Commissioning Group including the Chair, Chief Officer, Medical Director and Executive Nurse and Director of Transformation. Consultation has also taken place with Northumbria Healthcare NHS Foundation Trust including the Chair, Chief Executive, Executive Director of Medicine and Emergency Care, Business Unit Director, Corporate Director of Community Services and Housing, Director of Patient Experience, Director of Performance and Governance, Medical Director and Director of Integration.

The programme of work which flows from this decision will have its own communication and engagement activity linked to wider engagement work.

2.4 Human rights

There are no direct human rights implications arising from this decision.

2.5 Equalities and diversity

There are no direct equalities and diversity implications arising from this decision.

2.6 Risk management

Risks attached to the health and adult care are held on the Council's risk registers at all levels i.e. Corporate Strategic, Directorate Strategic and Operational. They are managed as part of the Council's normal risk management process and are owned across the Community Services and Public Health directorates.

Corporate

- Health and Well Being – medium, owned by Marietta Evans, Director of Public Health

Community Services Directorate Strategic

- Responding to needs of adults at risk – medium, owned by Jacqui Old, Head of Adult Social Care
- Service providers may go out of business – medium, owned by Jacqui Old, Head of Adult Social Care

Community Services Operational

- Personalisation agenda may result in increased costs – high, owned by Jacqui Old, Head of Adult Social Care.

- Impact of Welfare Reform may increase referrals to Adult Social Care – high, owned by Jacqui Old, Head of Adult Social Care.
- Out of hours – medium, owned by Jacqui Old, Head of Adult Social Care.
- Independent providers not agreeing to new contract – medium, owned by Jacqui Old, Head of Adult Social Care.
- Reduction in supporting people budget – low, owned by Jacqui Old, Head of Adult Social Care.
- Service Users spend of personal budget does not reflect needs – low, owned by Jacqui Old, Head of Adult Social Care.
- Needs not assessed correctly by Community Psychiatric Nurses – low, owned by Jacqui Old, Head of Adult Social Care.

Public Health Directorate Strategic

- Engagement – medium, owned by Marietta Evans, Director of Public Health
- Prioritisation – medium, owned by Marietta Evans, Director of Public Health
- Transitional Period – medium, owned by Marietta Evans, Director of Public Health
- Ringfenced Grant – medium, owned by Marietta Evans, Director of Public Health
- Change in leadership – high, owned by Marietta Evans, Director of Public Health

2.7 Crime and disorder

There are no crime and disorder implications arising from this decision.

2.8 Environment and sustainability

There are no environment and sustainability implications arising from this decision.

PART 3 - SIGN OFF

- Chief Executive

- Strategic Director(s)

- Mayor/Cabinet Member(s)

- Chief Finance Officer

- Monitoring Officer

- Strategic Manager Policy,
Partnership, Performance,
And Communication