

North Tyneside Health & Wellbeing Board Report Date: 29 October 2015

ITEM 10

Title: Integration
Programme Board Update

Report from : Integration Programme Board

Report Author: Ian Lane, Improvement Manager, North
Tyneside Council.

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1. Purpose:

To provide the Board with an update on the work of the newly established Health and Social Care Integration Programme Board along with updates from the four work streams; Self Care and Prevention, New Models of Care, Older People, Urgent Care. The update provides an opportunity to identify areas for celebration and areas for further work.

2. Recommendation

The Board is asked to note the updates from the four work streams of the newly established Health and Social Care Integration Programme Board.

3. Policy Framework

This item relates to chapters 6 and 8 of the Joint Health and Wellbeing Strategy 2013-18.

4. Information:

4.1 Background

The Health and Social Care Integration Programme Board will oversee progress of the North Tyneside Health and Social Care Integration Programme's four work streams:

- Self Care and Prevention (Lead – Dr John Matthews)
- New Models of Care (Lead – Lesley Young-Murphy)
- Older People (Lead – Lesley Young-Murphy) and
- Urgent Care (Lead – Matthew Crowther).

The Board will coordinate the reporting of progress of these four work streams to the Health and Wellbeing Board (HWBB).

The Health and Social Care Integration Programme Board will work with work stream leads to assure itself that the views and experiences of local communities, the public and patients and users of services are reflected in system and service changes.

4.2 Current Position

The membership of the Health and Social Care Integration Programme Board has been established and includes representatives from:

- Elected Members (including Board chair Cllr Spillard)
- Healthwatch North Tyneside (Board deputy chair Peter Kenrick)
- The four work stream leads (who have nominated deputies)
- Board Communication Lead (Laurie Watts, North Tyneside Council)
- Northumbria University (Margaret Rowe), and
- Administrative and strategic support from the North Tyneside Council Transformation, Wellbeing and Governance team.

The Integration Programme Board has met on two occasions and has established its terms of reference. It has also agreed a reporting template for dissemination of key information to the HWBB. A further two Integration Board meetings are currently planned and future board meetings will be established in line with the reporting schedule to the HWBB.

4.3 Key reporting highlights from the Integration Board meeting in September 2015

• Self care and Prevention

The group are leading on the development of an online resource describing the local social care and support system via a new web portal.

SIGN North Tyneside (Signposting Information Guidance Network) is primarily focused on adults however it is going to expand to incorporate information and guidance regarding the children's' sector. It is anticipated that SIGN members will use the new online resource as well as members of the public.

The group is also aiming to establish a comprehensive directory of services. This will be the primary source of information for self care by members of the public and for clinicians / practitioners.

Development of a Prevention Strategy - an initial event has already been held at the Langdale Centre to discuss the development of the strategy.

Establishing a shared advice and information hub – North Tyneside General Hospital is currently being explored as a host site for the hub.

An objective of the group is 'Strengthening the information provision for self care of long term conditions' - this area needs further development. Currently there is no lead worker for this objective.

• Older People

Care Point is an initiative under development. Its aim is to improve the flow of patients through the hospital system, to get the most out of existing services and avoid duplication of roles. A suitable technological solution to support Care Point needs to be identified. Care Point will also require the fine tuning of reablement services to ensure the right skill mix within the team, between therapy and support staff.

The possible decommissioning of palliative care beds at Princes Court was discussed and some concern expressed. The board were advised that, at times, there were a number of beds not being used due to the nature of the block contract.

A further focus of the group is regarding the optimisation of the use of volunteers. The group is seeking new ways of using volunteers to help reduce reliance upon statutory services.

A significant amount of engagement activity has already been undertaken by the work stream. It was agreed that this feedback needs to be organised by theme and that the work stream needs to ensure areas of feedback are being addressed.

- **Urgent Care**

One of the groups key objectives is to provide assurance of the resilience of urgent care in North Tyneside. The Systems Resilience Group assurance template for winter 2015/16 has been completed but not signed off by Northumbria Healthcare NHS Foundation Trust and Newcastle upon Tyne NHS Foundation Trust. The template has been sent to NHS England with a covering letter.

A further objective is the delivery of an urgent care strategy for North Tyneside. Currently this is delivered via a walk in surgery at Battle Hill and North Tyneside General Hospital. Pre-engagement work by the group has resulted in four options which will be consulted upon:

1. A single urgent care centre at North Tyneside General Hospital
2. A single urgent care centre at Battle Hill
3. An urgent care hub - North Tyneside General Hospital and spokes into the community via GP practices
4. An urgent care hub at Battle Hill and spokes into the community via GP practices

The consultation work on these options is due to start on 8th October 2015 and to run until 21st January 2016.

- **New Models of Care**

(No report was received at the last Integration Programme Board meeting although an update has now been received and is attached)

5. Decision options:

Not applicable as this report is for information only.

6. Reasons for recommended option:

Not applicable.

7. Appendices:

Programme Board updates for the four work streams are attached

8. Contact officers:

Self Care and Prevention – Dr John Matthews – GP and Clinical Commissioning Group
Clinical Chair – Park Road Medical Practice – 0191 262 5680

New Models of Care - Lesley Young-Murphy - Executive Director of Nursing & Transformation - North Tyneside Clinical Commissioning Group – 0191 293 1146

Older People – Lesley Young-Murphy - Executive Director of Nursing & Transformation - North Tyneside Clinical Commissioning Group – 0191 293 1146

Urgent Care – Matthew Crowther - Commissioning Manager - NHS North Tyneside Clinical Commissioning Group - 0191 293 1161

Ian Lane – Improvement Manager – Transformation, Wellbeing and Governance Team, North Tyneside Council – 0191 643 7058

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:

- Integration Programme Board Terms of Reference and minutes of previous meetings.

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

There are no additional financial implications for the Council or its partners in terms of updating the activity of the work streams.

11 Legal

There are no legal implications directly arising from this report.

12 Consultation/community engagement

The Integration Programme Board has representation from Healthwatch North Tyneside. The individual work streams each have representation from the voluntary and community sector. In addition each work stream has responsibility for undertaking its own engagement work and reporting on this to the Integration Programme Board. An update on the engagement work of each work stream is detailed in the attached update documentation.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

There are no equalities and diversity implications directly arising from this report.

15 Risk management

There are no direct risk management implications as a result of this report. The purpose of the report is to appraise the Health and Wellbeing board about what is happening locally.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Director of Public Health

Chair/Deputy Chair of the Board

Chief Finance Officer

Head of Law & Governance