

North Tyneside Health & Wellbeing Board Report Date: 7 January 2016

ITEM 7

Title: Integration
Programme Board Update

Report from : Integration Programme Board

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Tyneside Council.

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1. Purpose:

To provide the Board with an update on the work of the 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 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 oversees progress of the North Tyneside Health and Social Care Integration Programme's four work streams:

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

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

The Health and Social Care Integration Programme Board works 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

Since the last Health and Wellbeing board meeting the Integration Programme Board has met on one occasion (8th December 2015). The board aims to meet once in between each Health and Wellbeing board meeting.

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

Older Peoples Board – Lesley Young-Murphy

Progress continues to be made with the development of **Care Point**. Further updates are expected at the next meeting and the board are waiting for the development of a plan for phase two.

Some slippage has been noted in **commissioning an interoperable technological solution for North Tyneside** and the **review of intermediate care and rehabilitation beds**. It should be noted that this is a highly complex area given the desired functionality and the various systems involved. An update on both of these is expected at the Older Peoples Board in January.

Significant progress has been made on the **Common Approach to Care Planning**. A common (across organisations) person centred care plan is to be piloted under the New Models of Care work stream (Care Plus Pilot).

Falls Pathway – this is underused currently in relation to anticipated patient numbers. The majority of referrals are coming from Casualty rather than referrers who have identified individuals at risk of falls. The preventative aspect of the service needs to be highlighted and further links and promotional opportunities established with the Self care and Prevention Board. Northumbria HCFT is the lead provider of this service.

Seven day social work at Rake Lane - current feedback is that patients who are being referred are not ready for discharge which means that no effective discharge planning can take place to enable the patient to be discharged over the weekend.

New Models of Care – Lesley Young-Murphy

The **Care Plus** pilot site has been identified as Rake Lane hospital due to its good transport links and the medical practitioners' access to hospital specialisms and diagnostic capability. There has however been a delay in identifying a specific space within the hospital due to Northumbria HCFT reconfiguring its own services. One possible location is the former minor injuries unit.

The pilot will be focused on frail elderly people (including those with dementia); those identified as having a moderate or severe frailty and who have given consent to take part. It is intended that all of the care for the patient will be provided by Care Plus although there will need to be arrangements made for out of hours input.

There has been an Information Management and Technology challenge in managing the primary care process of this service which has now been resolved however, it is the lack of confirmed estate space which is holding up the IT deployment- which causes an ongoing risk of delay .

Recruitment of the 'extensivist' medical practitioners (GP's with a special interest) has taken place and a slow start phased approach has been agreed. Each GP Practice

taking part has identified 20 patients to be in the pilot and all of their care will be provided by Care Plus. It has been agreed however that the patient will still remain on the GP practice list.

The outcomes for patients in the pilot will be measured using the 'logic model' and consultation with partners and the general public will form a key part of this evaluation including patient narrative and GP / staff perspectives. The plan is to monitor the impact on other patients (those outside the pilot) by reviewing their access to the GP practice. The CP compact asks the practices involved in the pilot to target patients they have identified as at risk, pre-frail patients. A baseline measure will be required in each practice.

Urgent Care – Matthew Crowther

The work of the board is focused on resilience and assurance in urgent care. The board is currently meeting in common with Northumberland System Resilience Group. The rationale for this is that the groups work overlap significantly and they work better together.

The group is assured that the winter pressures plans are currently as robust as possible. In addition the board have bid for a further £420k of government funding to support extended access to primary care over the Christmas period. This needs to be communicated to providers although confirmation of the funding is still outstanding.

Urgent Care Consultation – Hundreds of responses have been received however drop in events have been poorly attended. A mid point review of consultation communications has been signed off by the Consultation Institute, as compliant. Canvassers are not situated in the walk in centres but the consultation document is available there. Canvassers would not be appropriate in Battle Hill because the centre already undertake surveys with frequent users of the services. Work is being done with hard to reach groups and the information also goes to GP focus groups.

Self Care and Prevention – Haley Hudson

There has been slippage in the development of an **online resource to describe the local care and support system** – it is yet to go on the commissioning portal. The reason for the delay is legal issues on the Crown framework. Haley Hudson has been advised it will be put on the portal before Christmas. The Council deputy chief executive is aware.

Community Wellbeing Directory - SIGN has a new web page. GP surgeries are on board with this. There has been a soft launch for this initiative because information is being added to the directory on an ongoing basis. It will also include information about mental health. The local authority has committed to support the update of the system.

Prevention strategy – work continues on the development of this. It will help inform the Joint Strategic Needs Assessment about people who currently receive care and support and those at risk of coming into the system. The board will work with the commissioning team and Community and Voluntary Sector chief officers' forum to evaluate some tools to test the effectiveness and impact of prevention services. It was agreed that once the prevention strategy is completed it should be appropriately launched with an appropriate figurehead.

Shared advice and information hub - It was agreed that North Tyneside General Hospital is a good place to provide information in general not just specifically health information and work is ongoing to establish the hub there. It was also acknowledged however that advice and information hubs are needed in the four localities and particularly the west of the borough.

Public Health Campaigns – It was noted that the government is carrying forward cuts to existing public health grants with the possibility of further cuts in the future. Some of the public health campaigns are not statutory and may have to stop. This is also going to make commissioning around public health much harder i.e. it will be more difficult to issue three year contracts when funding over that period is not certain.

Michelle Spencer will lead on **Long Term Conditions work** for the board. The immediate focus for this will be Atrial Fibrillation. The group will map what information is available nationally and will identify gaps to be addressed locally.

Engagement Activity – Local questions were asked in the service user survey on advice and information. This will form a baseline to determine progress in future surveys.

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 minutes of previous meetings
- Programme Board updates for the four work streams.

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

There are no additional financial implications for the Council or its partners. This report provides an update on 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

The purpose of the report is to appraise the Health and Wellbeing board about what is happening locally. There are no direct risk management implications as a result of this report however concern has been expressed about the viability of future none statutory public health campaigns in view of existing and potential future cuts to the public health budget.

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