

North Tyneside Health and Social Care Integration Programme – Programme Board Update

Board Name	Older People	Board Representative	Lesley Young-Murphy	Date of Update	January 2016
Objective	Action(s)	Start Date	End Date	Current Position / Issues	Key Issues for Older People's Board 25.1.16
CarePoint – establish a 24/7 enhanced access point to ensure that “1 contact is all it takes from the referrer”	Design and implement revised referral protocols	Apr 15	Sep 15	Direct referrals between hospital ward staff and reablement are now in place.	Operational principles were in place over Christmas and New year with good results. Care Point team are in one place, but not collocated. System wide comms for the new pathways.
	Bring together AART, Hospital to Home, hospital social work, and reablement services as a multidisciplinary team, operating from a single location	Nov 15	Feb 15	Direct referrals between OTs and reablement are now in place. Pathways from NSECH to NTGH and Newcastle Hospitals have been reviewed. New independent sector contract has resulted in a more proactive approach. Single management process established due to be implemented in April 2016. Need to agree system wide impact measures.	
	Project Group to recommend a plan for Phase 2, covering additional services (including voluntary sector) and integrated management arrangements	Dec 15	Jan 16	Single management process established and due to be in place by 1 April 2016.	
Commission an agile, interoperable technological solution (which is interoperability compliant) for North Tyneside which in real time facilitates matching the needs of older people against currently commissioned services	Older Persons Programme Board to consider a Project Initiation Document		Sept 15	Agreed the piece of work with an external provider needed to take a different approach.	
	CCG to convene a meeting to agree a service specification and an immediate low-tech solution within existing capabilities		Nov 15	Meeting took place in mid November to agree system wide way forward. Business case due for completion. External funding being investigated. Good system wide ownership and existing forums through which to progress the work.	Older Peoples Board will be requested to support the business case and from members to secure individual organisational sign up.
Review existing Intermediate Care and Rehabilitation beds with a view to moving to a locality based model of service provision commissioned from the independent sector.	Phase 1: Analysis of current usage and develop future options	Aug 15	Jan 15	Commencement of this project was delayed from April 14 to Aug 14 to take account of the impact of opening of NSECH Phase 1 report to January OPB.	System response to possibility of emergency closure of The Cedars.
	Phase 2: Working Group recommendation of future service model, with full option appraisal and cost benefit analysis	Dec 15	Feb 16	Clinical pathway group to agree new pathways in early Feb.	
	Phase 3: Agreed service model commissioned and delivered.	Jan15	April 16	Notice agreements to be worked through in the context of local ACO developments.	

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Optimise the effectiveness of the home based Reablement Support service , by reviewing the skill mix within the term	Phase 1: Agree and report metrics for throughput and outcomes		April 16	Metrics routinely reported. Skill mix review on track.		
	Phase 2: Consider recommendations for the further development of the service following evaluation.	Apr 15	Jan 16	Some further work identified to balance therapy v support worker required skill mix.	For discussion at January 2016 mtg.	
Optimise the use of Volunteers & Carers , reducing the reliance on statutory services:	Undertake a strategic review of volunteer programmes across health and social care. Work with NT Council on the development of strategies to support both older people who are carers and those providing a caring role for older people	Aug 15 Aug 15	Nov 15 Nov 15	Delay due to need to tie in with LA work to review commissioned third sector provision and age available third sector mapping work. NMC to pilot supporting info and care planning documentation. NT Commitment to Carers published in November. Not timetabled for the HWBB as yet. View that delivery should be via the various integration boards.	Presentation to the January meeting to agree a way forward for the Older People specific elements of the action plan.	
Design a common approach to care planning with the older person at the centre	Establish working group; develop planning passport	June 15	Feb 15	Good practice guidance for all staff completing care plans and for patients/carers on what to expect has been drafted and agreed with agencies involved. Guidance and care planning approach discussed at Proactive Care Group. Meeting with clinicians held on 25 November 2015, second meeting planned for early February.	Agree expectations on how this area is to be progressed to the next stage with timescales.	
	Consult with stakeholders, agree and implement	Oct 15	Mar 16	Dependent on the above.		
Maximise the use of technology with telecare and telehealth	Deliver training package for referrers; deliver communications campaign for stakeholders		Sept 15	Continued growth of calls to CareCall service. 99% of these calls are completed without invoking a further healthcare response such as ambulance or A&E	Evaluation work for information at the January meeting.	
Resolve inconsistent service delivery for North Tyneside GP Registered Patients with a Newcastle postcode & those in the North West locality.			tbc	CCG is preparing a paper for CCG Clinical Executive on options for commissioning a unified mental health service for older people.	Update required for January mtg.	
Develop joint commissioning frameworks	Conclude a formal agreement between the CCG and the Council for arrangements for management of the		April 16	Action plan is in place for the transfer of CHC function. Domiciliary care procurement has been		

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	Continuing Health Care function.			concluded, a new contract framework and call down arrangements are in place. Discussions with nursing home providers have begun around joint contracts.		
Provide a proactive care programme and avoid unplanned admissions	Implement the national scheme for a GP-led proactive care programme, with additional input from geriatricians, pharmacists, and community nursing	April 15	April 15	Service live – need to understand activity and impact	* To receive impact evaluation from PC programme group for Jan 2016 Board (in line with BCF processes around return on investment and quantified impact)	
Strengthen End of Life Care	Align care homes to GP practices	April 15	April 15	Service live with participating GP practices ensuring a tailored package of support and care centred on the residents as an individual.	Review and impact report for Jan 2016 Board	
	Provide a specialist end of life nursing service to nursing homes			Service currently in place with care homes; pilot service in place evaluating resource requirements for roll-out to nursing homes.	Report on progress and impact required for Jan 2016 –(see BCF papers)	
	Provide a Hospice at Home service		Sept 15	Phase 1 – service live Phase 2 – extending hours available	See *	
Implement a Falls Pathway				Service live – no issues	See *	
Implement Seven-Day Social Work				Service live – no issues	See *	
Provide an immediate response and overnight home care service				Service live – no issues	See *	
Provide a community navigators service				Service live – no issues	See *	
Commission " Living Well at Home ", an improved homecare service				Service live – no issues	See*	
Commission " halfway to home " beds				As an interim measure beds as spot purchased in the independent sector and using the OT and physio from reablement to support placements. Identified in Bed Based Intermediate Care Review above.	Agree a systemwide definition of "Halfway to Home" and disseminate.	

Engagement Activity			
Title and Purpose of Activity	Target Group	Details of Activity	Outcome of Activity
To understand patient flows through services, interagency working and staff experience of delivering care.	Staff delivering services across health and social care.	MY Care My way: (involved > 850 people 28 service pathways mapped involving staff across organisations 4 workshop sessions attended by staff, patients and carers supported by patient forum members,	.Identified a comprehensive map of services in NT and areas for improvement
To understand peoples experience of care			Identified what the picture of care delivery should look like in North

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<p>delivery in North Tyneside.</p> <p>To identify what patients, carers and staff feel are key areas for improvement</p>		<p>Community Health Forum, Age UK and Health watch Targeted “sensemaker “ questioners and interviews in Nursing homes and with protected group’s via Community Health Forum, Health Watch and Age UK</p>	<p>Tyneside and Provided common themes for improvement, Coordination of Care across systems , improved communication, early involvement of patients and carers.</p>
<p>Reviewing patients experience of integrated care</p>	<p>700 people who had attended outpatient clinics</p>	<p>A survey was issued to 700 people who had attended outpatient clinics. The response rate was 21%, There were 27 questions which were linked to NICE guidance and the National Voices messages.</p> <p>In addition, a set of guided conversations were held with patients</p>	<p>Focus for improvement : people want better access to care that feels personal to them, they would like info that is very easy to understand, they’d appreciate more emotional support and help to manage their own care</p>