# North Tyneside Health & Wellbeing Board Report Date: 17 November 2016

## **ITEM 11**

Title: Health and Social Care Integration Programme Board Update

**Report from :** Health and Social Care Integration Programme Board

Report Author: Ian Lane, Improvement Manager, North Tyneside (Tel: 0191 643 7058)

Council.

#### 1. Purpose:

To provide the Health and Wellbeing Board with an update on the work of the Health and Social Care Integration Programme Board along with updates from the four work streams; New Models of Care and Older People, SEND / Whole Life Disability and Mental Health Integration Board. The update provides an opportunity to identify areas for celebration and challenges.

#### 2. Recommendation

The Board is asked to note the updates from three of the work streams of the Health and Social Care Integration Programme Board:

- New Models of Care
- Mental Health Integration Board
- SEND / Whole Life Disability Board

The fourth update for the Older People's Board was not available at the time this report was written.

#### 3. Policy Framework

This item relates to chapters 6 and 8 of the North Tyneside 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)
- Mental Health Integration Board (Lead Ruth Evans)
- SEND / Whole Life Disability Board (Lead Scott Woodhouse)

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 on 15/9/16 the Integration Programme Board has met on one occasion (25/10/16).

## 4.3 Key reporting highlights from the Integration Board meeting in October 2016

#### **Mental Health Integration Board (Scott Woodhouse)**

The Mental Health Strategy and action plan are well developed and have been presented to the Health and Wellbeing Board.

A review of patient and carer participation is underway and is due to report in March 2017.

A review of the Liaison Psychiatry Core 24 hour service concluded in October. No update was available for the Board but has been requested for the next reporting period.

A mental health market position statement is currently being developed which will set out how support services and providers need to adapt their offer to respond to the direct payment market.

#### Older Peoples Board (Sheila Watson and Tom Dunkerton)

**Care Point –** Shirley Conway has been appointed as the operational manager for the service. The reablement team, admission avoidance team and hospital to home team are now co-located on the Rake Lane site. Changes are being made to the work areas of the current hospital social care team which will result in a slightly smaller social care team being incorporated into Care Point.

The whole Care Point service is expected to be co-located by December 2016.

**Intermediate Care –** The new Royal Quays Intermediate Care Service, based at Princes Court, is currently being 'fitted out' and will include support from the Occupational Therapists and Physiotherapists from NHCFT. The new service will have a medical consultant presence three sessions per week and is due to open in December 2016.

This service will be complemented by a new intermediate care at home team which will assist the early discharge of intermediate are patients for ongoing rehabilitation at home.

#### **New Models of Care (Tom Dunkerton)**

Referrals into the pilot totalled 146 people at October 2016, showing a small but steady increase into service.

There had been a 28% reduction in admissions attributable to the pilot in the period May to August 2016 compared to the previous year.

There has also been a 47% reduction in the length of stay and a reduction in A and E attendances. A £70,000 saving has also been made in the quarter May to August 2016.

The challenge of getting sufficient people through the pilot to evidence the model works are significant. The benefits need to be understood by patients, who may be very happy with the care they are receiving from their GP and by GP's who may be reticent to refer.

#### SEND / Whole Life Disability (Scott Woodhouse)

This is a new work stream for the Health and Wellbeing Board and time has been taken to set this board in context and how it has developed out of the 0-25 Board. There has been an appreciation of how the cross cutting themes of Education, Health and Care fit with the key phases of transition in a persons life. One of the immediate priorities of the board is to develop an education to employment strategy and action plan which will utilise existing good practice across education, heath and care.

#### **Falls Pathway (Tom Dunkerton)**

The Board received a presentation on the work to develop a distinct falls pathway. It was recognised that whilst significant NHS savings had been realised, it was not possible to attribute these directly to the falls pathway and a decision was taken to decommission this work.

It was acknowledged that 'falls' is a national indicator and that cancelling the programme was a risk. A request has been made that falls prevention activity be added to the work of the older people's board. It was also agreed that the CCG would update the data on falls activity and report back to the Board in February 2017.

#### 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 three of the four work streams are attached

#### 8. Contact officers:

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

SEND / Whole Life Disability – Scott Woodhouse - Strategic Commissioning Manager, Whole Life Disability, North Tyneside Council, - 0191 643 7082

Mental Health Integration Board - Scott Woodhouse - Strategic Commissioning Manager, Whole Life Disability, North Tyneside Council, - 0191 643 7082

lan 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 and terms of reference
- Programme Board updates received for the 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 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

The purpose of this 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.

## 16 Crime and disorder

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

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## SIGN OFF

Director of Public Health	X
Chair/Deputy Chair of the Board	X
Chief Finance Officer	X

Head of Law & Governance