

North Tyneside Health & Wellbeing Board Report Date: 16 March 2017

ITEM 9

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 Council. (Tel: 0191 643 7058)

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 two of the work streams of the Health and Social Care Integration Programme Board:

- New Models of Care
- Older People

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.

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 (21st February 2017).

4.3 Key reporting highlights from the Integration Board meeting in February 2017

Older People:

Intermediate Care

In 2016 a review of the Intermediate Care Service took place which highlighted the needs for the service to be more integrated, to have clear operational criteria and which could utilise the development of the multi-disciplinary Care Point Service.

There are now three main elements to the service:

The Tom Haddaway Unit / Ward 23 – based at Rake Lane Hospital. This is a 24 bed nurse-led unit with consultant input. People using the unit are medically stable but have a degree of complexity and who need more support prior to discharge home. Referrals to the ward are from inpatient consultant to nurse practitioner team.

The Royal Quays Intermediate Care Centre – was fully opened in February 2017, with 20 beds. Access to the unit is via a Care Point assessment using the newly developed service criteria. The medical input for this service is via Primary Care. When commissioning the unit it was anticipated people would need support from the unit for up to four weeks. Thus far the average length of stay has been two weeks.

A new Intermediate Care at Home service has also been commissioned and is being staffed by former rehabilitation staff from The Cedars. This service will continue to promote and encourage an individual's recovery in their home environment.

Monitoring of the service will be undertaken by the Intermediate Care Assurance Group. Quarterly monitoring will be undertaken using a comprehensive data set that has been identified.

New Models of Care:

Care Plus

A recent 'stock take' meeting with stakeholders led to some changes in the way the pilot is being developed. In response to the concerns of patients and GP's it has been agreed that the provision of general medical services will go back to the GP practice. The care plus team will still be involved with patients but this will feel like an extension of the work of the GP practice rather than a patient moving into a different medical practice set up. It is anticipated that this will be delivered in future using a hub and spoke model.

Monitoring has shown that from the end of December 2016 to the middle of February 2017 the model has delivered savings of £170k.

Recruitment of key multidisciplinary staff into the model has been one of the challenges experienced along with trying to secure the right cohort of patients into the model.

Robust evaluation of the model continues and is threefold:

1. Ongoing qualitative and quantitative data and is sought from practices and patients
2. There is an ongoing academic evaluation from Northumbria University
3. NHS Improvement is using a Logic model to evaluate the service

Integration Programme Board Review

The Integration Programme Board has been running in its current format for over 18 months. Certain challenges have been noted during this time, specifically the completion of meaningful updates on the activity of the various integration programmes involved.

A review of the operation of the board will be undertaken by the chair and deputy chair in conjunction with the Integration Board leads, which will also include a review of the terms of reference. The outcome of this review will be shared with the Health and Wellbeing Board to inform decision making.

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 two work streams contained in this report 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
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 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.

SIGN OFF

Director of Public Health

Chair/Deputy Chair of the Board

Chief Finance Officer

Head of Law & Governance