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NORTHUMBERLAND TYNE & WEAR & NORTH DURHAM STP HEALTH SCRUTINY COMMITTEE

Meeting on Monday, 16 July 2018 at 1.30 pm in the Civic Centre Gateshead

Agenda

1 Apologies

2 Declarations of Interest

3 Minutes (Pages 5 - 32)
The minutes of the meetings of the Joint Committee held on 19 March and 25 June 2018 are attached for approval.

4 Empowering Communities
Mary Bewley, Head of Communications and Engagement, North East Commissioning Support, will provide the Joint Committee with a presentation on this issue.

5 Draft Work Programme for 2018 - 19

Meeting Date	Issue
24 Sept 2018 at 2pm	• Workforce Communications Update
26 November 2018 at 2pm	
21 January 2019 at 2pm	• Workforce Workstream Progress Update
25 March 2019 at 2pm	

Health colleagues have indicated that it is proposed to update the Joint Committee on the following areas during the course of the work programme and timings for the respective updates will be confirmed in due course, following consultation with respective workstream leads.

- Optimising acute and phasing of vulnerable services
- Care Closer to Home
- Prevention
- Mental Health

Members of the Joint Committee have also been asked to identify potential items for inclusion in the work programme for discussion at the meeting.

6 Dates and Times of Future Meetings

Future meetings of the Northumberland Tyne and Wear and North Durham STP OSC will be held at Gateshead Civic Centre on the following dates and times:-

- Monday 24 September 2018 at 2pm
- Monday 26 November 2018 at 2pm
- Monday 21 January 2019 at 2pm
- Monday 25 March 2019 at 2pm

Membership

Gateshead Council
Councillor L Caffrey
Councillor M Hall
Councillor P Maughan
Substitutes
Councillor M Charlton
Councillor P Foy
Councillor J Wallace

Newcastle City Council
Councillor W Taylor
Councillor F Mendelson
Councillor A Schofield

North Tyneside Council
Councillor M Thirlaway
Councillor K Clark
Councillor N Craven
Substitutes
Councillor M Green
Councillor T Mulvenna
Councillor L Spillard

Northumberland County Council
Councillor E Simpson
Councillor E Armstrong
Councillor J Watson
Substitute
Councillor R Dodd

South Tyneside Council
Councillor W Flynn
Councillor A Hetherington
Councillor A Huntley

Durham
Councillor J Robinson
Councillor O Temple
Councillor J Stephenson

Sunderland
Councillor D Snowdon

Councillor S Leadbitter
Councillor D Dixon

Contact: Angela Frisby Tel 0191 4332138 Date: 3 July 2018

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

NORTHUMBERLAND TYNE & WEAR & NORTH DURHAM STP HEALTH SCRUTINY COMMITTEE MEETING

Monday, 19 March 2018

PRESENT: Councillor L Caffrey (Gateshead Council) (Chair)

Councillor(s): Watson and Armstrong (Northumberland CC), Charlton and Maughan (Gateshead Council), Clark (substitute – North Tyneside Council), Chequer (Sunderland CC), Flynn, Hetherington and Huntley (South Tyneside Council), Taylor, Mendelson and Schofield (Newcastle CC) and Robinson, Temple and Davinson(Durham CC)

IN ATTENDANCE: Councillor(s): M Hall (Gateshead Council) (observer)

17 APPOINTMENT OF CHAIR

The Joint Committee had previously appointed Councillor Mary Foy (Gateshead Council) as Chair of the Joint Committee. However, due to unforeseen circumstances Councillor Foy advised she was no longer able to continue in that position.

In view of the aforementioned the Joint Committee:-

RESOLVED – That Councillor Lynne Caffrey (Gateshead Council) be appointed as Chair of the Joint Committee.

18 APOLOGIES

Councillor (s) Simpson (Northumberland and Dodd (substitute - Northumberland) Bell, Grayson and Hall (North Tyneside Council)

19 DECLARATIONS OF INTEREST

Councillor Taylor (Newcastle CC) declared an interest as a member of Newcastle Hospitals NHS FT.

Councillor Chequer (Sunderland CC) declared an interest as an employee of NTW NHS FT and Gateshead Health NHS FT.

20 MINUTES

The minutes of the last meeting held on 15 January 2018 were approved as a correct record.

Matters Arising

Prevention Workstream

The Chair advised that there had been a launch event in Gateshead relating to the all-party parliamentary report on Creative Health which highlights the use of arts in improving health and wellbeing. The Chair of the Group had attended the launch and Dr Pilkington had provided a presentation on the role of arts in promoting health and wellbeing.

The Chair advised that there was a summary version of the report and a full version which contains a number of case studies which might prove useful for colleagues. A link to the report would be circulated to the Joint Committee following the meeting.

Community Asset Based Approach Event – Durham

Councillor Schofield advised that she had attended the above event which had been held in Durham. Dr Pilkington had also provided a presentation for this event and one of the key issues which had come out was about how it was important to get the voluntary sector much more involved.

Joint STP OSC Work Programme

Councillor Mendelson noted that it was proposed that the Joint Committee received a progress update on the development of integrated care systems at its June meeting and asked that as part of this update the links to Health and Wellbeing Boards are explained.

It was agreed that Workstream leads be asked to address this issue as part of the proposed update.

The Chair also noted that an NHS consultation had been launched recently in relation to contracting arrangements and she queried whether this would have an impact on the development of integrated care systems.

The Joint Committee was advised that greater clarity was being sought from NHS England on this issue.

The Chair noted that as the Joint Committee would be receiving an update on integrated care systems at its June meeting it would be helpful to have clarification on this matter for that meeting.

21 UPDATE ON URGENT AND EMERGENCY CARE WORKSTREAM

Gary Collier outlined the structure of the Urgent and Emergency Care Network. Gary advised that the Board has complete oversight of the work undertaken and links with all A& E Delivery Boards to make sure that the strategic direction of the Board can be delivered.

Gary also highlighted the role of the Clinical Reference Group which was made up of multiple clinicians who provide advice to make sure that the work carried out is focusing on the right pathways.

The Network also incorporates two other regional groups, the delivery team and operational groups which focus on identifying challenges which will be progressed via task and finish groups such as the ambulance turn around group which is currently looking at trying to improve arrivals and discharges.

A three - year strategy had been signed off at the beginning of 2017 which had subsequently focused on the vanguard programme. However, a longer-term programme was now needed focusing on a range of areas.

Gary highlighted a range of outcomes achieved as a result of the strategy so far. These included the development of the flight deck which provides an understanding of activity in A & E and ambulance service pressures; the development of mental health training; behavioural analysis as to why patients move around the system the way that they do as part of the Great North Care Record System; the development of the NHS Health Child App which sets out the types of care children might need and provides information on where services are located and which recently won an award; the development of an emergency care programme which looks at patient flows and training for care home staff on when patients need to move into hospital settings.

Gary stated that one of the key advantages of this Network is that it has an understanding of what is happening in primary care and the demands on the system. This has meant that in Newcastle and South Tees they have been able to implement a cardiology and transport service where there is a dedicated transport service.

Gary also highlighted the work to develop a Directory of Services and stated that as part of this work they were looking to see how they could get more voluntary services included in the Directory.

The Joint Committee was also provided with a high-level overview of the income and cashable and non- cashable savings achieved by the Network so far. It was noted that not all of the work of the Network was quantifiable, for example, work around clinical assessment services, which created benefits in ensuring that patients were in the right place.

Gary stated that it was considered that the Network had made some really good progress so far and he introduced Bas Sen, Chair of the Clinical Reference Group, who would highlight some of the performance metrics.

Bas stated that he would provide the Joint Committee with information on the work of the Network and how it dovetails with the STP and would also provide an update on performance in relation to this winter.

Bas stated that the Urgent and Emergency Care Network was unique in that it spans the whole region whereas others don’t. In terms of performance this year Bas noted

that the Joint Committee would be familiar with the A & E standards and that patients should be seen and treated within four hours of arrival. Bas noted that these standards had not taken into account the increasing volume of attendances year on year. Bas stated that never-the-less Cumbria and the North East was leading the country in terms of performance. Bas referred the Joint Committee to slides setting out attendances and admissions which highlighted that these had flattened and decreased which might raise the question as to why performance had not improved. Bas stated that the key reason for this was that emergency admissions had gone up by 25 %. Bas indicated that reducing emergency admissions was the key to improved performance.

Bas noted that the Joint Committee would also be familiar with delayed transfers of care which refers to patients who remain in hospital for a variety of reasons although they are medically fit to be discharged. Bas indicated that this winter delayed discharges as a result of issues relating to home care were more of a problem than last year.

Bas also highlighted performance in relation to ambulance handovers and noted that there were a number of delays and work had been ongoing to address these.

Bas also highlighted the NHS 111 system which he considered was a huge success as the number of calls had increased year on year and had gone up by 23 %. However, Bas noted that an issue with the system was that as call handlers were not medically trained they are guided by a medically driven protocol which errs on the side of caution and so they send more people to hospital and send more ambulances.

As a result, a second step had been added in to the 111 system, which is clinician involvement and this created a shift in performance of approximately 80% which has since continued.

Bas stated that in terms of how the work of the Network dovetails with the STP it is acknowledged that going into the future a radical change in the health system is necessary which may involve many steps.

Bas noted that the Joint Committee might be familiar with the system in the US and United Health and Kaiser Perminente and the way that organisations such as this look at value added steps. This involves analysing patient centred work flows and looking at value added steps and non-value added and taking out the non-value added steps eg the amount of time a patient spends in a waiting room. Bas stated that the aim of the STP was to take out the non-value added. The Network has also carried out this type of work in relation to heart attacks, paediatrics and major trauma. Bas advised that he was involved in developing the major trauma system in this region and the work undertaken had led to a decrease in mortality of between 30% to 50% since 2012. This had been achieved by taking patients to a designated centre so that whilst an accident might occur in Durham the patient would be taken to Newcastle or South Tees where the two hospitals in question were manned 24/7 by highly skilled staff and with high levels of technical equipment in areas such as radiology facilitating the scanning of patients in 3 minutes thereby cutting down on diagnostics in major trauma. Bas stated that this means that patients can be in

theatre within 30 minutes which was impossible under the old system. Bas stated that he felt that this approach was the way forward.

The Chair thanked Bas for the information provided and noted that some of the Committee could remember when Kaiser Perminente was considering coming to the UK.

The Chair asked if Ian could also highlight the triage work that the Queen Elizabeth Hospital had been taking forward in relation to emergency care.

Ian advised that he is one of the Co - Chairs of the Urgent and Emergency Care Network and the Halo system which the Chair was referring to had been adopted by most hospitals now. It involved a Hospital Ambulance Liaison Officer who was a member of NEAS becoming part of the team. It had been trialled in hospitals suffering the most challenges and it had subsequently become a vital part of the system and had made a definite difference. Ian advised that the Queen Elizabeth Hospital had been lucky in that this approach had been introduced at the time the hospital had opened its emergency care centre. The work on HALO had emerged as a result of the work of the Urgent and Emergency Care Network.

It was however noted that Newcastle did not have the HALO system and its handover times were the best in the region.

The Chair noted that they had received information that admissions had increased and she queried why this was the case.

Bas explained that this is because the system is not integrated so when a call is made to NHS 111 and a patient advises they have chest pains, even if they are young and have been relatively fit and well up to that point, they had to be taken to the emergency department in a hospital via an ambulance. Bas stated that there is a need for a virtual ward which could give care to a patient at home. However, for such a model to be in place there would need to be an integrated service where the first point of contact could be someone's carer who could then have access to a district nurse/OT/social worker / GP or other relevant specialist where needed. Bas stated that if such a system was to be in operation then he believed that this would mean that 50% of patients could stay at home and would not need to be admitted to hospital.

The Chair also noted that information had been provided on the NHS 111 pilot of making referrals direct to local pharmacies and she queried whether this was likely to be rolled out across the region.

Andre advised that he would provide the Joint Committee with information on this project later on in the meeting.

Councillor Robinson noted that the £682,000 funding for winter pressures worked out at 40 pence per head of population and he queried how the NHS had worked out that the population in that area was only worth a spend of 40 pence. Councillor Robinson also advised that he had a stroke approximately six weeks ago and if he had to go to James Cook Hospital rather than the local hospital, where he received

excellent care from the staff, he would likely not have survived.

Bas advised that he was not saying that all stroke cases should go to major centres, only complex highly specialised cases need to go to major trauma centres. Bas stated that most hospitals can deal with acute strokes and the work they are doing is not about taking good care away.

Bas advised that the £682,000 was the amount of funding allocated to the Urgent and Emergency Care Network for collective schemes. Alongside this there was also significant funding allocated to NHS providers in the region amounting to millions of pounds.

The Chair asked if the £682,000 funding allocation to the Network had been ringfenced.

Bas explained that the funding had been allocated to the Network and the Network had collectively prioritised what the funding should allocated for and it had been used in a number of ways eg to have NEAS staff in A & E Departments, provide additional IT and storage equipment for paramedics etc.

The Chair asked whether the monies allocated to providers had been allocated on a needs basis and whether this had been ringfenced.

Bas stated that the process for allocating the monies effectively meant that the monies were ring fenced. NHS England had advised that if providers could not provide adequate explanations as to how the monies were to be spent then these monies would be clawed back.

Councillor Schofield noted that many members on the Joint Committee were aware of the health care system adopted in the US and were concerned about going down that path. Councillor Schofield stated that there were millions of people in the US who were disenfranchised from the health care system because they could not afford to be part of it. Councillor Schofield stated that any valued added system developed in the patch must ensure that people are not disenfranchised.

Bas stated that there was no intention of blindly adopting the US system.

Councillor Schofield stated that it was pleasing to hear that the work of the Network would dovetail with the STP and she queried how this would work, would it have to be specifically incorporated or was it something that was built in to the STP.

Bas explained that the Network has some independence as they scrutinise clinical models and the Network would not endorse a model which was not appropriate.

Councillor Schofield queried what would happen if there were ever problems with the NHS 111 system given the high level of calls.

Gary advised that no provider operates in isolation so if there was a significant incident which affected the North East and NHS 111 provision the work would be shared with another NHS 111 provider.

It was queried how the work being progressed would affect payments to different parts of the system. Gary noted that work was often tariff driven which did not always facilitate transformation by the Network. However, work was starting to take place to look more broadly at how they could ensure that finite monies could be shared in different ways amongst providers. Providers are engaged in this work and the NHS is trialling new payment systems in vanguard areas. However, this type of work could not be implemented overnight.

Ian explained that active conversations were taking place with local commissioners who were looking to develop a local payment mechanism.

Ian stated that United Health and Kaiser Perminente had been set up for a very different type of healthcare system and this was why the approach here was different and was being focused on developing an integrated care system. Bas stated that the secret to an integrated care system was that it was not just about services but about integrated finances also.

Councillor Charlton noted that the number of abandoned calls to the NHS 111 system appeared to have increased hugely and she queried the reasons for this.

Gary explained that this was as a result of a significant increase in call volumes which could not have been predicted and which the staffing model had not been geared up for in terms of activity. As a result, changes had been made to the staffing model and performance is back on track.

Councillor Charlton queried whether the increased number of abandoned calls had led to additional admissions. Gary stated that he would argue not as the calls to NHS 111 tend to relate to lower risk health issues unlike 999 which deal with more serious health matters. Gary advised that there was some ongoing analysis taking place to see if there was a link to A & E attendances but at this current point in time it was not believed to have had an impact.

Bas indicated that he was not certain that this was the case as he was concerned that people did not always know which number to call in all circumstances. Bas considered that sometimes people were confused as to which number to call. Bas considered that there was a natural tendency in some people not to call 999 and he considered that if calls were not effectively filtered then this might increase admissions.

Councillor Watson noted that handover delays could definitely fall under the category of non – value added. Councillor Watson also noted that this could apply to circumstances which he was aware of when family members had to wait for seven hours to be admitted to a hospital bed only to be seen and then told to go home and circumstances where people wait for six hours to receive medication from the pharmacy. Councillor Watson queried whether these were common occurances which could be sorted.

Bas indicated that this was a really important point and work was taking place to try and resolve these types of issues but it was important to remember that the Network

only started three years ago.

The Chair indicated that it would be helpful for the Joint Committee to have a further update on the progress being made by the Network at a future meeting.

22 PHARMACY AND STP

Stephen Blackman, Chief Officer, North of Tyne LPC, advised the Joint Committee that he was here to highlight the role of Pharmacy which he considered was not addressed within the STP currently.

Stephen stated that Pharmacy can support both urgent care and primary care and the key message was that Pharmacy wanted to transform and be part of the integration of services at both a national and regional level.

Stephen noted that 88% of the population is within a twenty minute walk of a local pharmacy and that there are 390 pharmacies in our area which deliver important services such as Stop Smoking. Stephen stated that the area has a long history of pharmacies delivering a range of services and in some areas pharmacies help with hospital discharges.

Stephen noted that the NHS 111 Community Referral Scheme was a great success.

Stephen stated that currently there is not a national contract for pharmacy but this is the direction that pharmacy wants to move towards.

In terms of the direction of pharmacy, as set out in the Five Year Forward View, there were three areas of focus; supporting long term conditions; acting as the first port of call for health advice and treatment and acting as a health and wellbeing hub.

Stephen stated that they had looked at the STP priorities and how it is aligned to the vision of the Forward View and it matches. They had also looked in detail at the services already being delivered and where Pharmacy can evolve and extend.

Stephen stated that currently they have a patchwork of services across the region and nationally and they would like to look strategically at a framework of services. Stephen stated that he considered that there was great potential for Pharmacy to be integrated.

In the area of long term care there are great opportunities as there is much more that can be done to support patients to manage their medicines and conditions eg asthma care. The Community Pharmacy Referral Scheme is already providing some support in this area.

In terms of transfers of care, pharmacy is also providing some help so that discharges can take place more quickly. Stephen stated that moving forwards there were opportunities to build on the foundations of the work already taking place and relieve pressure on other areas and be more integrated with primary and urgent care.

Andre Yeung, Chair of Northumberland Tyne and Wear LPN outlined further details regarding the Community Pharmacy Referral scheme and its achievements to date and opportunities for working better together.

Andre stated that he works closely with colleagues in the Durham, Darlington and Tees Valley area so that there is coverage across the whole region.

Andre explained that in August 2014 Durham University had carried out some research which suggested that community pharmacy bucked the inverse care law and deprived communities were best served by the services it provided.

At that time, less than 1% of referrals from NHS 111 were going to community pharmacy and it was considered that there was scope for integration between the two. As a result, a proposal was developed for the Community Pharmacy Referral Scheme which is regional and covers all ten CCGs across the North East and a population of 2.8 million with 618 pharmacies in that area. In order to tie in to urgent and emergency care systems the algorithms to NHS 111 were changed and it was identified that there were a potential 35,000 patients who could be referred to community pharmacy. The aim is to help increase resilience in urgent care by helping patients to self - care and by helping to deliver care closer to home. The project went live on 4 December 2017 and has been up and running for three months now. During this period Pharmacy had been seeing high levels of patients with 62.5% attending consultations with pharmacists and 30% receiving telephone consultations and 100% of patients are being supported with self -care. In terms of advice provided to patients 60% had been happy with the advice provided and this had included the sale of over the counter medicines in some circumstances. Some cases are escalated to NHS 111 for other support or to GPs. There has been 85% patient satisfaction with the service overall. The service is providing real benefits as most of the patients supported would have gone to out of hours services of their GP if they had not been able to access this support.

Andre advised that the project was committed to run until September this year when there was to be a full evalutation of the project.

Andre echoed Stephen's view that there were also other ways that Pharmacy could support the work being carried out in the STP around prevention which would save time in general practice for example in dealing with blood pressure.

Councillor Mendelson queried the position around funding and whether there might also be capacity issues if Pharmacy was to take on other areas of work.

Andre noted that time is precious for Pharmacy as with many other providers and if Pharmacy is taking significant numbers of patients out of the system and supporting them then they would require funding for this. Andre stated that the Local Pharmacy Network made a business case for this project to national colleagues and secured funding and it was hoped that if the project proves successful that this will then be rolled out to other areas.

Stephen noted that Community Pharmacy has had its budgets cut. Most regions have had 20% to 30% reductions in community pharmacy funding which has led to

some redundancies although not to closures. Funding is difficult but there is capacity amongst Pharmacy teams as there was a shift in the service model and this would make Pharmacy more sustainable.

Councillor Taylor queried whether all pharmacies were willing and able to take on additional work and whether there was anything else which could be done to support pharmacies take on the types of work outlined.

Stephen stated that what was needed was to make the services outlined part of Pharmacy's every day work when the new contract was put in place. Under the current framework pharmacies receive more money by dispensing more medicines. Stephen stated that they are suggesting that if there was a regional framework which included a number of services as part of pharmacy's daily business this would ensure that Pharmacy was involved in the integration agenda.

Stephen stated that Pharmacists are keen to become independent prescribers but can't issue medications and so they would like services to become a larger part of what Pharmacy does.

Stephen stated that Community Pharmacy is not the same as general practice. Much of the service provision is opportunistic as it relies on people coming through the door. This means that when they are designing services there is a need to understand what is to be achieved to ensure the right structures are in place and patients are targeted appropriately eg blood pressure.

Councillor Charlton noted that some of the facilities at Pharmacies did not provide much privacy for consultations and queried whether this was likely to prove off putting for patients.

Stephen acknowledged that there is some variability in facilities although some now have three consulting rooms and a second Pharmacist. Stephen considered that facilities would develop.

The Chair asked Mark whether he had any comments on the issues highlighted in relation to future contracts and commissioning arrangements.

Mark stated that the points in the presentation had been well made and the pilots referenced and Andre's role as part of NHS England were pivotal in taking matters forward via various processes. One of the starting points for this work was through the Urgent and Emergency Care Network where they are working to bring Pharmacy in.

Caroline stated that, within the Urgent and Emergency Care Network, Pharmacy is a cornerstone in the Behaviour and Child Illness App which identifies local pharmacies as a route for support services. Caroline acknowledged that there was a need to raise public awareness further that Pharmacy is the place to go in a range of circumstances.

Councillor Robinson highlighted the position of rural communities and noted that the Durham dales had lost a number of rural pharmacies due to the GP contract.

The Chair considered that it was surprising that Pharmacy was not yet integrated into the STP. The Chair hoped that consideration was being given as to how to change that position with a view to further progress being provided to the Joint Committee going forwards.

23 INTERIM UPDATE - WORKFORCE WORKSTREAM

Ian Renwick advised that he was Co-Chair of the Workforce Workstream, alongside Amanda Hulme.

Ian advised that he would be attending the Joint Committee meeting in June to provide a full update in relation to the workstream. However, at this stage Ian was able to advise that the workstream was one of three key planks in the STP. This is due to recognition that there are a number of challenges in areas such as recruitment where there are difficulties in relation to recruitment and retention of GP's and in areas of hospital based care.

Ian stated that these challenges are borne out by recent statistics which highlighted that nationally and locally this is the first year where many more nurses have left the NHS than joined. Within the NHS there are also issues in relation to the employment of locums and agency staff. There are also huge pressures on adult social care as a result of a number of years of austerity which means that for ADASS workforce is also a key area of focus and where the challenges are similar. As a result, ADASS are developing a three year workforce strategy. The aim is to dovetail both areas of work.

Ian advised that together the NHS and ADASS are actively engaging their key workforces.

Ian advised that the Social Partnership Forum brings together NHS employers and Unions and is the route for employers to share information. Going forwards the Forum will be a mechanism for consultation on key service pathways. Ian advised that at the last meeting of the Social Partnership, representatives from local authorities also attended.

A workforce summit was also held on 24 February and the key issues challenges and opportunities highlighted were as follows:-

- Innovation and quality improvement are subordinate to daily fire fighting and crisis management
- Demand, specialisation, reducing numbers of trainees, staff retirement and the intensity of modern working practice
- A reliance on expensive locum and agency staff is making the existing configuration of services unsustainable
- The workforce is fragmented in silos and divided by organisational and professional boundaries
- Social care shares similar challenges and is under significant pressure due to Local Authority budget cuts
- There is huge untapped potential in the community and voluntary sectors – but this too requires investment and development

Group discussions were held in the context of a Cumbria / North East approach and work was carried out to identify potential quick wins. For example it was noted that a lot of back office functions are similar across sectors. Work also focused on potential new ways of working with the NHS and local government. Consideration is also being given to the greater portability of skills and how these might influence integration. In terms of recruitment and retention work is also focusing on sustainable ways of working. An example of this can be seen in the work relating to trainee GPs. Northumbria Healthcare has led on a project called Find Your Place which was a collaborative marketing campaign aimed at newly qualified doctors coming out of medical school with a view to attracting them to positions in the North East. All Trusts in the North East came together as part of a partnership Health Education North East and contributed 10k each to showcase the strengths of the North East and that it meets 15 out of the 17 GMO survey. The campaign has led to a 9% increase in trainees coming to the North East and will lead to fewer locums needing to be used. The return on investment for the campaign is estimated at three quarters of a million pounds and the campaign is being refreshed for 2018-19 with the commitment of all trusts.

Councillor Taylor queried whether there was any information on the impact of Brexit on the numbers of EU nationals who have left the NHS since the referendum or reductions in applications for posts in the NHS.

Ian advised that he did not have that information today but would look to bring some information on this to the next meeting.

Councillor Taylor noted that training for staff was crucial and needed to be appropriately funded going forwards. Ian agreed and also noted that they would be looking to assess the impact of the withdrawal of bursaries for nurses.

Councillor Schofield stated that she was unclear as to what was meant by the phrase the “whole workforce” and asked that a definition be provided. Councillor Schofield also considered that there should be opportunities for shared training across the health and social care workforce which would be a real culture shift. Ian agreed and stated that this should also include Continual Professional Development (CPD). Ian agreed to provide a clearer definition in relation to the workforce at the next meeting.

Ian advised that they would soon be appointing a Strategic Lead for Workforce. Ian considered that there was likely to be even more momentum in relation to the Workstream following this appointment.

Councillor Mendelson noted that the Joint Committee was keen to see that the Trade Unions are being engage and involved in the Workforce Workstream and queried whether this was happening.

Ian confirmed that engagement with the trade unions was taking place via the Social Partnership Forum and that trade union representatives had attended the Workforce Summit in February.

24 JOINT STP OSC WORK PROGRAMME

The Joint Committee considered and agreed its provisional work programme as follows:-

Meeting Date	Issue
25 June 2018	• Workforce Workstream – Progress Update • Integrated Care System
Additional Meeting (date tbc)	• Empowering Communities

The Joint Committee agreed that in relation to the Workforce Workstream update in June, trade union representatives should again be invited to the meeting considering this issue.

The Joint Committee also agreed that Professor Pollack should be invited to address councillors on the Joint Committee regarding her perspective on Accountable Care Organisations at a separate session, following on from a Joint Committee meeting. It was considered that this would facilitate a fuller discussion of the issues given the time constraints at meetings of the Joint Committee.

The Joint Committee also agreed to hold an additional meeting (date to be confirmed) to consider an update on how it is planned to engage with and involve communities in the whole Integrated Care System process.

The Chair also advised that, given the full agenda at today's meeting, councillors and external parties attending the meeting could email any outstanding written questions and a response would be provided in due course.

25 DATE AND TIME OF NEXT MEETING

AGREED That the next meeting of the Joint Committee be held on 25 June 2018 at 2pm at Gateshead Civic Centre.

Chair……..

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

NORTHUMBERLAND TYNE & WEAR & NORTH DURHAM STP HEALTH SCRUTINY COMMITTEE MEETING

Monday, 25 June 2018

PRESENT: Councillor L Caffrey (Gateshead Council) (Chair)

Councillor(s): Dodd (Northumberland CC),Hall and Maughan (Gateshead Council), Huntley (South Tyneside Council), Leadbitter and Snowdon (Sunderland CC), Taylor, Mendelson, Schofield (Newcastle CC), Robinson, Stephenson and Temple(Durham CC)

IN ATTENDANCE: Councillor P Foy - observer

APOLOGIES: Councillor(s): Armstrong, Simpson and Watson (Northumberland CC) Clark, Craven and Thirlaway (North Tyneside Council) Flynn and Hetherington (South Tyneside Council) and Heron (Sunderland CC)

27 APPOINTMENT OF CHAIR

One nomination had been received for the position of Chair.

AGREED – That Councillor Lynn Caffrey (Gateshead Council) be appointed to the position of Chair.

28 APPOINTMENT OF VICE CHAIR

One nomination had been received for the position of Vice Chair.

AGREED – That Councillor Wendy Taylor (Newcastle CC) be appointed to the position of Vice Chair.

29 DECLARATIONS OF INTEREST

Councillor Taylor (Newcastle CC) declared an interest as an employee of Newcastle Hospitals NHS Foundation Trust.

Councillor Mendelson (Newcastle CC) declared an interest as a member of NTW NHS FT Council of Governors.

30 MINUTES

The minutes of the last meeting held on 19 March 2018 were endorsed but not approved as the meeting was inquorate.

Matters Arising from the Minutes
Update on Urgent and Emergency Care Workstream
Councillor Huntley noted that Bas Sen, Chair of the Clinical Reference Group had informed the Joint Committee as part of the update that he was not saying that all stroke cases should go to major centres, only complex highly specialised cases need to go to major trauma centres. Bas had indicated that most hospitals can deal with strokes and the work they are doing is not about taking good care away.

However, Sunderland and South Tyneside Joint Health OSC subsequently received a letter date 25 April 2018 from Mr Sen clarifying his comments, indicating that time critical emergencies, of which stroke is one, will be taken to specialist stroke centres also known as hyper – acute stoke units (HASU) where they can get the highest quality care. The Sunderland and South Tyneside OSC was advised that the proposed stroke model for the region provides that regardless of where a patient presents he / she will be transferred to the stroke centre (HASU) with minimal delay to receive high quality high tech care.

Councillor Huntley requested that this Joint Committee ask Mr Sen to clarify for this Joint Committee which was the correct position.

Pharmacy and STP
Councillor Taylor noted that the Joint Committee had been informed by Andre Yeung, Chair of Northumberland Tyne and Wear LPN of the Community Pharmacy Referral Scheme which was committed to run until September 2018 when there was to be a full evaluation of the project.

Councillor Taylor requested that the Joint Committee be provided with an update on the outcome of the evaluation once this was available.

Interim Update – Workforce
Councillor Taylor noted that the Joint Committee had requested that information be provided on the impact of Brexit and she queried whether this was to be provided as part of the update today.

Lisa Crichton Jones advised that this information would not be part of today's update but would be provided to the Joint Committee for its next meeting.

Joint OSC Work Programme
Cllr Schofield noted that it had originally been planned to invite Professor Pollack to speak to the Joint Committee regarding her perspective on Accountable Care Organisations after the meeting on 25 June and she queried the position on this.

It was clarified that Professor Pollack's diary commitments meant that it was not possible to progress this in June and another date was being sought and would be confirmed with members of the Joint Committee as soon as possible.

31 RESPONSES TO ISSUES ARISING FROM THE LAST MEETING

Mr Whalley from Keep Our NHS Public NE noted the response to the issues raised by the group but the group also had particular concerns in relation to engagement and public consultation.

Mr Whalley noted that the draft STP had been published in November 2016 which was almost two years ago and since then there had been no further public consultation. The group were therefore concerned as to how business could be carried out without any further public consultation.

The Chair noted that the main item for the Joint Committee's next meeting would be a presentation in relation to proposals for engagement with communities. A communications pack had also just been made available to the Joint Committee and this would be shared.

The Chair asked if the group had taken advantage of the offer from Mr Foster to have a face to face meeting to discuss their issues. Mr Whalley stated that as members of the group came from a wide area covering Berwick to Teeside they had requested a written response as not all members would be able to attend a face to face meeting.

Mr Whalley also note that the proposal to bring the three STPs in the north together following the approval of the regulator was a huge change and he queried where the consultation had occurred in relation to this either with communities or elected politicians.

The Chair advised that she was sure that Mr Foster would respond to the groups' concerns directly. However, this meeting was here first and foremost to address the issues raised by the Committee and organisations invited to provide information.

Councillor Mendelson noted the response to the query regarding NHS 111 and asked what role VOCARE had in that service.

The Chair noted that there was not anyone present from NEAS today but she understood that VOCARE had been selected following a full procurement exercise and been awarded a national contract delivering the NHS 111 service in a number of different areas. However, the position had changed and the contract was operating through another provider as VOCARE had been sold. This was separate from the contract NEAS had been awarded for delivering NHS 111 in this region.

Mr Foster confirmed that CCGs had dealt with the procurement exercise and VOCARE was now under a different name.

Mr Foster explained that when he had attended the Joint Committee previously he had made it clear that the work being progressed in relation to STPs and ICS was not about privatisation. The aim of this work was to keep services and jobs in the NHS. Mr Foster noted that the Health and Social Care Act provides for a position of competition but Mr Foster indicated that the system needs to change.

32 WORKFORCE WORKSTREAM PROGRESS UPDATE

Lisa Crichton Jones, Director of Transformation for NE and Cumbria and Alex Glover, Locality Director, Health Education England provided the Joint Committee with an update on current and emergent work in relation to the NE and North Cumbria Workforce Programme.

The Joint Committee received information on the current context, opportunities and challenges faced.

It was noted that current service delivery models are struggling to meet the demographic challenge of people living longer often with complex co-morbidities and the increasing demands on the health and care system. In addition, it was noted that we are experiencing a multi-factorial workforce crisis, caused by challenges in recruitment, retention and lack of specialist skills, affordability and a preference for shorter work time commitments. Workforce funding has also reduced significantly. Demand, specialisation, reducing numbers of trainees, staff retirement and the intensity of modern working practice all contribute to complex and often difficult work environments. There is also a reliance on expensive locum and agency staff contributing to making the existing configuration of services unsustainable. The workforce is also fragmented in silos and divided by organisational and professional boundaries. Social Care shares similar challenges and whilst there is huge untapped potential in the community and voluntary sector this requires investment and development.

It was noted that there is now an opportunity through the STP/emergent ICS arrangements to develop a co-ordinated regional workforce strategy, across health and care to meet these challenges, to facilitate planning the future workforce on a whole systems basis, allowing for greater innovation and new models of care.

Early successes to date have been:-

- A large-scale Workforce Summit event, held in February 2018.
- Briefings to Health HR Directors and regional Trade Union colleagues at the North East Social Partnership Forum.
- Beginning to establish links with Directors of Adult and Children's Social Care and Local Authority Heads of HR.
- Scoping the opportunity to build on the many examples of good work, already underway within the region.
- A regular meeting of colleagues from across the system to drive this work forwards; the Workforce Scoping Group, whose membership comprises colleagues from health, local authority, CCGs, Health Education England and a regional trade union representative in their role as Joint Chair of the North East Social Partnership Forum.

Since the Workforce Summit was held in February 2018 a number of priority actions had been progressed.

One of the main actions was the appointment of a Director of Workforce Transformation and Lisa advised the Committee that she was delighted to be in post and would now be focusing on scoping the workforce programme and exploring what could be achieved in partnership with others. Lisa indicated that there was an opportunity to shape a regional workforce strategy for health and care on a whole system basis and to work innovatively to develop new models of care and pathways and explore opportunities to work at scale once for the NE and Cumbria to build resilience and quality and address the needs of the population

Other priority actions underway were :-

- the creation of a Strategic Workforce Board.
- the establishment of a Workforce Programme Board to maintain oversight of all areas of work/report progress and risks to Strategic Workforce Board.
- the development and implementation of a regional workforce strategy with the following emerging themes:-
    - Recruitment and retention
    - Preparing people for change and supporting the workforce
    - Workforce development and innovation
    - Education and training
    - Leadership development
    - Development of primary care workforce and employment experience

It was proposed that the Strategic Workforce and Programme Boards would be established by August 2018 with the initial work streams and lead officers to be agreed by September 2018 and high-level objectives for each workstream set in October 2018. It was also proposed that a draft regional workforce strategy would be in place in October 2018.

The Joint Committee was advised that the work progressed would build on the good practice already in place and involve working in partnership with others including Social Care, HR and the trade unions.

Councillor Hall thanked Lisa for the presentation but considered that there was a greater need to link with social care. Councillor Hall indicated that it was disappointing that there had not been any home care providers at the Workforce Summit in February. Councillor Hall stated that if any inroads are to be made in terms of integrating health and social care involving homecare providers is key as this is one of the areas where the greatest savings can potentially be made.

Lisa advised that this was a really helpful point and she would be holding further discussions with both health and social care colleagues going forwards.

Councillor Caffrey advised that Gateshead Council was well advanced in its work in relation to integrating care systems and removing the commissioner / provider split.

Councillor Robinson noted that information provided in the presentation showed that 68% of carers are under 65 which is around 218,000 of the adult workforce who are not working because they are caring for relatives and who are forgotten about. Councillor Robinson also noted the figures also appeared to suggest that there are

nearly 50,000 individuals due to retire and he queried how the NHS was going to be able to fill these vacancies on top of meeting the additional numbers of GPs and nurses that the Government has committed to recruiting. Councillor Robinson acknowledged that the Committee had received information on the Find Your Place Campaign and queried whether it had been successful.

The Joint Committee was advised that the campaign had been successful although they would like it to be even more successful. There had been some challenges relating to the campaign as some of the workforce coming to the NE came with additional challenges which the NHS was keen to support.

The Joint Committee queried what these challenges were.

Alex advised that some of the challenges related to educational and language needs which needed to be worked through.

The Joint Committee was advised that when it received a further update in September it would be provided with further information on the Find Your Place Campaign.

Councillor Schofield noted that she had asked for a definition of what was meant by the whole workforce and what is meant when the phrase" in partnership" is used.

Lisa stated that when she used the phrase "in partnership" she meant " working together " with the workforce and others such as trade union colleagues.

Councillor Schofield considered that further clarification was needed as there are public and private partnerships and she was concerned that some private partnerships were accessing publicly funded training for their workforce and she queried whether they were going to be required to contribute financially towards workforce training going forwards.

Lisa stated that work was only at its early stages at this point.

Councillor Taylor queried whether NHS colleagues were in discussions with the Royal College of Nursing in relation to training and what work was going to take place to address the situation whereby significant numbers of junior doctors did not remain part of the UK workforce.

Alex stated that a significant amount of work was being carried out to improve the working experience of junior doctors in order to retain them in the workforce and she was happy to share further details about this work at a future meeting. Initiatives were focused on areas improving the position in relation to the study leave allowance which was funded by Health Education England. This allowance had been funded via employers but now the funding was being held by Health Education England so that junior doctors could access this funding at appropriate times.

Clare Williams, Unison, stated that she considered that everyone at the meeting would agree that no one wanted to see privatisation of the NHS and would like to see a repeal of the Health and Social Care Act. However, the national agenda was

not in the control of those present. Clare noted that the NE as a region has the highest rate of unemployment and the highest rate of young people not in work or accessing training so delivery of a health and social care workforce in the region was very important.

Clare indicated that the NHS in the region had been impacted by migrant workers leaving and returning to the country of their origin. Large numbers had told Unison that they were uncertain if they would be able to remain in the country and continue working.

Clare considered that the report provided to the Committee was a good starting point and she considered that both Unison and the BMA were two key stakeholders going forwards.

Clare acknowledged that skill levels needed to be raised and she advised that Unison provides a significant amount of training across the workforce and this could be part of future discussions. However, there was a need to be clear about the needs of the population and the skills that were needed by the workforce to address these needs.

Clare considered that a good starting point would be for future discussions to focus on the development of quality apprenticeships for health and social care and the unions would be able to contribute. Clare indicated that Unison has been working with a few key Social Care providers in relation to education and training support.

Clare agreed that it was important to attract individuals with specialist skills to the NE and she considered that more needed to be done in terms of promoting the NE as an area to work.

Clare also considered that it was also important that roles in social care needed to be better promoted and shown as highly skilled and these roles needed to be properly rewarded for providing a quality service.

Clare considered that a way forward between now and September would be to get a smaller group together to focus in more detail on the emerging themes and Unison was keen to be involved in this work.

Clare also considered that it would be important to come back to this Joint Committee later in the year to update on further progress. Clare considered that exploring whether it was possible to bring some services back into direct provision would also be a way forward.

Adele Healey from the BMA stated that she agreed with a lot of the points raised by Clare but she noted that a lot of the concerns raised required legislation to change in order for them to be addressed and competition in the NHS to be removed.

Adele also considered that a lot of the changes needed require investment and pump priming.

Lisa noted that Clare had summed the situation up when she indicated that this was

a starting point and she advised that things would take time but there is an opportunity to do this together.

Councillor Mendelson stated that there are huge opportunities in the area of the social care workforce which is key to the enablement agenda but which has the challenge of low pay. Councillor Mendelson queried whether it was being explored as to whether there is potential for those in the social care workforce to move across at some point into the NHS workforce.

Councillor Mendelson also queried whether the Joint Committee could receive further information on work to facilitate the integration between health and social care.

Councillor Caffrey indicated that as Gateshead is moving quickly down the integration route it might be possible to share this work at an appropriate time.

Alice Wiseman advised that in Gateshead the Gateshead Care Partnership was carrying out work with a view to moving away from competition. The Partnership had therefore brought commissioners and providers on board to work together as far as possible except where legalities prevented this.

Councillor Caffrey noted that a key issue in relation to the social care workforce was around achieving parity of esteem with the health workforce.

Alice also noted that there is also an issue around how generalist skills are valued and how we can enable the workforce to be responsive to meet the needs of individuals.

Councillor Huntley queried how people with the right skills were going to be attracted and brought into the workforce. Councillor Huntley noted that the issue of not being able to get individuals with the right skills was often being highlighted to the OSC in South Tyneside and this had occurred recently and was one of the reasons why the Stroke Service had moved from South Tyneside Hospital. Councillor Huntley queried how the NHS was going to prioritise which hospitals had different types of personnel to stop the downgrading of hospitals.

Lisa stated that her focus was to work at scale for the region to see how she could make the NE more attractive as a place to work. The Joint Committee was advised that individual trusts would still be responsible for recruitment to their organisations.

Alan stated that a key element of partnership working would be to encourage networking between the workforce in hospitals in different geographic locations so that the NHS can retain as many services as possible and to avoid hospitals poaching staff from each other. Alan stated that in the past there have been competing contracts for staff and pay and the focus on partnerships is to facilitate a move away from this and do things differently. It was hoped that this work would assist in making jobs more attractive and help retain staff.

Councillor Hall reiterated that she thought that it was important for health colleagues to engage with homecare providers as they were a really skilled workforce who

could provide a variety of support to individuals in the home.

Alex indicated that Councillor Hall's point was valid and advised that it had been recognised at the Workforce Summit that this was an area which should have been included. Alex stated that there has been some investment in upskilling the Care Home Workforce but it was acknowledged that much more needed to be done and they were keen to progress this work further. Alex advised that monies were being shifted from different funding pots with a view to supporting such training.

Councillor Hall considered that the employment statistics for the region demonstrated that there is a potential workforce out there. However, what was needed was to attract individuals to social care positions by providing parity of esteem.

Councillor Schofield stated that she considered that GPs could provide a key interface in bringing health and social care together. Councillor Schofield also considered that another positive move would be the introduction of a pay spine to encourage progression and queried whether this might be a possibility.

Clare Williams stated that the latter point was something which would need to be addressed by government. However, Clare considered that it would be worthwhile having an event / briefing in relation to social care so that there could be clarity around what was meant by the social care workforce and who this involved.

Clare considered that it should be the public sector and the unions who provide the relevant training for the workforce and not the private sector and this would help to generate a growth in jobs. Clare stated that if individuals achieve decent salaries and good training then they will have a good employment experience.

Lisa thanked everyone for the points raised which she had found really helpful and advised that it was planned to come back to a future meeting of the Joint Committee later in the year to update on further progress.

33 INTEGRATED CARE SYSTEM UPDATE

Alan Foster, Lead for Combined Cumbria and NE STP, noted that a communications pack had been circulated to the Joint Committee in relation to the proposed Integrated Care System and provided an update on current thinking on this issue.

Alan noted that the language had changed since the publication of the draft STP two years ago. Since that time there had been reference to Sustainable Transformation Partnerships, Accountable Care Organisations and then Accountable Care Partnerships and now what was proposed was an Integrated Care System.

Alan stated that he was a great believer in an Integrated Care System which would bring health and social care together. Alan noted that a Green Paper was due to be published this summer setting out how adult social care would be funded which was crucial.

Alan noted that work was taking place right across Cumbria and the NE with a view to improving population health and key to this was a focus on prevention to help people live longer and healthier lives. Alan provided the Joint Committee with information on life expectancy levels in the region for men and women/ mortality levels as a result of smoking / cardiovascular disease and cancers.

Alan noted that there had been some improvements as a result of the work progressed so far but much more work was needed, particularly in the areas of childhood obesity and screening programmes and a key area of focus was helping to support the local population to look after themselves.

The Joint Committee was advised that an Integrated Care System was needed across Cumbria and the NE for the following reasons:-

- A long-established geography, with highly interdependent clinical services
- Vast majority of patient flows stay within the patch.
- Strong history of joint working, with a unanimous commitment from NHS bodies to go further as an ICS
- High performing patch, with a strong track record of delivery Challenges
- Fragmentation following the 2012 Act has made system-wide decision-making difficult
- Significant financial gaps, service sustainability issues and poor health outcomes
- Maximising our collective impact to delivery the triple aim whilst reducing duplication and overheads.

Developing an Integrated Care System for our area would:

- Create a single leadership, decision-making and self-governing assurance framework for CNE
- Coordinate the integration of 4 Integrated Care Partnerships – building on the learning from North Cumbria
- Establish joint financial management arrangements
- Aspire to devolved control of key financial and staffing resources
- Set the overall clinical strategy, standards, pathways and enabling workstreams to reduce variation
- Coordinate ‘at scale’ shared improvement initiatives
- Arbitrate where required and hold the Integrated Care Partnershipss to account for the delivery of FYFV outcomes

The Integrated Care Partnerships would be commissioned to :-

- Deliver integrated primary,community and acute care (aligned to the overall ICS strategy).
- Ensure critical mass to sustain vulnerable acute services within their geography

The Joint Committee was advised that whilst work would take place at a system level to do some pieces of work at scale once and place based working would continue and needed to be built upon.

The Joint Committee was advised that the work around Integrated Care Systems and the proposed options around service planning and delivery were under development and were not set in stone. The Joint Committee was also advised of a proposed governance process to facilitate collective decision making within the current legislative framework and it was noted that this might lead to structural change over time.

The Joint Committee was informed of the following headline clinical strategy:-

- Would be driven by extensive clinical engagement and informed by insights from population health management
- Involved shifting the emphasis of care to prevention and early intervention in the community
- Involved collaboration and networking of acute services around four centres of population
- Would mean service consolidation and organisational change only where necessary
- Involve CNE-wide solutions for Pathology and Radiology
- Building on CNE-wide coordination arrangements: UEC Vanguard & Cancer Alliance
- Developing new models of primary care to meet the needs of an ageing population
- Industrialising our approach to prevention focused on screening for atrial fibrillation and osteoporosis
- Delivery of ambitious 'No Health without Mental Health' programme

The Joint Committee also received information on acute hospital vulnerable services.

The Joint Committee was informed that it had taken a significant length of time to get to this point and matters had not been helped by the changing language in relation to STPs and Integrated Care Systems but there was now a real opportunity to move things forward.

Councillor Hall noted that the expectations of local people would need to be managed if more services were to be delivered in individuals' homes going forwards as often individuals considered they were better off in hospital and would receive more appropriate care. Councillor Hall considered that there needed to be an education campaign around this.

Alan acknowledged that educating local people on this matter would be important.

The Chair stated that she was really pleased with the emphasis on prevention and also on mental health and she considered that it would be helpful to have an update on the latter issue going forwards. However, the Chair stated that she had not seen any mention of where local government fit in and whilst acknowledging that matters were at an early stage she would like some reassurances around that as she was sure local government could assist.

Alan indicated that there were good links with Public Health and Directors of Adult Social Care and discussions had been taking place at Chief Executive level and there was a focus on working in partnership at all levels to get things right going forwards.

Councillor Schofield noted that a lot of the information outlined was at a very high level and she queried what this would mean for local communities and the quality of care that they were going to receive. Councillor Schofield stated that she was still not reassured that what was outlined was not something similar to the ACO model.

Alan stated that the system he was outlining was about working to ensure safe, quality healthcare for local people and avoiding preventable deaths and keeping more funding in the system. It was not about privatising the NHS. Alan also reminded the Joint Committee that some elements were already privately operated for example the care sector and GPs but were still seen as key elements of or supporting the NHS.

Mr Whalley, of Keep Our NHS Public North East, noted Alan's comments but indicated that it was his belief that if the direction of travel continued then privatisation of the NHS would happen within the next five years.

Councillor Mendelson considered that what would be important was involving and engaging local communities and councillors in the development of the Integrated Care System.

Councillor Taylor thanked Alan for the helpful presentation and supported the prospect of hospitals working more together to sustain effective quality services. However, Councillor Taylor queried how the private cancer centre which was coming to the region would be encouraged to co-operate with this approach and how local people's views would be taken into account as attending the centre may not be something patients want to choose.

Alan agreed that it would be important to take on board the views of local communities and stated that it would be important to offer a choice and this might be linked to Palliative Care. Alan stated that he could not change the position in relation to the private elements of the healthcare system already in place but the work taking place was aimed at sustaining the NHS.

Councillor Taylor noted that health teams work well across a lot of specialities and considered that the proposals for networking for Radiology and Pathology sounded positive but she considered that if clinicians did not know and trust the individuals they were dealing with then there could still be a level of duplication. Alan stated that there had to be a level of trust amongst all clinicians across the system.

Clare Williams, Unison, noted that everyone was focused on achieving good outcomes for local communities and she considered that patients would do well if they have a good workforce. Clare acknowledged that there are issues in recruiting staff generally and that vacancies are high due to issues such as the removal of bursaries and there are particular problems recruiting specialist staff into the area.

Clare considered that it was important to develop a response locally to these issues and she considered that the universities and Unison could have a role in helping to grow our own staff. Unison also had something to offer in terms of supporting staff who might need to provide care in individuals own homes although it would be important to look at individual needs as care in an individual's home where they may become isolated may impact detrimentally on mental health and may not always be appropriate. Clare indicated that collectively they are able to work with the whole workforce to identify some of the changes that need to be made going forwards.

Councillor Robinson agreed that it was important to have the right level of workforce in the area and he considered that given the significant level of cuts to public health funding that local government was facing in local areas such as Durham, that it would be important for the NHS to support local government and social care going forwards.

34 WORK PROGRAMME

The Joint Committee considered and agreed the issues to be considered for the additional meeting scheduled for 16 July 2018 were as follows:-

Meeting Date	Issue
16 July 2018 - 1.30pm - Additional Meeting	• Empowering Communities – Presentation • Work Programme for Future Meetings

It was noted that Healthwatch Representatives from across the patch would be invited to the meeting and asked to comment on the presentation provided.

The Chair invited members of the Joint Committee to forward any suggestions for the work programme for future meetings for discussion at the next meeting.

35 DATES AND TIMES OF FUTURE MEETINGS

AGREED – That future meetings of the Joint Committee be held at the Civic Centre Gateshead on the below dates and times:-

- Monday 16 July 2018 at 1.30pm – Additional meeting
- Monday 24 September 2018 at 2pm
- Monday 26 November 2018 at 2pm
- Monday 21 January 2019 at 2pm
- Monday 25 March 2019 at 2pm

Chair……..