

GATESHEAD METROPOLITAN BOROUGH COUNCIL
NORTHUMBERLAND TYNE & WEAR & NORTH DURHAM STP HEALTH
SCRUTINY COMMITTEE MEETING

Monday, 17 June 2019

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

Councillor(s): Hall (Gateshead Council) Taylor and Mendelson (Newcastle CC) Armstrong and Dodd (Substitute) Northumberland CC) Clark, Mole and Mulvenna (North Tyneside Council), Dixon and Leadbitter (Sunderland CC), Flynn and Hetherington (South Tyneside Council), Stephenson and Temple (Durham CC)

75 APPOINTMENT OF CHAIR

In line with the terms of reference for the Joint Committee, the Joint Committee agreed to appoint Councillor Lynn Caffrey of Gateshead Council as the Chair for the 2019-20 municipal year.

76 APPOINTMENT OF VICE CHAIR

In line with the terms of reference for the Joint Committee, the Joint Committee agreed to appoint Councillor Wendy Taylor of Newcastle Council as the Vice Chair for the 2019-20 municipal year.

It was noted that the Joint Committee terms of reference may need to be revised due to structural changes within the NHS; particularly the STP. It was stated that Mark Adams would provide the Joint Committee with an overview of the changes so that the terms of reference can be adapted so that it continues to be fit for purpose.

77 APOLOGIES

Apologies for absence were received from Councillor (s): Beadle (Gateshead Council), Councillor Schofield (Newcastle CC) Councillors Simpson and Watson (Northumberland CC) and Councillor Robinson (Durham CC)

78 DECLARATIONS OF INTEREST

Councillor Taylor of Newcastle City Council declared an interest as an employee of Newcastle Hospitals Foundation Trust.

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

Councillor Hall of Gateshead Council declared an interest as a representative of the NTW Board.

79 MINUTES

The minutes of the last meeting of the Joint Committee held on Monday 25 March 2019 were approved as a correct record.

80 MATTERS ARISING

The Joint Committee were advised that paramedic recruitment is on track; it was also noted that support roles would be filled by student paramedics. It was agreed that Mark Cotton of NEAS would provide a more detailed update on paramedic recruitment plans at a future meeting.

The Joint Committee also noted that the Workforce Update is still awaited; it was requested that Lisa Crichton-Jones provide a full update at the November meeting with an interim written update before that time.

81 OPTIMISING SERVICES

The Joint Committee received a presentation from Ken Bremner and Heather Corlett providing an update on Optimising Health Services (OHS). It was noted that Optimising Health Services is the overarching scheme for areas of change within services across the North East and North Cumbria.

A summary of what OHS offers to the system was provided; this included strategic clinical oversight of ICS development and clinical leadership and engagement including Senates, Networks and PCNs.

From the presentation the Joint Committee was advised of the various benefits of the OHS both operationally and in terms of the alignment of many programmes of work. The Joint Committee was also provided with an overview of the North East and North Cumbria Integrated Care System OHS Programme.

An overview of the Child Health and Wellbeing Network was also provided to the Joint Committee highlighting that funding has been awarded from the Transformational Work Fund. The Joint Committee was advised that the plans

outlined in the presentation represent an evolving model and is not a “magic plan”.

Councillor Caffrey noted that the optimisation of health services can often lead to patients having to travel further afield to receive care. In response, it was stated that not all patients would have to travel but that this may be necessary for some who require specialist care. It was further noted that it is about striking the right balance for patients and service providers.

Councillor Taylor requested that the terms of reference for the OHS be shared with the Joint Committee for information.

Councillor Hetherington thanked Ken and Heather for their presentation and commented that the Government are funding training for teachers to support pupils displaying poor mental health. It was also noted that it is important that a flexible system is developed to react to the needs of patients such as connectivity between schools and GP practises.

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PRIMARY CARE - (FOCUS ON PRIMARY CARE NETWORKS AND HOW GPS WILL BE WORKING TOGETHER)

The Joint Committee received a further presentation from Denise Jones, Head of Primary Care for NHS England and NHS Improvement on Primary Care.

It was noted from the presentation that Primary Care is self-owned and led and that it needs to be meaningful to local communities and partners. It was further stated that Primary Care should be a platform to build wider integration.

The Joint Committee was provided with an overview of the NHS Long Term Plan highlighting that the full document is 133 pages. The aims of the plan were also highlighted as follows:

- Everyone gets the best start in life
- World class care for major health problems
- Supporting people to age well

The Joint Committee was advised from the presentation that Primary Care Networks (PCNs) are central to delivering the vision of the NHS. A working definition of PCNs was provided in addition to a breakdown of the core characteristics which included a defined patient population in the region of 30-50 thousand.

It was also highlighted from the presentation that data and technologies will be used to assess population health needs and health inequalities and to support clinical decision making. It was also stated that PCNs are key to the future of service delivery.

A summary of the local system was provided in addition to further details on the benefits of primary care networks for patients. Some benefits to patients, as noted in the presentation included more coordinated services, access to a wider range of professionals and increased appointment availability.

The Joint Committee noted that there is a five-year framework for GP contract reform to implement the NHS Long Term Plan. An overview of the new workforce was also provided; it was stated that the new GP Contract will deliver the biggest boost to primary care since 2004. It was also highlighted that there will also be availability of non - clinical staff such as social prescribing link workers. The Joint Committee was also advised that each network will have a named accountable Clinical Director.

From the presentation, the Joint Committee was further advised about New Network Services to be introduced to deliver NHS Long Term Plan Primary Care goals in a phased way. It was noted that a variety of services will start by April 2020 including supporting early cancer diagnosis and services such as CVD prevention and diagnoses to start by 2021.

Councillor Mendelson asked how the networks outlined in the presentation had chosen to come together; in response it was advised that networks were linked, in the main, to natural geographies.

A discussion took place on the role of the community in developing PCNs; it was noted that community engagement will be a great influence on the evolution of the network.

Councillor Caffrey noted that this new system may confuse some patients who are used to going to their GP in every instance of poor health. It was noted that patients will continue to be registered with their GP practice.

Councillor Dixon stated that the new system proposals were difficult to argue against but that communication between services needs to be robust. Councillor Dixon also noted potential issues in data systems between providers that are not compatible with each other.

Councillor Temple asked whether the merging of services was a target of the new system or a byproduct of the changes. It was stated that some services have merged in order to increase their sustainability however many services will retain their individual identities.

Councillor Caffrey requested that a further update be provided on the roll out of Primary Care Networks at a future meeting.

DEVELOPMENT OF ICS - PROGRESS UPDATE

The Joint Committee received a presentation to provide an update on the Integrated Care System (ICS) for the North East and North Cumbria.

A summary of the ICS arrangements was provided in addition to background information; it was also highlighted from the presentation that there needs to be a focus on prevention to deliver improved outcomes.

From the presentation an illustration of the different geographies of neighbourhoods, place, integrated care partnerships and integrated care systems was provided. It was also highlighted that in terms of place and neighbourhoods, partnership working between NHS and local authorities is via Health and Wellbeing Boards.

An overview of the key benefits to local people was summarised; it was noted that the NHS working alongside Councils and drawing on the expertise of local charities and community groups, can help people to live healthier lives for longer.

A summary of the ICS Health Care Strategy was provided to the Joint committee which is made up of the following elements:

1. Optimising Health Services
2. Workforce Development
3. Digital Care
4. Population Health & Prevention
5. Mental Health
6. Learning Disabilities

It was also noted that the above are underpinned by a financial strategy as well as operational delivery.

Councillor Kilgour noted that there was no mention of end of life care within the presentation and questioned where this fitted in to the development of the ICS. It was explained that end of life care is dealt with at a place-based level.

Councillor Dixon commented that whilst the premise of what was outlined in the presentation was fine, he noted that there was little detail to scrutinise. Councillor Flynn also commented on the benefits of digital assistance in care such as medication dispensers and movement sensors.

The Joint Committee were requested to forward any questions they have following the meeting to Councillor Caffrey who would liaise with the relevant officers for a response.

84 WORK PROGRAMME

An overview of the Work Programme was provided.

Members of the Joint Committee also requested that officers explore the following within the work programme:

- Learning Disabilities
- Community Pharmacies
- End of Life/Palliative Care
- Children's Health and Wellbeing

DATES AND TIMES OF FUTURE MEETINGS

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

- 23 September 2019 – 13:30
- 25 November 2019 – 13:30
- 20 January 2020 – 13:30
- 23 March 2020 – 13:30

Chair.....