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NORTHUMBERLAND TYNE & WEAR & NORTH DURHAM STP HEALTH SCRUTINY COMMITTEE

Meeting on Monday, 23 September 2019 at 1.30 pm in the Civic Centre Gateshead

Agenda

1 **Apologies**

2 **Declarations of Interest**

3 **Minutes** (Pages 5 - 10)
The minutes of the meeting of the Joint Committee held on 17 June 2019 are attached for approval.

4 **Matters Arising**

5 **Proposed Revised OSC Protocol / Terms of Reference** (Pages 11 - 22)
Report and proposed revised protocol / terms of reference attached for the Joint Committee's consideration.

6 **Development of ICS - Progress Update**
Mark Adams, Chief Officer NewcastleGateshead, North Tyneside and Northumberland CCG will provide the Joint Committee with an update on the above.

7 **Clinical Engagement and Proposed Clinical Priorities for ICS**
Mark Adams, Chief Officer NewcastleGateshead, North Tyneside and Northumberland CCG will provide the Joint Committee with an update on the above.

8 **Partnership Arrangements**
Dan Jackson, NE and North Cumbria ICS, will provide the Joint Committee with an update on this issue.

9 **Communication and Engagement - Progress Update** (Pages 23 - 28)
Report Attached. Mary Bewley, Head of Communications and Engagement, North East Commissioning Support, will also provide the Joint Committee with a short presentation on this issue.

10 Workforce - Interim Update (Pages 29 - 34)

Mary Bewley, Head of Communications and Engagement, North East Commissioning Support will highlight key issues in the report.

11 Work Programme

Work Programme

Meeting Date	Issue
23 Sept 2019 – 1.30pm	• ***Proposed Revised Protocol / Terms of Reference*** • Development of ICS- Progress Update • Clinical Engagement and Proposed Clinical Priorities for ICS • Partnership Arrangements • Communication and Engagement – Progress Update • Workforce – Interim Update
25 Nov 2019 – 1.30pm	• Development of ICS – progress Update • Urgent and Emergency Care – Progress Update • ***Mental Health – Progress Update***
20 Jan 2020 – 1.30pm	• Development of ICS – Progress Update • ***Workforce Progress Update*** • Digital Care
23 March 2020 – 1.30pm	• Development of ICS – Progress Update • Population Health Management

Issues to slot in

- Primary Care Networks Update
- Optimising Care Services – Progress Update
- Community Pharmacies

The proposed provisional work programme for the Joint Committee for 2019-20 is set out above.

The views of the Joint Committee are sought.

12 Dates and Times of Future Meetings

It is proposed that 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:

- 25 November 2019 at 1.30pm
- 20 January 2020 at 1.30pm
- 23 March 2020 at 1.30pm

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.

82 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 biproduct 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.

83 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

85 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……..

Proposed Changes to Remit / Protocol for NT&W&ND Joint Health Scrutiny Committee

Background and Case for Change

1. It has previously been raised at the NT&W&ND Joint Health STP OSC that there might be a need to consider modifying the Committee's terms of reference / Protocol as these were initially based on the STP and its footprint and change these to reflect the importance of scrutinising the ICS as it applies to the area within the OSC's remit and relevant Integrated Care Partnerships and the various workstreams being activated.

2. Up to now we have not made any changes as whilst we understood that NHS colleagues were working towards having an emerging ICS in place for April 2019 there was nothing formal in place which would have led us to alter structures up to now.

3. However, the issue of whether there needed to be changes to the OSC's remit came to the fore again as a result of information that expressions of interest in relation to becoming an ICS needed to be submitted by NHS colleagues to NHS England by 1 April 2019. Subsequently, NHS colleagues advised that there was no longer a requirement to submit a document and the process for developing an ICS would be an ongoing development process and this approach was being adopted across the country.

4. In addition to the above, a number of ICP arrangements for the NE and Cumbria are being put in place sitting underneath the overarching ICS which will be developing their own plans for progressing work. We also understand that any service changes going forwards are most likely to occur at place based level with some changes expected to be at ICP and ICS level as appropriate. We have therefore looked at how these arrangements fit with the OSC structures already in place and what we might need to change going forwards (the geographies for these partnerships are set out in the attached document – Appendix 2).

5. Having had regard to the ICP geographies we noted that the NT&W&ND Jt Health STP OSC currently has representation from all the local authorities covered by the ICP "North" and ICP "Central" geographies and the South STP OSC covers all the local authorities in the ICP South, with the exception of Durham, which currently has representation on both STP OSCs. However, commissioning arrangements and patient flows mean that it is important that Durham continues to be a member of the South STP OSC.

6. We have sought the views of senior health colleagues involved in the work of the ICS and ICP North on the above and they have indicated their agreement and support for changing the terms of reference / Protocol for the OSC on the understanding that we would work with them to facilitate further changes if it became clear going forwards that the above was no longer appropriate.

Recommendations

- That the remit of the Northumberland, Tyne and Wear and North Durham STP Joint Health OSC be revised to cover scrutiny of the North East and North Cumbria ICS and relevant ICPs and organisational arrangements as appropriate.
- That the OSC approve the revised remit for the Committee (attached at Appendix1)
- That, henceforth, the OSC be known as the Joint OSC for the NE&NC ICS and North and Central ICPs' going forwards to reflect the revised remit of the Committee.

Draft Protocol for a Joint Health Scrutiny Committee

Joint OSC for the NE & NC ICS and North and Central ICPs OSC

1. This protocol provides a framework under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013 for considering any proposed formal consultation in relation to the establishment of an Integrated Care System for the North East and North Cumbria and any subsequent proposals for substantial development and variation to health services arising from / as a consequence of the development / establishment of an Integrated Care System for the North East and North Cumbria and / or arising from / or as a consequence of the development of Integrated Care Partnerships covering the geographies of Northumberland, Tyne and Wear and Durham and the below mentioned bodies:-

ICP North

- Northumberland CCG
- North Tyneside CCG
- NewcastleGateshead CCG
- Northumbria Healthcare NHS FT
- Newcastle Hospitals NHS FT
- Gateshead Hospitals NHS FT
- Gateshead Council
- Newcastle City Council
- North Tyneside Council
- Northumberland County Council

ICP Central

- South Tyneside CCG
- Sunderland CCG
- North Durham CCG
- *Durham, Dales, Easington and Sedgfield CCG*
- Sunderland Hospitals NHS FT
- South Tyneside Hospital NHS FT
- County Durham and Darlington NHS FT
- South Tyneside Council
- Sunderland City Council
- Durham County Council

Plus the following bodies which cover both ICP geographies

- Northumberland, Tyne and Wear NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- North East Ambulance Foundation Trust

The terms of reference of the Joint Health Scrutiny Committee are set out at **Appendix 1**.

2. A Joint Health Scrutiny Committee ("the Joint Committee") comprising Durham County Council; Gateshead Council; Newcastle City Council; North Tyneside Council; Northumberland County Council; South Tyneside Council and Sunderland City Council ("the constituent authorities") is to be established in accordance with the Regulations for the purposes of formal consultation by the relevant NHS Bodies in relation to the matters referred to at paragraph 1 above. In particular in order to be able to:-

(a) respond to any consultations in relation to proposals for substantial development and variation to health services arising from / as a consequence of the development of /establishment of an Integrated Care System for the North East and North Cumbria and / or arising from / or as a consequence of the development of Integrated Care Partnerships covering Northumberland, Tyne and Wear and Durham (currently the " North" and " Central" ICPs as outlined in paragraph 1 above).

(b) require the relevant NHS Bodies to provide information about the proposals;

(c) require members/employees of the relevant NHS Bodies to attend before it to answer questions in connection with the consultation.

4. The Joint Committee formed for the purposes outlined at paragraph 1 will, following approval of this protocol and terms of reference at its first meeting, circulate copies of the same to:-

Local Authorities

Durham County Council; Gateshead Council; Newcastle City Council; North Tyneside Council; Northumberland County Council; South Tyneside Council and Sunderland City Council;

Clinical Commissioning Groups

Newcastle Gateshead CCG
North Durham CCG
Durham, Dales, Easington and Sedgfield CCG
North Tyneside CCG
Northumberland CCG
South Tyneside CCG
Sunderland CCG

NHS Foundation Trusts

City Hospitals Sunderland NHS Foundation Trust
County Durham and Darlington NHS Foundation Trust
Gateshead Health NHS Foundation Trust
Newcastle-upon-Tyne Hospitals NHS Foundation Trust
Northumbria Healthcare NHS Foundation Trust
South Tyneside NHS Foundation Trust
Northumberland, Tyne and Wear NHS Foundation Trust
Tees, Esk and Wear Valleys NHS Foundation Trust
North East Ambulance Foundation Trust

Membership

5. The Joint Committee will consist of equal representation, with three representatives to be appointed by each of the constituent authorities on the basis of their own political balance.

6. The term of office for representatives will be for the period from the date of their appointment by their constituent authorities until their relevant authority's next annual council meeting. If a representative ceases to be a Councillor, or wishes to resign

from the Joint Committee, the relevant council shall inform the joint committee secretariat and the replacement representative shall serve for the remainder of the original representative's term of office.

7. To ensure that the operation of the Joint Committee is consistent with the Constitutions of all the constituent authorities, those authorities operating a substitution system shall be entitled to nominate substitutes.

8. The Joint Committee may ask individuals to assist it (in a non-voting capacity) and may ask independent professionals to advise it for the purposes of the consultation process.

9. The quorum for meetings of the Joint Committee shall be a minimum of one member representative from each of the constituent authorities, except in cases where a constituent authority exercises its right not to participate in a formal consultation process in relation to a proposal for substantial variation and development in which case the quorum will be made up from a minimum of one member representative from each of the constituent authorities electing to participate in the consultation process.

Chair and Vice-Chair

10. For the purposes of the consideration of the developing / established ICS for the NE and North Cumbria and the development / establishment of the Integrated Care Partnerships covering Northumberland, Tyne and Wear and Durham the Chair and the Vice-Chair of the Joint Committee will be appointed annually at the first meeting of the Joint Committee following the relevant authorities' Annual Council Meetings. The Chair will not have a second or casting vote.

11. If the agreed Chair and Vice-Chair are absent from a meeting, the Joint Committee shall appoint a member to chair that meeting from the representatives present who are members of the same constituent Council as the Chair.

12. For the purposes of the consideration of any proposals for substantial development and variation to health services arising from the development / establishment of an Integrated Care System for the North East and North Cumbria and / or arising from / or as a consequence of the development of Integrated Care Partnerships covering Northumberland, Tyne and Wear and Durham (currently " North" and "Central" see para.1) that affect at least two but not all of the constituent authorities, the Committee will be chaired from one of the affected local authority areas.

Terms of Reference

12. The Joint Committee will be the formal consultee under the Regulations and the Directions for the purposes of the consultation by the relevant NHS Bodies concerning those matters outlined at paragraph 1. Terms of reference are set out at Appendix 1.

Administration

13. Meetings shall be held at the times, dates and places determined by the Chair in consultation with each of the constituent authorities.

14. Agendas for meetings shall be determined by the secretariat in consultation with the Chair.

15. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee at least 5 clear working days before the date of the meeting and also to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information). Notices of meetings will include the agenda and papers for meetings. Papers "to follow" should be avoided where possible.

16. Minutes of meetings will be supplied to each member of the Joint Committee and to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.

Final Report and Consultation Response

17. The relevant NHS body is required to notify the Joint Committee of the date by which any consultation response is required, and the date by which it intends to make a decision. The Guidance highlights that it is sensible for the Joint Committee to be able to consider the outcome of public consultation before it makes its consultation response.

17. The Joint Committee is independent of its constituent councils, executives and political groups and this independence should not be compromised by any member, officer or relevant NHS bodies. The Joint Committee will send copies of any final report and formal consultation response to the relevant NHS Bodies and the constituent authorities.

18. The primary objectives of the Joint Committee will be to reach consensus, but where there are any aspects of any consultation as regards which there is no consensus, the Joint Committee's final report and formal consultation response will include, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

Voting

19. Wherever a vote is taken, this will be done on the basis of a simple majority.

Following the Consultation

20. Any next steps following any initial consultation response will be taken with due reference to the 'Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny' (Department of Health; June 2014).

Principles for joint health scrutiny

21. In scrutinising the proposals, the joint committee will aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal.

22. The constituent authorities and the relevant NHS Bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial and/or disclosable pecuniary interests will be declared in all cases in accordance with the code of conduct and Localism Act 2011.

23. The Joint Committee's procedures will be open and transparent in accordance with the Local Government Act 1972 and the Access to Information Act 1985 and

meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be able to be considered in private. Papers of the Joint Committee may be posted on the websites of the constituent authorities as determined by them.

24. Communication with the media in connection with the Joint Committee's views will be handled in conjunction with each of the constituent local authorities' press officers.

Appendix 1

Joint Health Scrutiny Committee

Joint OSC for the NE & NC ICS and North and Central ICPs OSC

Terms of Reference

1. To consider the development / establishment of an Integrated Care System for the North East and North Cumbria and any subsequent proposals for substantial development and variation to health services arising from / as a consequence of the development / establishment of an Integrated Care System for the North East and North Cumbria and / or arising from / or as a consequence of the development of Integrated Care Partnerships covering the geographies of Northumberland, Tyne and Wear and North Durham (currently the "North" and "Central" ICPs)

2. To consider proposals for substantial development and variation to health services as contained in and/ or developed from the STP and as proposed by the following:

   - Newcastle Gateshead CCG
   - North Durham CCG
   - Durham, Dales, Easington and Sedgfield CCG
   - North Tyneside CCG
   - Northumberland CCG
   - South Tyneside CCG
   - Sunderland CCG

3. To consider the following in advance of any formal public consultation:

   - The aims / objectives / programme of work of the developing ICS for the NE and North Cumbria and ;
   - The plans and proposals for public and stakeholder consultation and engagement in relation to the developing ICS for the NE and North Cumbria;
   - Any options for service change identified as part of the development of the ICS for the NE and Cumbria including those considerations made as part of any associated options appraisal process.

4. To consider any substantive proposals during any period of formal public consultation, and produce a formal consultation response, in accordance with the protocol for the Joint Health Scrutiny Committee and the consultation timetable established by the relevant NHS Bodies.

5. In order to be able to formulate and provide views to the relevant NHS bodies on the matters outlined above, the Joint Committee may:-

   a) require the relevant NHS Bodies to provide information about the proposals the subject of the consultation with the constituent local authorities and the Joint Committee; and

   b) require an officer of the relevant NHS Bodies to attend meetings of the Joint Committee, in order to answer such questions as appear to them to be necessary for the discharge of their functions in connection with the consultation.

6. To ensure any formal consultation response of the Joint Committee includes, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

7. To oversee the implementation of any proposed service changes agreed as part of the development / establishment of an Integrated Care System for the North East and North Cumbria and / or arising from / or as a consequence of the development of the "North" and "Central" Integrated Care Partnerships.

8. The Joint Committee does not have the power of referral to the Secretary of State as this will be retained by individual local authorities.

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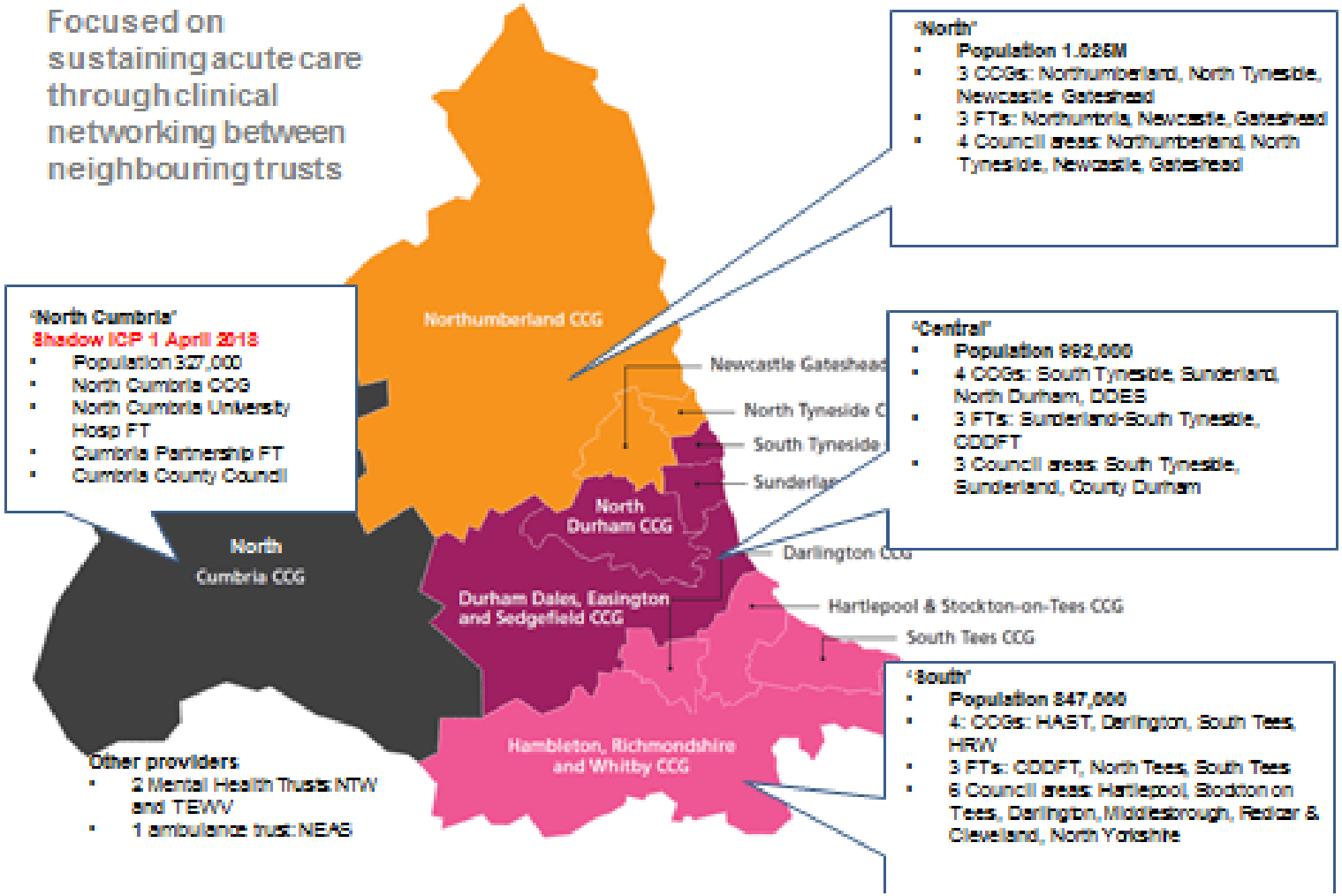
Integrated Care Partnership geographies …

Focused on sustaining acute care through clinical networking between neighbouring trusts



'North'
- Population 1.026M
- 3 CCGs: Northumberland, North Tyneside, Newcastle Gateshead
- 3 FTs: Northumbria, Newcastle, Gateshead
- 4 Council areas: Northumberland, North Tyneside, Newcastle, Gateshead

'North Cumbria'
Shadow ICP 1 April 2018
- Population 327,000
- North Cumbria CCG
- North Cumbria University Hosp FT
- Cumbria Partnership FT
- Cumbria County Council

'Central'
- Population 992,000
- 4 CCGs: South Tyneside, Sunderland, North Durham, DDES
- 3 FTs: Sunderland-South Tyneside, CDDFT
- 3 Council areas: South Tyneside, Sunderland, County Durham

'South'
- Population 847,000
- 4: CCGs: HAST, Darlington, South Tees, HRW
- 3 FTs: CDDFT, North Tees, South Tees
- 6 Council areas: Hartlepool, Stockton on Tees, Darlington, Middlesbrough, Redcar & Cleveland, North Yorkshire

Other providers
- 2 Mental Health Trusts: NTW and TEWV
- 1 ambulance trust: NEAS

Join our Journey

North East and North Cumbria

Progress update on communications and engagement to support the NENC Integrated Care System and the Long Term Plan

NT&W&ND JT STP OSC

23rd September 2019

Progress update on communications and engagement to support the NENC Integrated Care System and the Long Term Plan

The following update outlines the overall approach we are taking towards communications and engagement for the developing ICS, which includes engagement in the Long Term Plan.

Delivery group and Network

A regional Communications and Engagement delivery group was established to support the co-ordination of communications with staff and partners around the developing Integrated Care System and associated work programmes. This group has representation from NHS communications leads from providers, NHS England, and commissioners via the North of England Commissioning Support.

A group of communications and engagement leaders from partner organisations (NHS providers, CCGs, NHSE, NECS) in the North East and North Cumbria has been meeting regularly throughout the development and delivery of the regional transformation agenda to ensure access to all existing communication and engagement processes across the area and to rapidly address any issues that may arise.

NHS communications teams are now working as a network to engage in dialogue about the future NHS with stakeholders, staff and the public. The shared ambition is to celebrate the wider success of the NHS across the North East and North Cumbria – focussing on some of the excellent work already being delivered including innovation with new models of care, digital transformation (telehealth and telecare and other), integration, primary care hubs, and community services.

Mechanisms

New ‘Join Our Journey’ branding is being developed to reflect both the ICS and ICPs.

An ICS website has now been developed which provides a platform for sharing all key documents and information about the ICS. It will be developed to facilitate two-way engagement with key stakeholders and provide a consultation portal, allowing for online surveys, research and promotion of events, including the ability to capture contact details. It will link to other relevant sites.

https://nhsjoinourjourney.org.uk/

A regional bulletin has been launched which provides an overarching regional update as well as updates for work programmes. Syndicated articles for internal communications are shared with NHS organisations’ communications teams.

ICS and Long Term Plan engagement

Four engagement events were held at the start of the year with frontline staff and patient representatives from across the region. This culminated in a summit event for health and social care leaders where key themes and issues were shared in March, and the results of a further engagement exercise taking place in September will be built into the North East and North Cumbria Strategic Long Term Plan.

Healthwatch organisations in the North East and North Cumbria have been commissioned to support the system in developing approaches to explaining, engaging and involving the public in the context around Integrated Care System health and social care changes, and undertaking engagement linked to the NHS Long Term Plan across North East and North Cumbria.

Healthwatch Darlington was commissioned to lead on, within the North East area, Long Term Plan engagement with the public, linking into Cumbria on the work taking place there. Following a programmer of engagement which included survey and focus groups, local Healthwatch colleagues came together to give their thoughts on how their local priority areas for engagement such as mental health and GP access have aligned to priorities for our Integrated Care System.

We are now bringing together the content for our final strategic plan which we are expected to publish following submission in mid-November. This will set out our vision and priorities, and describe how those priorities have been developed with our partners and how they address our analysis of local health and care needs. We will communicate and engage with stakeholders, staff and the wider public around the publication of the ICS strategic plan.

A non-executive and lay member community network with representation from providers and CCGs across the North East and North Cumbria has now been established following a successful funding bid to NHS Improvement and NHS England. The Lay member network will be engaged with the Long Term Plan and the approach to engagement at a learning event planned for October 2019.

We will continue to use existing networks such as the Social Partnership Forum, the Lay Member and Non-Executive Community Network and evolving Primary Care Networks as we move towards the establishment of future partnership arrangements.

The communications network will continue to drive communications and engagement with staff and the public around the publication of the ICS strategic plan. Communications leads will work both across their network and within NHS organisations to ensure that this is planned and designed at local level to reflect the nature of individual ICPs and ‘places’ as this where the majority of ICS activity will happen.

Regionwide activity

Regionwide plans will include a road show with an ICS branded trailer visiting key sites where there is high footfall such as NHS sites and marketplaces/supermarkets. This will involve briefed teams of staff from NHS organisations in engaging with the public and wider staff around their views and ambitions for the NHS over a six week period, covering the ICS area. Communications leads are advising on locations.

Objectives include NHS visibility, listening and understanding views to gauge opinion on areas of importance such as learning disabilities, talking positively about work happening in each area, and supporting key messages around areas such as use of services and flu, and delivery of health checks. It will be fully supported by media and social media activity.

This activity is being planned and designed to reflect the nature of individual ICPs and 'places' in order to engage on local pieces of work.

In addition a public facing marketing campaign to build understanding of the changes in the NHS and create a new relationship between the NHS and the public across the North East and North Cumbria is now being developed with public health colleagues; this will bring the Long Term Plan narrative into the public domain and can support the role of staff in promoting health and wellbeing. The campaign approach is to engage with members of the public, staff and stakeholders in a dialogue.

Targeted market research and engagement to develop this, with support from Healthwatch organisation is being undertaken during September and will include:

- Online surveys – tailored for public and workforce.
- Telephone interviews – semi-structured qualitative interviews for public and workforce. Open to all areas
- Pop-up sessions - for workforce and public in health and social care workplaces and service delivery sites
- Focus Groups - for public organised and run by Healthwatch

Key messages will be:

- The North East & North Cumbria is a great place to live and work, but our health can be worse than the rest of the UK.
- We have become an Integrated Care System (ICS) to develop new ways of working between the NHS, local authorities and the voluntary sector to change health outcomes for the better.
- Now, more than ever before, health and care services need to work together to deliver the right care, at the right time and in the right place for patients.
- We want to be better at supporting people have a sense of control and resilience about their health and wellbeing

- We want you to ‘Join Our Journey’ to help shape an approach to health which is about wellness rather than just about illness. Tell us “what matters to you?”

VCSE

Engagement with the VCSE sector is ongoing, with the aspiration to develop and support a network of communities that can plug into place based systems and share messages and learning in and across communities making use of existing networks, communities and groups. Voluntary Organisations Network North East (VONNE) is commissioned as a strategic partner to facilitate engagement with the VCSE sector and communities they represent at regional level as part of the Building Health Partnerships programme and the Social Prescribing Network.

These networks will work in partnership with the Integrated Care System and provide representation within ICS governance and regional work programmes, acting as critical friends in developing approaches to explaining, engaging and involving the public in the context around Integrated Care System health and social care changes.

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Join our Journey

North East and North Cumbria

Update on Workforce

NT&W&ND JT STP OSC

23rd September 2019

Update on Workforce

Please find below clarification in response to specific questions raised by Members around workforce figures and wider programme work. These responses have been gathered in collaboration with colleagues in Health Education England, NHS England, North East ADASS and Unison.

Workforce figures

Numbers of nurses coming into the NHS in NE as well as figures related to student nurses / compared to national position

The numbers below are current students on North Cumbria and North East programmes who could qualify and enter the workforce between 2020-2022, in headcount:

- Adult Nursing: Active Students: 1,779; Anticipated Qualifiers from cohort: 1,668; Realistic NHS recruitment: 1,615
- Paediatric Nursing: Active Students: 245; Anticipated Qualifiers from cohort: 225; Realistic NHS recruitment: 221
- Learning Disability Nursing: Active Students: 116; Anticipated Qualifiers from cohort: 95; Realistic NHS recruitment: 95
- Mental Health Nursing: Active Students: 462; Anticipated Qualifiers from cohort: 446; Realistic NHS recruitment: 419
- Nursing Associate: Active Students: 177; Anticipated Qualifiers from cohort: 175; Realistic NHS recruitment: 171

Numbers of NHS staff in NE due to retire

We cannot predict when people when retire as this is a personal decision made on a multitude of factors. We can provide the numbers of staff at retirement age and below are the numbers for all staff groups and in FTE and Head Count (HC) for staff in the 55+ and 60+ age groups:

- 55+ 10,098 FTE (13.6% of total FTE); 12,300 HC (14.4% of total HC)
- 60+ 4,540 FTE (6.1% of total FTE); 6,244 HC (7.3% of total HC)

Proportion of other foreign nationals forming part of the NHS workforce

- UK nationals account for 93.33% of total HC
- EU nationals account for 1.97% of total HC
- Rest of world nationals account for 3.22% of total HC

Please note that overall and aggregate figures are hiding specific risks very easily; breaking down the nationalities by staff groups, service areas, and/or specialties provides further insight into where the real risks lie.

Below are the top five risk areas for EU nationals as a percentage of total staff group in individual specialty across NENC:

1. Paediatric Cardiology: 50%
2. Infectious Diseases: 33%
3. Clinical Genetics: 32%
4. Cardio-Thoracic Surgery: 31%
5. Acute Internal Medicine: 31%

Wider Programme Work

Work around developing workforce across health and social care

We have a monthly Leadership group that comprises stakeholders from across Health and Care, including Local Authorities/North East ADASS, Trade Unions the Community and Voluntary Sector and Skills for Care. The Workforce Strategy and Transformation Board has good representation from LA's across a range of organisations and levels; Chief Executive; Director of Adult Social Services; Assistant Director; and Head of HR.

There is also strong representation on the Board from Skills for Care, and the Voluntary and Community Sector. Last month we had dedicated a significant amount of time on the Leadership group agenda to discuss the risks and issues within the social care workforce. Colleagues were involved in this discussion which subsequently shaped the final presentation of the same that was discussed at the Workforce Transformation and Strategy Board on 19th August.

It was acknowledged that whilst the Local Authorities employ a significant number of staff directly, the much greater majority sit within the independent sector workforce, which adds an additional layer of complexity. However, colleagues in Local Authorities who have commissioning responsibilities are sighted on the work and we are exploring how we engage and influence independent sector employers.

We have started to look at apprenticeships across health and care as there are examples in other parts of the country where Levy funds have been transferred from health into social care. We have a dedicated opportunity to discuss this in more detail at our next leadership group in early September. There are likely to be opportunities for us to be more creative across health and care in how we utilise the levy and what apprenticeships we are commissioning. Members of the workforce team are involved in the commissioning of a new apprenticeship in Positive Behavioural Support, for staff who work with people with a Learning Disability or Autism both in health and care.

We are currently undertaking a piece of system wide workforce planning, using a population health approach and assessing the workforce needs through to 2025. We are using data from both Health and Care to inform this work along with the involvement of a wide range of stakeholders across the system in locality focused workshops to 'test' the data and produce an informed narrative. This is the first time anything like this has been done in our region and it gives us an excellent opportunity to update our approach to workforce planning and review our work programmes to date.

How unions are being involved in work progressed / training initiatives at regional and local level

We have an active regional Social Partnership Forum that has members from across Health and Care. The 'staff side' chair of the SPF sits on the Leadership Group and also on the Great Place to Work delivery Board which oversees a number of workstreams relating to employment experience, including training. We are beginning work on a workforce strategy for the North East and North Cumbria and have valued and vital union involvement in this work.

Reassurances that workforce will not be provided via private companies

No appetite or interest for such provision been expressed across the NENC system; nor has any discussion taken place at the Workforce Board about this issue. We have placed great emphasis and resource on our Great Place to Work strand of work and will be striving to recruit, develop, appreciate and retain the best people as employees of our local NHS organisations. The Board is chaired by a Foundation Trust Chief Executive and the other Foundation Trusts are well represented on both the Board and in the workstreams.

Further detail on work to retain NHS staff

There is an established NHSE/I retention support programme to strengthen the retention of clinical staff. A number of Trusts in our region have been working with the national team and NHS Employers and there are also a range of resources and masterclasses available for health employers

Great Place To Work (GPTW) board has been established and has specific workstreams looking at:

- Flexibility of employment
- Recruitment
- Occupational Health
- Equality, Diversity & Inclusion
- Training
- Health & Wellbeing

The workstreams have a variety of members from across NHS organisations and we are also identifying local authority representatives to sit on each workstream to ensure discussions are inclusive and across the two sectors. A representative from GPTW is attending the Local Authority Workforce Leads meeting in September, which will ensure that all LAs in the North East region are sighted on this programme and the potential opportunities it brings.

We have a group of people across health and care looking at our younger work force and what motivates them. As our future staff and leaders it is crucial that we are listening to their needs and ensuring they are nurtured and developed in ways that inspires and retains them.

Work to retain GPs

Retention of GPs in primary care is a key priority across the ICS and the following initiatives are aimed at supporting GP Retention.

The national GP Retention Scheme is supported and delivered across the ICS. With 35 GPs across the ICS being supported currently, this scheme aims to support GPs at risk of leaving the profession for up to five years by offering a reduced working pattern and the opportunity to focus on priorities such as professional specialisms, caring for family members and time to refresh skills. The scheme will continue to be advertised, supported and recognised across the ICS in coming years.

A local scheme to support GP Retention, entitled the Local GP Support Programme, was piloted in 18/19 and will be delivered again this year. This programme seeks to support GPs at risk of leaving the profession by providing release from general practice for one session per week in order to support other GPs, other clinicians or to explore ways in which to improve ways of working in primary care through the 10 High Impact Actions. Last year, 37 GPs were supported on this programme and this year there is funding to support up to 98 GPs on the programme.

Other initiatives that could be trialled in order to support GP Retention are being researched across the country at present in order to ensure the ICS can offer retention support that meets the needs of GPs in the system currently.

Another way in which retention is being supported is via the links made between HEE and NHS England/Improvement, where primary care is a priority area. NHSE/I is working in partnership with HEE to ensure that we have a shared workforce strategy that links into the governance of the ICS in order to deliver the objectives of the LTP and that there is local ownership to deliver the strategy.

In recognition that GP workforce numbers need to be boosted in order to support retention of GPs, GP Trainee rates across the ICS, have significantly improved in recent years since 2017/18, when the GP Training Course fill rate was at 78%. In 18/19 this significantly improved to a 98% fill rate and the ICS plans seek to cement and build on this fill rate in coming years.

Indicative workforce target for GP Workforce by September 2020 is 1987.2 GPs across the ICS. Current projections show that we are 383 GPs short of this target. However plans to maintain boosted trainee rates, improve retention of the existing GP workforce and boost additional clinical roles within Primary care will support the retention of GPs.

A key ambition for the ICS is for Primary Care Networks (PCNs) to support the development of primary care workforce with the introduction of the Additional Roles recognised to support the delivery of specific service specifications between now and 2023/24. It is expected that in 19/20, PCNs will recruit additional Clinical Pharmacists and Social Prescribing Link Workers, boosting the clinical workforce and supporting delivery of primary care whilst in 2020/21, PCNs will recruit Physician Associates and Physiotherapists into their workforce. In 2021/22, Paramedics will be added to the workforce in order to boost delivery of primary care. We are

working with colleagues from the voluntary and community sectors on Social Prescribing Link Workers.

Are national policies impacting on changes to pension cap, making it uneconomic for GPs to continue?

We recognise that the impact of pensions may contribute to individuals decisions as to when to retire from the profession, although we cannot comment of the specifics of these issues, we are taking a proactive approach locally to prioritise the retention of GPs in Primary care. We would encourage continued lobbying to highlight this as a risk.