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JOINT OSC FOR THE NE & NORTH CUMBRIA ICS & NORTH & CENTRAL ICPS

Meeting on Monday, 25 October 2021 at 2.30 pm in the Council Chamber - Civic Centre

Agenda

1 Apologies

2 Declarations of Interest

3 Minutes (Pages 5 - 16)

The minutes of the meeting of the Joint Committee held on 28 June 2021 are attached for approval.

4 Matters Arising

5 Implementation Plan for ICS / Feedback on engagement with LAs re next steps for ICS

Dan Jackson, Director of Governance and Partnerships, North East and North Cumbria ICS will provide the OSC with a presentation on the above.

6 The Forward Plan for Planning for Winter

Dan Jackson, Director of Governance and Partnerships, North East and North Cumbria ICS will provide the OSC with a presentation on the above.

7 Work Programme 2021-22

Meeting Date	Issue
22 November 2021	
24 January 2022	
21 March 2022	

Issues to slot in

- Update on next steps for ICS – (item for each meeting)
- Primary Care and Secondary Care Pressures
- Digital – Progress Update

- Detail on Covid Recovery Plan
- Emergency Planning
- The Patient Records pilot

Work is currently ongoing with health colleagues regarding the allocation of specific issues to the above meeting slots and an update will be provided at the meeting.

The views of the Joint Committee will then be sought.

8 Date and Times of Future Meetings

It is proposed that future meetings of the Joint Committee are scheduled for the following dates and times at Gateshead Civic Centre:-

- Monday 22 November 2021 at 1.30pm
- Monday 24 Jan 2022 at 1.30pm
- Monday 21 March 2022 **at 2.30pm**

Membership (for information)

Gateshead Council
Councillor L Caffrey
Councillor M Hall
Councillor J Wallace
Councillor P Foy (substitute)
Councillor M Charlton (substitute)
Councillor S Craig (substitute)

Newcastle CC
Councillor W Taylor
Councillor F Mendelson
Councillor R Higgins
Councillor Ali Avaei (substitute)

Durham CC
Councillor P Jopling
Councillor R Charlton-Laine
Councillor K Robson

North Tyneside Council
Councillor T Mulvenna
Councillor T Brady
Councillor J Kirwin

Councillor E Parker Leonard (substitute)
Councillor J Mole (substitute)
Councillor P Richardson (substitute)

South Tyneside Council
Councillor G Kilgour
Councillor E Malcolm
Councillor R Berkley

Sunderland CC
Councillor D McDonough
Councillor D Macknight
Councillor N Macknight

Northumberland CC
Councillor K Nisbet
Councillor B Flux
Councillor J Reid

Contact: Angela Frisby Tel 0191 4332138 Date: 15 October 2021

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JOINT OSC FOR THE NE & NORTH CUMBRIA ICS & NORTH & CENTRAL ICPS MEETING

Monday, 28 June 2021

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

Councillor(s): Hall (Gateshead Council), Taylor (Newcastle CC), Jopling and Robson (Durham CC), Hetherington (South Tyneside Council), Mulvenna, Brady and Kirwin (North Tyneside Council) D Macknight and M McKnight (Sunderland CC), Nisbet and Reid (Northumberland CC)

125 APPOINTMENT OF CHAIR

In line with the terms of reference for the Joint Committee, the Joint Committee agreed to appoint Councillor Lynne Caffrey of Gateshead Council as the Chair for the 2021-22 municipal year.

126 APPOINTMENT OF VICE CHAIR

In line with the terms of reference of the Joint Committee, the Joint Committee agreed to appoint Councillor Wendy Taylor of Newcastle City Council, as Vice Chair for the 2021-22 municipal year.

127 PROTOCOL /TERMS OF REFERENCE

The Joint Committee endorsed the terms of reference / Protocol but noted that it was likely that this would need to be revised in due course in light of the proposals outlined in the NHS White Paper.

128 APOLOGIES

Apologies were received from Councillor(s): Charlton-Laine (Durham CC), S Craig (Gateshead Council) Kilgour and Berkley (South Tyneside Council), McDonough (Sunderland CC) and Flux (Northumberland CC)

129 DECLARATIONS OF INTEREST

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

Councillor Hall (Gateshead Council) declared an interest as a member of CNTW

Foundation Trust's Council of Governors.

Councillor Hetherington (South Tyneside Council) highlighted that she had been a member of the Committee for some time but had recently been appointed as Lead member for Independence, Wellbeing and Adult Social Care. Paul Baldasera (South Tyneside Council) confirmed that as a result of Councillor Hetherington's recent appointment another councillor from South Tyneside would be replacing Councillor Hetherington on the Joint Committee going forwards.

130 MINUTES

The minutes of the meeting of the Joint Committee held on 22 March 2021 were approved as a correct record.

131 MATTERS ARISING

OSC Written Questions re White Paper on Future Direction of Health Service / Next Steps for ICS

It was noted that at the last meeting of the Joint OSC it was agreed that a written response would be provided to the Joint OSC's twelve written questions which were set out at Appendix 1 to the minutes.

The Joint OSC noted the written response provided by colleagues in the ICS and that many of the issues raised would be addressed within the presentation to be provided by Mark Adams at the meeting today. As such it was agreed that, for the most part, questions would be raised at that point within the agenda. However, Councillor Taylor noted that the issue she raised previously in relation to emergency planning did not appear to be picked up within the presentation and as such she requested that the Joint OSC received a report at some point during the year in relation to emergency planning.

132 UPDATE ON WHITE PAPER ON FUTURE DIRECTION OF HEALTH SERVICE / NEXT STEPS FOR ICS

Mark Adams, Chief Officer, NewcastleGateshead, North Tyneside and Northumberland CCG provided the Joint OSC with a presentation on this matter.

Mark reminded everyone of the ICS geography and the four key aims of the White Paper

- Improving population health and healthcare
- Tackling unequal outcomes and access
- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development

Mark advised that a key responsibility for ICS systems was to support place based working so a key area of focus would be how all the work done at place level could be strengthened and continue to be developed by NHS, local government and a wider set of partners.

Mark also highlighted that frequently place level commissioning within an ICS will align with local authority boundaries. and the Better Care Fund (BCF) plan will provide a tool for agreeing priorities. This will be further supported by other measures including improvements in data sharing and enshrining a 'triple aim' for NHS organisations to support better health and wellbeing for everyone, better quality of health services for all, and sustainable use of NHS resources.

Mark stated that the legislation is clear it is about places creating the right conditions for working together. Within the NE & NC ICS there are thirteen different places which already have well developed systems for working together and these can be used as a platform for further developments. In addition, there is a real opportunity to strengthen and assess patient voice at place and system levels and look at the potential for co-production.

The emphasis is to move away from an adversarial and transactional system centred on contracting and activity payments to one that is far more collaborative and dedicated to tackling shared problems. NHS provider organisations will retain their current structures and governance but will be expected to work in close partnership with other providers and with commissioners or budget holders to improve outcomes and value.

It is about population health: using the collective resources of the local system, NHS, local authorities, the voluntary sector and others to improve the health of local areas.

Even before the pandemic, many local system leaders were seeing huge benefits from joining up across health and local authorities

Mark noted that the thirteen different places within our ICS already have well developed systems of working together and the intention was to use these systems as a platform for further development. Over the last fourteen months in particular there had been significant collaborative working as a result of the pandemic and the intention was to look at how this type of collaboration could continue.

Mark advised that it was not expected that there would be any legislative provision about arrangements at place level - although it was expected that NHSE would work with ICS NHS bodies on different models for place-based arrangements. The expectation was that local areas would develop models to best meet their local circumstances.

It was also expected that Health and Wellbeing Boards would remain in place and would continue to have an important responsibility at place level to bring local partners together, as well as developing the JSNA and Joint H&WB Strategy.

The ICS NHS Body would take on the commissioning functions of the CCGs…as well as CCGs' responsibilities in relation to Oversight and Scrutiny Committees and it was planned that it would become a new statutory ICS from 1 April 2022. However, the ICS would not have the power to direct providers.

However, Mark advised that the timetable for the legislation had already slipped although it was still expected that there would be a second reading of the Bill on 22

July 2021. Mark stated that they were now awaiting confirmation of the proposed timescales going forwards.

Mark stated that the new organisation would need to appoint to key roles within a new structure and the first tranche of guidelines provided information in relation to the Chairman and Non- Executive Director but they were still waiting for further guidance which it was anticipated would not be received until the White Paper had been through its second reading.

It was planned that at the end of quarter 2 this year that the designated Chief Executive position would be put in place and policy and guidance would be provided on what the ICS can do. However, it was anticipated that much of this documentation would not be available to the ICS until later in the year.

Mark advised that the new ICS would have a twin boards model. This would mean that each ICS would have a statutory unitary Board directly accountable for NHS spend and performance within the system and also an ICS Health and Care Partnership Board whose main purpose would be to act as a forum for agreeing co-ordinated action in relation to health and social care needs and alignment of funding on key issues as well as providing direction on the early stages of ICS formation. This Board would have a wide membership. Each Board would have a local authority representative. Mark stated that it was the case that a clearer idea of how each Board would work in practice was still needed and how it would link with Health and Wellbeing Boards.

Mark explained that the ICS constitution would be similar to that of the CCGs and it was expected that a key area of focus would be to ensure decision in relation to health and social care were taken as close to individuals within communities as they can be.

However, Mark explained that it was likely that areas such as digital and workforce planning and population health management would continue to be carried out at an ICS level.

Mark highlighted that collaboration between partners was key and welcome and there had been a huge amount of collaborative working during Covid which it would be important to continue. However, it was the case that inequalities needed to be tackled at both a place-based level and an ICS level and this was an area of development where they were still waiting for further guidance.

Mark stated that ICSs also need to be able to ensure collectively that they are addressing the right priorities for their residents and using their collective resources wisely. They will need to work together across partners to determine how financial resources can be distributed to places and sectors for operational delivery. Mark hoped that the new ways of working developed over the last months could be used as a platform for this going forwards.

Mark shared the emerging structure for the NENC ICS and also the emerging national ICS operating model.

Mark stated that the three core components of place - based partnerships would be:-

- Improved population health
- Improved service quality and patient experience
- Financial sustainability

Mark advised that provider Collaborative are already working together on some key areas of work and elective recovery is a key priority. Mark indicated that NENC are in a better position than most and he provided information on how elective recovery work had begun to gain pace as at 16 May 2021.

Mark advised that in summary there was still lots to be done. He stated that when we collaborate we can focus on making a difference and the focus is on place and how joint working can improve outcomes for our communities. Mark stated that it would be important to build on existing joint arrangements at place between local authorities, the NHS and wider partners. Models of place-based working were emerging but no decisions on structures had been made.National guidance on ICS development was imminent and the ICS would need to digest this together with partners and plan a way forward.

The Chair thanked Mark for his presentation and highlighted that the OSC shared some of the frustration at the lack of a legislative framework at this point in time. The Chair stated that there were some key imperatives as by September the ICS had to produce an implementation plan and there was particular concern in local authorities around their involvement in that plan.

The Chair stated that one of the key aspirations was in relation to co-production and it had reached a point where the LA7 Chief Executives had made representations to the ICS in relation to a lack of co-operation and a lack of co-production and they had produced a five page letter outlining their concerns.

Local authorities were unhappy at what they perceive as a lack of progress on the above and a lack of commitment to the aspirations. The local authorities highlighted that the “how” was missing and very clearly set out in the letter how they consider this could be progressed. All the respective Chief Executives had signed this letter. The Chair stated that colleagues in the ICS needed to recognise that local authorities are the elected representatives for their local communities and there were concerns that health services were dominating the discussion in relation to the ICS. The Chair noted that there is a lot of work at place but no assurances as to how local authorities fit into place-based discussions.

The Chair stated that those who remembered the structures in place before CCGs would recall that CCGs were set up due to a need for clinicians to drive the system forward rather than bureaucrats and it appeared that we were now moving back to a bureaucratic model. The Chair stated that the role of CCGs and clinicians were real issues for everyone.

The Chair stated that local authorities needed reassurances regarding their involvement going forwards.

Councillor Taylor stated that she did not disagree with the aims of the White Paper but there was a significant lack of clarity as to what was happening and who was making the decisions. Currently it appeared that it was the ICS making the decisions and not place based working.

Councillor Taylor advised that she had attended a national meeting in relation to health scrutiny with the Team developing the plan and she had serious concerns at the lack of ability of scrutiny to refer major service changes to the Secretary of State as a result of the proposals in the White Paper.

Councillor Taylor stated that another concern related to public health which is a local authority function and the fact that it would be hamstrung by decisions made to control things centrally.

Councillor Jopling stated that she was concerned as to whether Durham and other local authority areas would have their own autonomy when it comes to social care or it would all be placed into a central pot.

Councillor Jopling noted that Durham had previously helped the CCG in relation to the ambulance service which was very important. Councillor Jopling stated that "Place" meant different things to different people and it would be important to look at that. Councillor Jopling stated that this was a huge piece of work which affected millions of people and it had to be done right.

The Chair stated that one size did not fit all.

Councillor Hetherington queried the position of the ICS Partnership Boards. Councillor Hetherington noted that currently there were four ICS Partnership Boards and she queried whether there would now be only one Board or whether it was likely that they would continue the way they are in the four areas with four Partnership Boards feeding into one central Partnership Board.

Councillor Hetherington stated that she would like to see current work looking at that system and design and set out what was intended.

Councillor Hetherington also noted that the Partnership Board was described as a forum and was not statutory and she queried whether any proposals put forward in relation to that Board would therefore genuinely be considered.

Councillor Hetherington stated that local authorities genuinely needed to be part of the decision - making process and she applauded the points other colleagues had made in relation to genuine collaboration with local authorities. Councillor Hetherington considered that this needed to be embedded into processes / work going forwards.

Councillor Hetherington also referred to the legislation proposed for Digital Imaging Networks which was running in parallel. Councillor Hetherington noted that the proposals were looking to create 24 by April 2022 which would be reduced to 18 by 2023.Councillor Hetherington noted that such Networks were very important to all our diagnostics and yet the OSC had not heard anything at all about this. Councillor

Hetherington stated that she would not like to see outsourcing as an option and considered that there were several alternatives. Councillor Hetherington queried whether scrutiny would be consulted on the options and why the options were being put forward.

Mark noted that a lot of issues had been raised and he would try and respond as best he could at this point in time.

Mark stated that in terms of place - based working there was an expectation that each place would have the ability to define the way they wanted to work and they would need a group of partners to come together to make decisions in place of the CCG and any mechanism would have to be fit for purpose. However, Mark stated that there were a number of areas where they had no further details such as the area of social care and finances in particular. Mark noted that the government's Social Care White Paper was still awaited.

Mark stated that there are already a number of areas where NHS colleagues are working with local authorities in terms of funding streams and he hoped that this would continue but at present they were waiting for further details in order to understand what was possible.

Mark agreed that "place" does mean different things to different people and currently the definition of "place" used for planning assumptions was a local authority area co-terminous with the CCG. In terms of the Partnership Boards Mark stated that he expected that there would be two as highlighted in his presentation. Mark noted that there are four ICPs and it was not unreasonable to want to preserve some of those ways of working and it was already the case that local authorities and CCG's were carrying out work at that level. However, Mark stated that the current ICP's would not be statutory and will be more about a way of working.

Claire Riley advised that a number of arrangements were in place already with respect to the Care Partnership in Durham. In terms of the digital work mentioned local organisations have local arrangements in place dependent on the mix of services. Claire believed that the issue raised related to radiology and she advised that she would bring a broader briefing back to a future meeting of the OSC on this matter. As far as any consultation was concerned, this would take place if there were any proposals for service changes but not unless. As far as the proposed removal of scrutiny's powers to refer to the Secretary of State were concerned Claire stated that this was not something she was able to comment on and they were waiting for further guidance on this.

Claire advised that both Sir Liam Donaldson and Alan Foster wanted wide engagement with local authorities on the proposals and they recognised that further work needed to be done in this regard.

The Chair stated that the major issue of concern was in relation to the issue of co-production and the fact that local authorities consider they are not being fully engaged.

The Chair stated that the biggest link with health was via local providers and she

was unclear about the position in relation to provider collaboratives and where local authorities fit and what sort of role they would have.

The Chair also questioned whether one Partnership Board was sufficient given that the NENC was the largest ICS and she also questioned whether one local authority representative was sufficient to represent all the areas included in the ICS and might be considered tokenish. The Chair also noted that there were statutory seats on the Board for Healthwatch and she was concerned that there had not been any engagement in relation to this. The Chair noted that there was a very short space of time in which to progress matters and she highlighted that local authorities were concerned that work was being progressed without their input.

Siobhan O'Neil from Healthwatch NewcastleGateshead advised that Healthwatch in the thirteen local areas were starting to work together and Claire Riley had asked to meet with them.

Councillor Jopling queried who would act as the local authority representative if there was only one Board. Councillor Jopling considered that one representative was insufficient to capture all the issues if there was to be a balanced input from officers and councillors.

Claire stated that she agreed with Councillor Jopling but this was outside their control and they were waiting for further guidance.

Councillor Mulvenna thanked Mark for an interesting presentation but advised that the main concern for many residents was that the proposals in relation to enhancing production and value for money are seen as moves towards privatisation which is not what they or local councillors want. Councillor Mulvenna stated that it also appeared that at times decisions were taken within localities without consultation. Councillor Mulvenna stated that the public were very concerned that they would lose the NHS and he considered that what was needed was real clarity on what the health service would be going forwards into the future. He felt that in some areas such as digital and patient records there had been talk of things happening for a significant number of years.

Councillor Hetherington noted that Mark had indicated that they were waiting for further guidance in relation to the Partnership Board and what they could do. However, Councillor Hetherington considered that as an ICS we should be stating what was needed for the Board structure we should not be waiting to be told what was allowed. Councillor Hetherington stated that we have the largest ICS in the country covering both rural areas and country all of which have different healthcare requirements and she stated that our Partnership Board needed to reflect our ICS and have a degree of flexibility and she considered that Mark and others at a senior level within the ICS should be feeding this back to government.

Claire stated that this was why Sir Liam Donaldson and Alan Foster wanted to engage with local authorities and this engagement would then be used to feed back to the team in government working on the proposals. Claire stated that they would all like clarity and acknowledged that whilst they had been able to provide some answers there were many areas where they had not as they were waiting for more

information. Claire noted that there were no plans to progress privatisation from an ICS perspective and she indicated that the Patient Records Service was currently a pilot programme and she would look to bring back work on this to a future meeting of this OSC.

Councillor Hetherington also asked that Claire bring back to the OSC the feedback the ICS communicates to government in respect of the proposals.

Councillor Jopling stated that all the areas within the ICS were very deprived and this was why there was real concern that there would be only one Partnership Board and how the needs of each of the local areas could be adequately fed in and taken account of and prioritised by that Board.

Mark stated that a key concern for the ICS was to maintain the focus on “place” and they were looking at how they could do this from the bottom up.

Councillor Hall stated that it was important that local people understand how the NHS will continue to work well for them given the changes being proposed and she felt that work on this should happen quickly.

Councillor Kirwin queried what would happen in relation to place based working and existing commissioned services as the ICS takes over. Councillor Kirwin stated that he was particularly concerned about access to services when a larger system was in place and the potential for health inequalities as some areas have more / less services.

Mark stated that he expected that as they moved towards being a statutory ICS commissioned services would stay the same. However, one of the opportunities of such a large ICS was the ability to look at population management and they may be able to level areas up.

Lynn Wilson agreed with Mark that there would be opportunities. She stated that for example it would make sense to continue with in - patient mental health beds at scale but deal with community mental health provision at place.

The Chair considered that this was possibly something for a future meeting.

Councillor Brady queried whether funding would come through the ICS for primary care and primary care networks.

Mark advised that all the funding previously allocated to the CCGs would now come to the ICS and Primary Care Networks would continue to be important as this was how they would preserve clinically led decision making which was key and would need to be funded. Mark stated that they wanted to preserve this at the place- based level.

Councillor Brady stated that she considered primary care had done a fantastic job under immense pressure.

Councillor Robson queried whether anyone was consulting staff within the ICS on

the proposals and if so what was the feedback

Mark advised that staff are always included in discussions and the trade unions. Mark stated that currently they were focusing on the longstanding workforce and staff wanted to do the best for the public and patients. Mark stated that an example of this was staff in Northumberland helping to progress work in North Cumbria.

The Chair noted that the Committee had now been in operation for three years and had received many presentations / information about the work taking place across the ICS. However, the Chair considered that now what was needed was for colleagues in the ICS to respond to the letter from the local authority Chief Executives. The Chair stated that local authorities were committed to co-production and co-design and what was needed now was for the ICS to be clear about its commitment.

The Chair stated that the OSC was comprised of elected councillors all of whom had a vested interest in making the system the best that it could be. The Chair stated that she felt that the next meeting of the OSC needs to be able to report back on progress in relation to that engagement between the ICS and local authorities. The Chair stated that she appreciated that this was not Mark and Claire's step to take but she wanted this fed back to Sir Liam Donaldson and Alan Foster.

The Chair thanked Mark and Claire for their attendance.

133 PROVISIONAL WORK PROGRAMME

The OSC agreed that, in addition to regular updates on the next steps for the ICS, the provisional work programme for 2021-22 should include the below issues, the timing of which would be determined following consultation with health colleagues:-

- Implementation plan for the ICS
- Primary Care and Secondary Care Pressures
- Forward Plan for Planning for Winter
- Digital – Progress Update
- Detail on Covid Recovery Plan
- Emergency Planning

With regard to the item on primary care and secondary care pressures the OSC noted the extra pressures placed on the health service as a result of long Covid and requested that information on this be included in any update to the OSC.The OSC also requested that information on how staff welfare was being managed and the support being provided to staff was also included in the update.

134 DATE AND TIME OF NEXT MEETING

It was proposed that the next meeting be scheduled in either September or October 2021 – the date and time to be confirmed.

Chair……..……..

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