Public Document Pack

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

Meeting on Monday, 21 November 2022 at 2.30 pm in the Council Chamber, Civic Centre, Gateshead

Agenda

1 APPOINTMENT OF CHAIR

In line with the terms of reference of the Joint Committee, the Joint Committee is asked to appoint a replacement Chair for the 2022-2023 municipal year as the current Chair is no longer able to continue in the role.

2 APOLOGIES

3 DECLARATIONS OF INTEREST

4 MINUTES (Pages 3 - 28)

The Joint Committee is asked to approve the minutes of the meeting held on 4 July 2022 (attached) and also the minutes of the meeting held on 17 October 2022 (to follow).

5 HEALTH INEQUALITIES UPDATE

Professor Edward Kunonga, Director of Population Health Management at NECS and Public Health Consultant at CDDFT and TEWV, will provide the Joint OSC with an update on the above.

6 WINTER PLANNING UPDATE

Siobhan Brown, Director of Transformation – System Wide, NENC ICB will provide the Joint OSC with an update on the above.

7 WORK PROGRAMME 2022-23

The Joint Committee has agreed that the below issues should be included in the 2022-23 work programme:-

Meeting Date	Issue
30 January 2023	• Next Steps for ICS • Oncology Services – Proposed Service Changes and briefing on Gynae Oncology services • Emergency Planning
20 March 2023	• Next Steps for ICS

	• Progress of the Digital Strategy

Issues to slot in

- Children's Mental Health Provision – Update on Current Performance and Future Provision

The views of the Joint OSC are sought on the above and any additional issues it may wish to consider as part of the 2022-23 work programme.

8 DATES AND TIMES OF FUTURE MEETINGS

It is proposed that future meetings of the Joint OSC are held at Gateshead Civic Centre on the following dates and times :-

- 30 Jan 2023 at 1.30pm
- 20 March 2023 at 2.30pm

Contact: Angela Frisby Tel: 0191 4332138 Date: 11 November 2022

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

Monday, 4 July 2022

PRESENT: Councillor Caffrey (Chair) (Gateshead Council) Councillor(s): Hall, and Wallace (Gateshead Council), Taylor and Pretswell (Newcastle CC) Jopling, Haney and Kellet (Substitute) (Durham CC) Kilgour and Malcolm (South Tyneside Council) Butler, Chisnall and McDonough (Sunderland CC) Kirwin, Mulvenna and O'Shea (North Tyneside Council) and Ezhilchelvan (Northumberland CC)

151 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 2022 - 23 municipal year.

152 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 2022-23 municipal year.

153 PROTOCOL / TERMS OF REFERENCE

The Joint Committee agreed the proposed revisions to the Protocol/ Terms of Reference arising from the move to a statutory ICS as of 1 July 2022.

It was noted that local authorities and health partners had been consulted on the current arrangements as set out in the Terms of Reference and Protocol and all parties were content that these were fit for purpose.

The arrangements would be reviewed annually to ensure that they remained fit for purpose.

154 APOLOGIES

Apologies were received from Councillor(s): Charlton-Laine (Durham CC), Ellis (Newcastle CC) Nisbet and Jones (Northumberland CC) and McCabe (South

Tyneside Council)

155 DECLARATIONS OF INTEREST

Councillor Kirwin (North Tyneside Council) declared an interest as an employee of a national Cancer Charity.

Councillor Taylor (Newcastle CC) declared an interest as an Honorary Consultant at the Freeman Cancer Centre.

Councillor Hall (Gateshead Council) declared an interest as a member of CNTW Foundation Trust's Council of Governors.

Councillor Haney (Durham CC) declared an interest as a member of Tees Esk and Wear Valley Foundation Trust's Council of Governors.

Councillor Butler declared an interest as an employee of North Cumbria Integrated Care

156 MINUTES

The minutes of the meeting of the Joint Committee held on 21 March 2022 were approved as a correct record

157 UPDATE ON NEXT STEPS FOR THE ICS

Mark Adams, Area Director for the North provided the Joint Committee with a presentation on the above.

Mark advised that a huge amount of work had gone into the position we are now at with the new statutory ICS coming into being last Friday. The ICB Operating Model now takes over from the CCG's that local authorities previously worked with and this sets out how the ICB delivers its objectives within the integrated care system, how decisions are made and who makes them and how the ICB assure itself that its objectives are being met.

Principles of ICB development have been progressed to establish joint working and governance structures which have had involvement not just from the NHS but also local authorities and other partners ie the voluntary and community sector so that the ICB can have a clear focus going forwards on its four strategic aims of improving outcomes in population health and healthcare, tackling inequalities in outcomes, experience and access, enhancing productivity and value for money and helping the NHS support broader social and economic development.

Mark outlined the key functions of the new ICB and noted that a new function would be that of being a category 1 responder for emergency scenarios.

Mark outlined the position in relation to ICB governance and the new leadership team and advised that the Board had met last Friday for the first time.

Mark detailed the Board and Committee structure and provided an overview of those functions which would be carried out at scale and which at place, acknowledging that some of these might overlap. Mark advised that those functions carried out at scale across the ICB would mirror what was previously seen in CCG's.

Mark advised that the ICB covers 14 geographical areas "places" and the ICB wants to make as many decisions as it can as close as possible to "place".

Mark referred to the formal establishment of the North East and North Cumbria (NENC) FT Provider Collaborative which is a formal partnership of all 11 NHS Foundation Trusts (FTs) in the region and advised that currently the work of the collaborative is focused on addressing the challenges of service delivery.

Mark highlighted that there would be one whole system ICP built up from four smaller locally sensitive ICPs and the Chair of the ICB Sir Liam Donaldson had agreed the approach of how the ICPs would work in practice over a series of meetings with partners. The whole system ICP would therefore meet on a bi-annual basis and the four smaller ICPs would meet more frequently and would involve representatives from Local Authorities, FTs and Primary Care Networks. The ICP would sign off the Integrated Care Strategy and how this is translated into the four areas.

Mark shared the system governance arrangements for the ICS and how the strategies and plans link together and he outlined the phase approach which would be adopted during 2022-23 which is a transitional year with business continuity being a critical focus.

Mark indicated that key to developing local place - based priorities was co-production and he highlighted the overarching common priorities arising from the ICS survey of places.

Mark highlighted the outputs from the NENC Joint NHS and LA workshop which had taken place on 24 June as a key starting point for identifying the areas which the ICB would delegate to Place and for developing a framework for minimum governance requirements. Mark stated that conversations would continue with each local authority area and the aim was to have initial proposals for each place-based area by September. The plan was then to have the new ways of working in place from January 2023 and trialled for three months.

The Chair thanked Mark for his presentation and asked for clarification as to whether everyone on the Joint Committee was aware of the workshop on 24th June.

The Chair felt that if the workshop was the starting point for discussions then there was a need to ensure the involvement of relevant councillors from the twelve places as they are the decision makers. The Chair stated that in Gateshead the invitation had gone to a mix of councillors and officers but in the end none of the councillors had attended due to a lack of understanding as to why they were being asked to be involved.

The Chair therefore felt that if the workshop was intended to kickstart the process it had not worked and she felt a step back was needed.

Councillor Butler agreed with the Chair and that it was likely new councillors may not have been clear and he indicated it would be beneficial if the workshop was run again with representation from councillors.

Councillor McDonough noted that Sunderland had a couple of representatives who had attended the workshop but he felt that some of their questions had been skirted over and not fully answered. Councillor McDonough stated that his biggest concern was that there was currently no elected representation at the top of the ICB structure. Councillor McDonough stated that he was aware that national legislation was part of the problem but he still felt there had not been an adequate response to this issue.

Councillor McDonough also considered that it was not clear what the benefits would be on the ground as a result of having the new model in place. For example how would it make access to services better or the journey through health services easier. Councillor McDonough considered it was important to have responses to these questions.

Mark advised that they did not have answers to this until they had completed the discussions with everyone in relation to place based working.

Councillor Jopling stated that she agreed with the points made by other colleagues but also wanted to know whether there was a plan to achieve standardised care across all areas within the ICS so that there is no postcode lottery in respect of operations etc. Councillor Jopling stated that if this is something which was an outcome from the statutory ICS then it would be a big achievement.

Mark confirmed that one of the areas of focus of the ICS was to tackle inequalities in all guises and therefore one of the key tasks would be to progress work in this area but this would not happen overnight.

Lynn Wilson suggested to Mark that going forwards it would be helpful if Leaders and Chief Executives were placed on the distribution list for ICS events.

Lynn highlighted how everyone had come together as system partners to provide an effective response to Covid and stated that tackling health inequalities is also an area which would greatly benefit from this type of approach.

Councillor Taylor advised that she also had been unaware of the workshop on 24 June and she felt this was an event which all councillors should have been made aware of.

Councillor Taylor stated that she thought it was encouraging to see the proposals in relation to maintaining business continuity and trusts working together. However, Councillor Taylor queried whether any progress was being made in relation to the integration of health and social care and how this is to be managed.

Mark advised that at the moment the focus was on funding the NHS as this was a huge change moving this from the CCGs to the ICB. Mark stated that the ICB was in a good place this year and going forwards consideration would be given to what this might mean for different levels of funding opportunities and the steps which might need to be taken. Mark stated that the plan would be to look at this collectively.

Councillor Kilgour stated that if would be helpful for the Joint Committee to know who the attendees were at the workshop on 24 June.

Councillor Kilgour stated that alongside the areas of responsibility that are being identified for local authorities at place it was key that funding was provided to tackle these. Councillor Kilgour stated that local authorities cannot take on these responsibilities without appropriate funding.

Councillor Kilgour stated that tackling changes to infrastructure in terms of housing etc would need to be incorporated into any assessment around funding.

Mark stated that at present officers in the CCGs and ICB were working with the funding that they have at the minute. Going forwards they will be consulting in different ways with each place as to funding and how it can be used. Mark acknowledged that there is a role for the ICS in tackling the wider determinants of health eg job creation etc and he advised that these are the conversations that officers within the ICB want to have with each place.

Councillor Ezhilchelvan noted that there had been a reference to GP closures, which were previously the responsibility of the Primary Healthcare Boards, now being the responsibility of the ICB and he queried what stage the ICB was at in relation to having appropriate machinery in place to deal with these where feedback can be provided. Councillor Ezhilchelvan stated that he had attended the workshop on 24 June but was not aware of any explicit mechanism for information exchange except through the four ICP subs.

Mark advised that there is a process in place for the ICB to deal with GP closures although this is not something the ICB wishes to see. In terms of links between place based working and the ICB where feedback can be provided, Mark advised that Directors of Place based working were in place and there would be staff within the ICB who would work in each place and build links.
Councillor Kirwin indicated that he was really pleased to see continuity of care highlighted. However, Councillor Kirwin noted that previous presentations had referred to new powers to help place based working but he had not seen anything further as to what this would entail and he queried when this was likely to be known.

Mark advised that the workshop was really the start of that process and further discussions would subsequently be held in each place.

Councillor Mulvenna expressed concern that currently it is planned that the ICB will only have four members who are councillors. Councillor Mulvenna considered this was insufficient given the huge geography covered. Councillor Mulvenna considered that unless there was increased representation from grass roots councillors the ICB would face difficulties in progressing its objectives. Mulvenna advised that

councillors in each respective place needed to be engaged and involved although he acknowledged that there may be a need for a couple of councils to come together but he considered that greater representation was needed.

Mark thanked Councillor Mulvenna for his comments and stated that he would like to explore how, at a place - based level, that might work.

The Chair noted that there is no political input in relation to the ICB and so considered that as councillors know what is happening in their areas there needed to be a bottom - up approach with local authorities coming together to discuss.

The Chair thanked Mark for the very informative presentation.

158 ONCOLOGY SERVICES BRIEFING

The Joint Committee was provided with a briefing paper and a presentation on this matter from representatives from NHS England, who are responsible for commissioning oncology services, Newcastle Hospitals as the provider of the services and the Northern Cancer Alliance and the newly formed Provider Collaborative, which represents all the FT's in the region.

The Joint Committee was advised of the need for Newcastle Hospitals NHS FT to temporarily reconfigure non – surgical oncology in response to current significant workforce challenges which were reflective of the national picture.

The Joint Committee was informed that the decision to temporarily reconfigure services had not been taken lightly and that if the proposed changes were not put in place it would mean patients in some areas would be disadvantaged in how quickly they could be seen by the appropriate expert oncologist compared to other parts of the region leading to delays in their cancer treatment which was not an acceptable position.

The Joint Committee was informed that Newcastle Oncologists currently travel across the north of the region to deliver multiple outreach clinics at several local hospital sites (as well as Newcastle sites): Currently, Newcastle Hospitals was short of 6 full time Consultant Oncologists due to a combination of vacant posts, planned retirements and sickness absence coupled with a growing demand and complexity in non-surgical oncology treatments.

In order to ensure continued safe delivery of specialist oncology services and equitable access in the north of the region it was proposed to have a phased approach to establishing fewer outreach clinics which would act as hubs with two to three consultant oncologists working together to allow consultant oncologists in post to see as many patients as possible on the breast, lung and colorectal (bowel) cancer pathway. The intention was that this would increase resilience within the existing workforce and mean that consultants would no longer be lone workers which it was hoped would make recruitment to vacant consultant oncologist posts more attractive.

The Joint Committee was advised that there would be no changes to how patients

would access their systemic treatment. The only impact would be for patients having their first face to face outpatient appointment with the consultant oncologist and for any necessary face to face follow up appointments with the consultant oncologist during their chemotherapy treatment. Clinic co-ordinator roles would be employed by Newcastle Hospitals to ensure efficient and effective use of all available appointments and virtual appointments would continue to be offered and maximised where this was appropriate.

The Joint Committee was informed that recruitment was ongoing and other appropriate staff groups who could provide support were being involved but given scale of challenge it was not clear how quickly the current workforce position would be resolved. The Joint Committee was informed that nationally there is a predicated consultant oncologist shortage of 28% by 2025 and regionally a predicated shortage of 43% over next 5 years.

The Joint Committee was advised that the proposed changes would begin to take effect in July and would be monitored for twelve months and during this time work would take place to look at a more sustainable model for the longer term.

The Joint Committee noted that approximately 114 patients would be impacted per week (approximately 18% of activity) and was informed that it was recognised that the proposed change would cause some disruption for patients but the primary concern was to ensure that all patients have timely access to the cancer care they need and that there is clear communication with patients.

Consideration had been given to patient transport requirements and Daft as a Brush patient transport had indicated they were keen to provide services regionally. North-East Ambulance Service were also supportive of temporary changes for patients who require patient transport.

Work was also taking place with the Northern Cancer Alliance to gather patient feedback from those affected by the temporary changes.

The Joint Committee was advised that whilst the temporary changes had been requested by Newcastle Hospitals NHS FT, they were supported in principle by regional NHS England Specialised Commissioners, the Northern Cancer Alliance, the Integrated Care System Leadership team for the North East and Cumbria and the wider hospital network that are part of this system.

Councillor McDonough queried whether a clinic in his area which provides breast cancer surgery would be affected.

Ian Pedley Consultant Oncologist, Newcastle Hospitals FT advised that there would be no impact on surgery as a result of the proposed changes.

Councillor Butler asked whether the proposed consultant hubs would run at reduced capacity if one consultant was sick.

Ian advised that work had been taking place to ensure that the hubs would be robust and responsive. This had involved examining whether long term follow ups could be

carried out potentially via primary care and looking at ensuring there would be slots for emergencies. Ian also advised that specialist nurses would also work in the hubs.

Councillor Malcolm noted that Ian had indicated that the south of the country was able to achieve 100% student whereas the north was only achieving 50% and he queried why this was the case.

Ian explained that junior doctors who are successfully recruited are able to choose where they wish to work and the problem at present is that there is a heavy preponderance for opportunities in the south of the country to be chosen. Ian advised that his team have organised an open evening and invited junior doctors of one or two years qualification to attend so that they can promote their speciality.

Councillor Malcolm queried whether Brexit had impacted recruitment. Ian advised that there had been an impact on recruitment across the NHS. In relation to oncology some non-UK consultants had been appointed from outside of Europe. However, as far as specialist nurses and radiographers were concerned there had been a massive impact.

The Chair noted that the Joint Committee may need to have another briefing on the impact of Brexit on the workforce.

Councillor Jopling queried how the changes would affect patients as far as Teeside.

Ian advised that the temporary changes only applied to the North Durham to Berwick geography ie the north of the ICS . Currently James Cook Hospital is better staffed as a result of having to address workforce challenges a few years ago. However, the longer term work would also cover the south of the ICS.

Councillor Malcolm noted that the changes were highlighted as temporary and he queried what the timeframe for these would be. Councillor Malcolm stated that he presumed that this Joint Committee would be consulted on the proposals at the appropriate time.

Phil Powell advised that the changes would be in place for a finite period and run until 31 March 2023. In the meantime, work was taking place around what might need to be put in place after that and options were starting to be developed and these would be brought back to this Joint Committee once feedback from the temporary changes had been examined. It was anticipated that the options would be presented to the Joint Committee in six months time.

AGREED – The Joint Committee agreed to receive a further report in relation to Oncology Services in six months' time.

159 COVID RECOVERY PLAN

Matt Brown, Managing Director of the NENC Provider Collaborative provided the Joint Committee with a presentation on this matter.

Matt explained that prior to Covid 19 there were more than a quarter of a million people on the NHS waiting list for the ICS geography at any point. Now there were 300,000 people on that waiting list. Due to lockdowns in Covid referrals had reduced and so the waiting list had gone down. However, it was always recognised that post Covid the waiting list would subsequently increase and acknowledged that many people who had waited longer would have conditions which would have deteriorated as a result of waiting longer.

Matt shared information on the numbers of patients waiting 52 weeks or more and explained that prior to Covid 19 it was rare that any patient in the region would have waited this length of time. However, as a result of the impact of Covid 19, there were now over 20,000 patients waiting this length of time. Matt advised that due to the excellent work being progressed Trusts were starting to reduce the patient numbers on the waiting lists but it was a very challenging situation for the NHS as referrals are increasing.

Matt advised that in relation to the waiting list for patients waiting 104 weeks, again pre-Covid it was rare for anyone in the region to have waited this long. Post - Covid this waiting list had been reduced to approximately 50 patients who require very specialist services due to their complex needs. Numbers of patients waiting 78 weeks had now reduced from 4000 to 1000 and were continuing to reduce.

In order to tackle the waiting lists work was focusing on increasing health service capacity; prioritising diagnosis and treatment and transforming the way elective care is provided along with providing better information and support to patients. Workstreams had been set up focusing on waiting list management, productivity, capacity and outpatients. The aim was to implement Getting it Right First Time (GIRT) principles in these areas and data was being shared across all the Trusts in relation to all aspects of performance with a view to sharing good practice and achieving consistency.

The Chair thanked Matt for the information provided and stated that it was reassuring to learn of the good work being progressed.

Councillor Hall queried what the position was in relation to patients waiting for out of area appointments.

Matt advised that he did not have the figures to hand but the number of patients waiting for out of area appointments was very small. Matt advised that he would organise for this information to be circulated to the Joint Committee in due course.

Councillor Jopling queried whether Trusts measured any negative impact on patients as a result of the model being progressed. Matt indicated that each Trust receives feedback on whether there is any deterioration in patients. Matt advised that the biggest issue related to health inequalities.
Councillor Ezhilchelvan stated that it was good to see the long term waiting list reducing but queried whether the list excluded those patients who had sadly died. Matt confirmed that the list excluded those patients.

Councillor Kirwin acknowledged the excellent work taking place but asked Matt what

good looked like in terms of recovery given that the waiting list was at an all - time high at pre Covid levels.

Matt advised that in terms of what good looks like the ideal would be no waits. However, whilst this region was one of the best performing in the country in terms of reducing its waiting lists it was going to take a long time to get on top of the backlog. Matt advised that previously the aim was to have 92% of patients seen within 18 weeks and the aim would be to get back to that point. However, Matt advised that it was likely that it would be a long tome before that position could be achieved although some Trusts were getting closer.

Councillor Taylor noted that Newcastle Hospitals NHS FT has recently established a new centre for cataract operations and she queried how work was progressed to ensure that areas other than Newcastle benefitted.

Matt advised that the funding for the new Centre in Newcastle was from a national pot and so other Trusts in the region had to support funding being allocated to Newcastle for the Centre. Matt stated that it was then his job to ensure the best use of resources across the patch. This was achieved by ensuring that all Chief Officers at specific Trusts learn about the work of other Trusts and where they are doing well / share good practice etc. Matt stated that all the Trusts are clear that they need to recover together.

Councillor Wallace noted that the presentation provided showed that the overall waiting list appeared to have peaked at around 300,000 early last year and the Joint Committee had been previously informed that the population in the region is approx. 3 million. Councillor Wallace therefore queried whether it was the case that 1 in 10 of the population was waiting for elective surgery.

Matt clarified that 1 in 10 of the population would be waiting for something on the pathway – which could include things like a first diabetes check and various out-patient procedures not just surgery – which is why the waiting time figures can be misleading.
Councillor Wallace queried if a person needed say a new hip and then also needed a new knee whether they would show in the figures one or twice.

Matt stated that he thought the numbers of patients in the figures several times would be small.

Councillor Haney queried whether it was monitored as to where people were on a pathway in terms of priority.

Matt advised that there was a clinical validation process for the pathway which included a prioritisation process. Matt stated that they look at the CCG areas and who they have / how many they have on the waiting lists by speciality so that they are clear where everyone is. The challenge is to bring this as level and equitable as they can. Matt advised that those Trusts who performed better pre-Covid in terms of waiting times are still usually better post Covid.

160 WORK PROGRAMME 2022-23

The Joint Committee agreed that the below issues should be rolled forward from the previous work programme to the Joint Committee's 2022-23 work programme:-

- Next Steps for ICS (standard item)
- Workforce – Progress Update
- Inequalities – Update
- Emergency Planning
- Progress of the Digital Strategy – (regular updates)

In addition to the above, the Joint Committee agreed that the below issue should be included in the work programme:-

- Update on ICS Mental Health Collaborative

The Chair reminded the Joint Committee that if councillors had any other issues which they would like included in the work programme they should forward these to the scrutiny officer for Gateshead.

161 DATES AND TIMES OF FUTURE MEETINGS

It was agreed that future meetings of the Joint OSC are held at Gateshead Civic Centre on the following dates and times.

- 19 Sept 2022 at 1.30pm
- 21 Nov 2022 at 2.30pm
- 23 Jan 2023 at 1.30pm
- 20 March 2023 at 2.30pm

Chair……..

This page is intentionally left blank

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

Monday, 17 October 2022

PRESENT: Councillor Taylor (Vice Chair in the Chair) (Newcastle CC)

Councillor(s): M Hall, J Green and J Wallace (Gateshead), Pretswell (Newcastle CC) Mulvenna and Shaw (substitute) (North Tyneside Council), Ezhilchelvan (Northumberland CC) Jopling (Durham CC), Chisnall, McDonough (Sunderland CC)

162 APPOINTMENT OF CHAIR

This matter was deferred until the next meeting as the Joint OSC was inquorate.

163 APOLOGIES

Apologies were received from Councillor(s) Ellis (Newcastle CC), O'Shea and Kirwin (North Tyneside Council) Nisbet and Jones (Northumberland CC), McCabe, Kilgour and Malcolm (South Tyneside Council) Charlton-Laine and Haney (Durham CC) and Butler (Sunderland CC).

164 DECLARATIONS OF INTEREST

Councillor Hall (Gateshead Council) declared an interest as a Director of Prism Care NECIC and as a member of CNTW FT's Council of Governors.

Councillor Taylor (Newcastle CC) declared an interest as an Honorary Consultant at the Freeman Cancer Centre.

165 MINUTES

The minutes were approved subject to confirmation at the next meeting as the meeting was inquorate.

166 NEXT STEPS FOR ICS

Dan Jackson, Director of Governance and Partnerships, NE&NC ICS provided the Joint OSC with an update on the above.

Dan reminded the Joint OSC that this is a transition year for the ICS with a joint approach being developed between the NHS and local authorities across the patch

which had identified the following key shared priorities at a joint workshop:-

- Population Health
- Commissioning for Integrated Care
- Provider Collaboration
- Workforce
- Finance
- Data and Digital
- Sustainability/Net Zero
- Learning/Innovation and Research

The new statutory ICB had also held its first learning event a month ago to facilitate a sharing of best practice across the patch.

Key next steps for the development of the ICS would be

- the formation and membership of our strategic Integrated Care Partnership (ICP), and its relationships with our four Area ICPs
- the joint development of an Integrated Care Strategy through the ICP, which the ICB and all of the local authorities in our ICS area must have regard to in making decisions.
- The development of formal place-based governance arrangements between the ICB and local authorities
- Taking forward the 8 actions from the vision work that PWC shared with us

The ICB leadership had now been confirmed the details of which had been shared with the Joint OSC and partner members, including the four local authority representative, were about to be confirmed. Dan advised that the ICB had pushed for a larger number of local authority representatives given the size of the NE&NC ICS. Dan advised that whilst there had been representations made for every local authority to be represented on the ICB, partner representation on the ICB was to bring a perspective from the relevant sectors and was not to act as delegates. There would be opportunities for greater local authority representation on the ICP. Dan advised that the composition had been developed with local authority partners in 2021.

Dan provided information on the relationship between the ICP and the ICB and its area and place delivery arrangements. Dan advised that essentially the ICP decides what the ICB should focus on and the ICB decides how this should be progressed.

Dan advised that following feedback from local authority partners, the system will include one ICS- wide ICP built up from four ‘Area ICPs’, recognising existing partnerships. A first meeting of the ICS wide ICP had been held in September which had been chaired in the interim By Sir Liam Donaldson until a substantive Chair was appointed in the New Year.

Dan advised that it was anticipated that the ICS wide ICP would meet twice a year and would have a key role in initiating and signing off the development of the Integrated Care Strategy. It would build up a picture of need from each of the “places” and provide a forum for discussion on areas of concern across the system. It was planned that the four area ICPs would meet bi monthly. The area ICPS would

have a key role in analysing & responding to need from each of its constituent places, sharing objectives ,joint challenges, intelligence & removing duplication as well as ensuring the effectiveness and accessibility of local care pathways. They would also translate local health and wellbeing strategies and the Integrated Care Strategy into activity at the ICS Area level.

Work with local authorities was continuing to shape how ICPs would operate and a multi-agency working group was meeting to develop recommendations on the formulation of the ICP's Integrated Care Strategy, this would include engaging with Health and Wellbeing Boards

The statutory members of the ICP would meet for the first time on 20 September to agree its chair, membership, governance and vision including the following priorities for the next 6-9 months

- Focus on health inequalities and population health
- Restoration and recovery of health and care services
- Development of an Integrated Care Strategy (a statutory requirement), engagement and sign off.
- The value added by the ICP to social and economic development

Dan stated that the aim was to have sign off of a first version of the Strategy in December 2022.

The ICB and local authorities would also need to agree the membership and functions of the locally-focused ICPs.

In terms of placed based working, Dan advised that each place has a Health and Wellbeing Board and a non- statutory local partnership forum and the aim is to build on these existing arrangements.

Dan provided information on the proposed key place based functions and noted that there some were fluid and views were welcome as to how clear these were.

In terms of place based governance ICB's in discussion with with places were able to select from a range of governance models, including:

- A place-based Consultative Forum
- A formal Place Committee of the ICBA
- Joint Committee, coterminous with a single local authority (or group of neighbouring local authorities),

Dan advised that there may not be a uniform model developed as the ICB wants to respond to the needs of the respective places and look at what works best for each area.

ICB's Executive Directors of Place-based delivery would now confirm their place-based senior leadership teams and key delivery roles, continue to work with local authorities in their area on local priorities, build on what works and explore the governance options for place-based working and develop a mutually agreed governance roadmap for place-based committees with delegated authority from the ICB with a view to developing early proposals for consideration by the ICB and local

authorities in the autumn.

The aim was to have shadow-running arrangements from January onwards with a review in March ahead of formal adoption of local governance arrangements by April 2023.

Dan highlighted how elected members could feed in their views on the developing arrangements as the ICS continued to evolve during this transition year.

Councillor McDonough noted that data and digital was a shared priority and queried whether a new system was being developed or they were looking at something off the shelf as he considered that this was not an area of strength for the NHS.

Dan noted that his colleague Graham Evans had attended an earlier meeting of the OSC to provide information in relation to the Digital Strategy and highlight that the ICS was building on the work previously carried out in this area such as that carried out in relation to the Great North Care Record which involves better sharing of information. Dan stated that this is a very complex area of work and is also linked with work being progressed in relation to workforce. Dan acknowledged that this was an important area which the Joint OSC would want to continue to scrutinise and he noted that Graham would be coming back to the Joint OSC to provide a further update in due course.

Councillor McDonough also queried what the ICB would be doing to ensure that the voluntary sector fully understands the new arrangements for the ICB / ICP etc as he had been liaising with a number of charities who he was aware did not fully understand the position.

Dan advised that the ICS Voluntary Sector Partnership has been working with Vonne to ensure that the voluntary sector has a place on the ICB as it is recognised that there is a need to involve them and in design and delivery. Dan noted that there are approximately 20,000 voluntary sector organisations across the patch making effective engagement complex. The Voluntary Sector Partnership would be a conduit for such engagement. However, Dan acknowledged that this was an area that they would need to continue to work on and Vonne was assisting in this regard and the ICB had allocated funding to help extend reach in this area.

Councillor McDonough also noted that within the proposed Integrated Care Strategy mental health was being linked with autism and learning disabilities and he queried the thinking behind this and whether this area warranted a strategy of its own.

Scott Vigurs stated that this was a good challenge as they are very different and the Joint OSC would be receiving a presentation on this at the meeting today. Scott advised that there for many people with autism there is some crossover and strategically they have been brought together in terms of funding.

Councillor Jopling felt the situation within the ICS was complex and she indicated she was concerned that as the ICS was such a large area there may be silos where problems arise and people don’t receive equal care. Councillor Jopling stated that she hoped to see improvements in relation to these difficult areas so that there is

more joined up and equal care across the ICS.

Councillor Jopling also noted that workforce issues are presenting a huge challenge at this time and she queried whether this was likely to take the ICS off course.

Dan advised that he would be providing the OSC with an update on workforce produced by the Chief People Officer for the ICS who unfortunately wasn't able to be here as planned.

Dan stated that in respect of Councillor Jopling's first concern this issue was at the centre of what the ICB/ ICP wanted to achieve. Dan advised that Durham Care Partnership was focused on delivering results for its area and was now part of the ICB and everyone would be looking to ensure that they did not lose sight of the key priorities they were working towards.

Councillor Ezhilchelvan noted that the voluntary sector had been included in the high level arrangements for the ICB but he was concerned that there did not appear to be any specific mention of the voluntary sector in the strategy which was being developed. Councillor Ezhilchelvan queried whether there was an assumption that local authorities and Healthwatch would be interacting with the voluntary sector and providing input into the strategy.

Dan confirmed that this was case.

Councillor Ezhilchelvan asked whether this was in statute or something which was being left to local authorities.

Dan advised that membership of ICPs was not statutory and it was for the ICB and local authorities to determine. However, the ICB had been mandated to create the ICS Voluntary Sector Partnership which they are doing with support from Vonne.

Councillor Ezhilchelvan noted that Healthwatch has involvement in the ICB but that there are many other voluntary sector organisations who would have valuable input.

Scott advised that the aim was that these organisations would be able to have input via the Voluntary Sector Network. The ICB has invested in this Network so that it can see how it might support some of the smaller voluntary organisations to engage.

Councillor Hall queried what the position was in relation to social prescribing for individuals who come through GP practices with non- medical issues as this is a significant issue and who would fund this work.
Dan advised that this would be on the agenda for place based committees.

Councillor Taylor noted that at a recent meeting of Newcastle's Health OSC officers had been introduced as place based so it was clear work was going on and she queried how it would work and whether they would have a bigger role when the Committee takes over.

Dan advised that this would be for local place based Committees to decide where they want to focus place based improvement. Dan advised that currently

mechanisms supported continuing healthcare and pooling of budgets.

Councillor Taylor asked whether funding would be delegated to the Joint Committee to make decisions.

Dan stated that aspects would be delegated.

Councillor Hall queried when it was anticipated that the Integrated Care Strategy would be published.

Dan advised that it was due to be presented to a public meeting of the ICB in December 2022.

John Costello queried whether the Strategy would be for a three year period.

Dan stated that he would check the position on that. Dan stated that he was aware that there would be an annual review of the Strategy and the JSNA was reviewed as a live document and aligning with cycles such as that would be key.

167 WORKFORCE PROGRESS UPDATE

Dan Jackson, Director of Governance and Partnerships, NE & NC ICS provided the OSC with an update prepared by the Chief People Officer, NE & NC ICS.

The OSC learned that as of September 2021, nationally the NHS was advertising 99,460 vacant posts and for social care it was 105,000. NHS in England was currently short of 12,000 hospital doctors and over 50,000 nurses and midwives. Multiple factors were impacting the workforce including;
pension rules influencing early retirement decisions, especially within the NHS,
sickness, overall pressures and demands across health and social care,
pay and conditions in social care and a competitive recruitment market for lower paid jobs

However, Dan advised that the development of the ICS had proved advantageous, as prior to this is had been difficult to try and address workforce issues at a strategic/regional level.

Dan advised that regionally within the NHS performance was improving although there was still a huge amount to do. Positive recruitment campaigns were having an impact including the NHS ‘Find Your Place’ campaign for junior doctors and the additional medical school in Sunderland and international recruitment

However, there are still major challenges in the area of Social Care relating to the public perception of social care, and lack of awareness of different roles, career pathways; Covid-19 related stress and staff ‘burn out’; high turnover and the challenge of retaining skilled staff with competition from other sectors. It is difficult to recruit high quality people and expectations do not match the reality of the work. In terms of remuneration, Social Care offers relatively low pay and poor terms and

conditions of employment in parts of the sector.

Dan advised that a regional comparison demonstrated that the NE& NC ICS is making progress in NHS recruitment and retention. However, in social care recruitment of staff continues to be a challenge and he provided information on current vacancy rates. Dan indicated that the ADASS Network is focusing on developing meaningful professional development structures to try and address this.

Dan highlighted the joint work being actioned with the NENC ICS workforce team which involved:-

- Promoting opportunities for flexible apprenticeships across health and social care settings.
- A Pilot to develop learning disability 'Trainee Nursing Associates' (50/50 split between health and social care placements)
- 'Springpod' is creating virtual work experience opportunities to promote health and social care
- Local FE colleges are involving health and social care employers to develop the curriculum, to promote social care as a 'career of choice'
- 'Mini scrubs' scheme providing 'dressing up' uniforms to primary schools to start discussions about future careers
- Skills for Care's 'Finders Keepers Valuable People' programme, supporting social care organisations to retain the right people

Councillor Jopling stated that as Chair of Durham's Health OSC she had become aware that there appeared to be a big disparity amongst private care providers in relation to the type of care being delivered. Councillor Jopling considered that a potential reason for this might be that they are struggling to keep their workforce and this was an area which she considered needed to be addressed as a standard level of care should be provided.

Councillor Jopling stated that she was pleased to see the work being progressed in relation to training for adult social care. Councillor Jopling stated that she considered that workers in social care did not currently receive enough recognition or pay for the work they were carrying out and she hoped that increased training would also lead to an increase in pay. Councillor Jopling stated that this was also an area which really needed to be addressed.

Dan stated that government has established quality and safety Committees and he was sure this was on the agenda for local authorities who commission Social Care. Dan stated that the work being progressed to develop career pathways and provide further investment in the sector would also help to drive up standards.

The OSC raised issues regarding the contracting of dentistry and the need to ensure equality of provision across the patch.

Dan advised that access to dentistry was an issue that had been highlighted elsewhere and was an area that the ICB was taking very seriously.

Councillor Ezhilchelvan noted that one of the reasons for staff sickness absence was highlighted as stress and depression and he queried whether this had been

correlated to see if it was societal or work related as he thought it would be helpful to have some comparison.

Councillor Ezhilchelvan also noted that he was aware that many GP's are leaving the NHS due to pensions issue as it is not worth them remaining in the NHS and therefore he considered that the solution would have to be very NHS focused.

Dan stated that the solution to the pensions issue could also potentially be resolved at Government level.

Scott agreed with Councillor Ehilchelvan that it was important to understand the causes of staff stress/ depression but he advised it was difficult as there was not one coherent measure for mental health and wellbeing. Scott advised that they would be looking at the results of the national staff survey and the local one to try and start to understand the picture. Scott also stated that staff across the region have access to a regional Wellbeing Hub and access to this service is high in relation to NHS staff but low in relation to social care staff. This Hub does have wellbeing measures and tracks these over time. Scott stated that one trend which had come through was fatigue and post Covid tiredness. Scott stated that he could bring further information to a future meeting if the Joint OSC felt this would be helpful.

Councillor Hall considered that the term social worker was an issue as it did not provide clarity round skills and role and for some it meant a worker in a care home whilst for others it meant a registered social worker with specific qualifications. Councillor Hall advised that she had raised as an issue at a previous meeting of the Joint OSC pre – Covid that no direct conversations were being held with care home providers. Councillor Hall noted that there are around 39,000 care home providers across the country and there is a massive difference in what they deliver and how they function and significant misunderstanding as to the skill set of their staff. Councillor Hall stated that care home workers are very skilled and flexible as they travel a lot and deal with individuals with a wide variety of needs.

Councillor Hall noted that the cost of homecare is very expensive and she considered that the way this is commissioned needs to be overhauled. Councillor Hall questioned how, if the NHS with its huge budget is struggling to recruit, small care home providers were expected to recruit on very small budgets. Councillor Hall considered that this situation needed to be addressed as the staffing situation in care homes was becoming a crisis.

Scott advised that the contribution of the care home sector was not underestimated. Scott stated that the ICB Strategy and the focus on prevention meant that there was likely to be an examination as to how NHS resources may be able to work alongside the social care sector to provide support to care homes. However, Scott advised that there was no silver bullet. Whilst in the NHS there were new trainees in the pipeline these would not be coming through until the next 5/10 years and therefore there would be a need to think creatively to tackle workforce issues.

Scott noted that many of those individuals with mental health issues who are currently being supported by clinicians presented with mental health crisis as a result of particular issues eg housing and therefore there is a need to do more to contract

to support these services to tackle root causes.

Councillor Hall agreed that there is a better way of using the workforce collaboratively and this would need to be funded properly.

Councillor Mulvenna noted that one of the reasons care home workers are stressed is as a result of them being provided with unrealistic time slots to provide care.

Councillor Hall indicated that Carers Assessments determine the length of calls carried out by care workers and she thought these had been affected by cuts to Council budgets.

Councillor Pretswell queried what was being done to engage with the workforce.

Scott advised that there was not as much as was needed in the area learning disability and mental health as much of the work to date had focused on redesigning the programme. Scott advised that the workforce is diverse and so engagement currently is via the staff mental health and wellbeing hub and he acknowledged that more work was needed in this area.

Dan advised that much was in the domain of providers and there were some good examples of engagement with staff. Dan also stated that a common theme was to challenge capacity and supply where the ICB has an enabling role. Dan stated that some providers were expert in staff engagement.

168 UPDATE ON ICS MENTAL HEALTH COLLABORATIVE

Scott Vigurs, Mental Health ICS Programme Director, provided the Joint OSC with an update on the above.

Scott advised that the guidance ICS functions and governance had set out an expectation that ICBs would delegate commissioning functions to collaboratives. Scott stated that this was the context for the development of the ICS Mental Health Collaborative and he provided the Joint OSC with information on the benefits of such an approach.

Scott advised that one of the key priorities of the Collaborative would be to bring in the wider expertise of Social Care and lived experience. The Collaborative aimed to build on the good work carried out so far and had been tasked with redesigning structures to grow a Collaborative alongside the local authority and voluntary sector and involve service users and carers. Scott stated that currently they were about to advertise for a post of Lived Experience Director for Mental Health.

A key area of focus would be on “place” and looking at each “place” differing assets and needs. Key deliverables would be:

- higher quality and more sustainable services
- reduction of health inequalities with fair and equal access across places
- reduction of unwarranted variation in clinical and care practice and outcomes
- better workforce planning

- more effective use of resources, including clinical support and corporate services with less bureaucracy and faster decision making

Scott stated that better workforce planning would be about prevention and looking to support individuals before they reach crisis point. A significant amount of mental health crisis is driven by issues such as poor housing, employment issues, adverse childhood experiences etc The aim is to put measures in place with a view to preventing as many individuals as possible from needing mental health services and it is likely that services will be more community based.

Scott provided information on the proposed work of the Collaborative and how it planned to operate and engage with partners' and he advised that he would be interested in receiving views as to how the role of the local authority might be strengthened in relation to the Collaborative.

Scott provided the Joint OSC with a timeline for the Collaborative developing its approach and information on work in progress and the proposed governance structure.

Scott advised that working with Council partners they had to date held joint sessions with NE ADDAS / NHS providers and ICB Colleagues to agree priority pathways for the collaborative to focus on:

- Children and Young People
- Workforce
- All age Autism/ ADHD Diagnostic services
- Access and early support
- Inpatient pathways
- High-cost care packages

They had also established a working party to set up a North partnership with representatives from Local Authorities which will replicate an existing partnership in the South of the ICS. They had also invited local authority representatives to join the Provider Collaborative Board and agreed local authority representation on the Learning Disability and Autism Funding Pathway Panel.

Scott advised that future actions would centre on the following:-

- Establishing the North Partnership and Collaborative Board- October – December 2022
- Agreed delegated decision making and regional governance arrangements
- Developing effective implementation plans for priority areas
- Continuing to meet with ADASS and ADCSS colleagues as systems and at place
- Considering financial and contracting models and arrangements as a system particularly where there are mutual concerns around quality and value more money
- Evaluating initial arrangements in March 2023

Councillor Jopling stated that she was very pleased to see autism on the agenda

and that children and young people's health was a priority as the numbers of young people with suicidal thoughts appears to be increasing. Councillor Jopling was also aware that drug use may lead to mental illness and she queried whether these service users would be part of the same programme.

Scott agreed that the mental health of children and young people was a critical area of focus and there was ongoing work which was making great strides in demystifying mental health issues and talking about these so that they are more visible. Scott stated that they were also implementing mental health support teams across all school. In addition, the Trauma informed workforce team was looking at how childhood trauma affected life experience. In terms of transition this was a difficult area and as a system it had been determined that a person stops being a child when they reach 25. Scott advised that for individuals with substance misuse issue work was taking place to develop joint pathways to help improve access to services and improve outcomes.

Councillor Pretswell queried what was being done to support those with a diagnosis of Autism and ADHD who might dip in and out of services.

Scott advised that he would ask his colleague Kate O'Brien to provide this information to Councillor Pretswell as this was not his area of expertise.

Councillor Shaw noted that Scott had mentioned mental health support in schools and she was aware of support via CAMHS. However, Councillor Shaw stated that in her area it was not possible to gain an appointment with CAMHS unless a child was self-harming or suicidal. Councillor Shaw advised she was unaware of any other support for children and as such she considered it wasn't surprising that children were in worse position.

Councillor Shaw also advised that she was aware of a case where a 34 year old autistic lady was referred 8 months ago and told that it would take five years to have an assessment on the NHS. As a result her mother paid for a private referral. However, even now the mother has a report it says that there is a need to see their GP and there are issues gaining a GP appointment.

Councillor Shaw stated that the proposals outlined sounded great but she considered that unless services are appropriately funded to ensure effective access to services they would not lead to an improved situation.

The Joint OSC was advised that in a recent presentation to Northumberland's Health OSC CAMHS was missing a number of annual performance targets.

Scott advised that there is a gap due to an increase in referrals to CAMHS. Scott stated that waiting times are performing well on urgent cases but this is at the cost of non-urgent cases and is down to a lack of resources.

Scott acknowledged that autism diagnosis are taking too long but stated the new Chief Executive of the ICB has a mental health background and has made the area of mental health a priority

Councillor Hall queried whether Autism Steering Groups were still operating and whether they would feed into the piece of work Scott had identified as Councillor Hall felt it was key that this was addressed at a local level.

Councillor Taylor considered that it would be helpful if more advice was given to parents as to what to look for in terms if identifying the potential signs of mental health issues in children and young people.

Councillor Shaw stated that she was aware of a pilot scheme of family support workers who had done this and it was producing good results. Councillor Shaw queried whether this would be funded and rolled out to other areas.

Scott advised that it would be rolled out. The pilot had started in Newcastle via the Better Care Fund and because an economic case was made was commissioned via the CCGs in Newcastle, North Tyneside and Gateshead. Scott advised that due to the mental health investment standard within the guidance for the Better Care Fund it had been possible to secure these services for the long term and he would like to see them scaled up.

169 WORK PROGRAMME 2022 -23

The Joint Committee noted the position in respect of its work programme for 2022/23 as set out below

Meeting Date	Issue to Slot In
21 November 2022	Next Steps for ICS Inequalities Update Winter Planning Update
23 January 2023 (Poss 30 January)	Next Steps for ICS Oncology Services – Proposed Service Changes and briefing on Gynae Oncology services Emergency Planning
20 March 2023	Next Steps for ICS Progress of the Digital Strategy

Issues to slot in

- Children's Mental Health Provision – Update on Current Performance and Future Provison

170 DATES AND TIMES OF FUTURE MEETINGS

It was agreed that future meetings of the Joint OSC are held at Gateshead Civic Centre on the following dates and times:-

21 November 2022 at 2.30pm
20 March 2023 at 2.30pm

It was noted that local authorities and partners would be consulted as to whether it was possible to change the date and time of the January 2023 meeting from the scheduled date of 23 January to 30 January 2023.

Chair……..

This page is intentionally left blank