

# Public Document Pack

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



**Meeting on Monday, 22 January 2024 at 1.30 pm in the Bridges Room - Civic Centre**

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### Agenda

- 1 Apologies**
- 2 Minutes**(Pages 3 - 8)
- 3 Declarations of Interest**
- 4 Neonatal Update**(Pages 9 - 24)  
*26 week pathway update and regional/national comparators re survival rates and outcomes for babies*  
  
Report of Julie Turner, Head of Specialised Commissioning North East and North Cumbria, NHS England, with Dr Sundeep Harigopal and Yasmin Sultana Khan.
- 5 Dentistry Update**(Pages 25 - 38)  
*Implication of new NHS contracts and service implications*  
  
Presentation of David Gallagher, Executive Area Director (Tees Valley & Central) and Primary Care SRO
- 6 Health and Care Workforce**(Pages 39 - 54)  
*Recruitment, Retention and Development*  
  
Report and presentation of Leanne Furnell, NENC ICB
- 7 Work Programme**(Pages 55 - 56)  
Report of Grace Anderson, Democratic Services Officer

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# Public Document Pack Agenda Item 2

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

MONDAY, 20TH NOVEMBER, 2023

- Present:** Councillor Maria Hall (Chair)
- Councillors Taylor (Vice-Chair), Green, Andrews, Jopling, Kilgour, Jones, Usher, Pretswell, Ezhilchelvan, Nisbet, O'Shea and Wallace
- Officers:** Costello, Anderson.
- Apologies:** Haney, Hay, Dodd and Ayre

### 19 Minutes

The minutes of the meeting of 25 September 2023 were agreed as an accurate record.

### 20 Declarations of interest

The following declarations of interest were made:

- Councillor Hall – Director of Prism Care and a CNTW Governor.
- Councillor Jones – Employee at NENC ICB and CNTW Governor.
- Councillor Shaw – Holds a contract with CNTW.

### 21 Role of the Area ICPs

A presentation updating the Committee on the Integrated Care Partnership (ICP) was given.

Information was given on the differences between an Integrated Care System (ICS), Integrated Care Board (ICB) and an ICP. The presentation also discussed the scope of the area covered (North East and North Cumbria) and the model that is being used, which involves one Strategic ICP and four Area ICPs.

The presentation also updated on the development of the Integrated Care Strategy, 'Better health & wellbeing for all'. This is a living document that will adapt to emerging needs and the needs of Area ICPs.

The Government have announced cuts of 30% to the ICBs. Cutting the equivalent of 95 jobs out of the structure. "Enabled investment into online services" feedback given when asked why these cuts are happening.

The emerging priorities for Area ICPs are as follows:

- Better Health and Well Being for All signed off by the Strategic ICP in 2022; updates now being received on the delivery of this strategy as set out in the ICB's Joint Forward Plan
- Updates on the work of the ICB's Healthier and Fairer Advisory Group – including from the chairs of the Health Inequalities and Social and Economic inequalities workstreams
- Opportunity to align the Area ICP structure to match the geography of the new North East Mayoral Combined Authority (NEMCA)

- Potential areas of focus from the NEMCA devolution agreement for the ICP include prevention, and work and health

The emerging strategic priorities were also broken down by area:-

ICP North:

- Winter pressures – including pharmacy provision
- Women's health, national and regional strategies
- Suicide and self-harm prevention
- Restructured mental health service priorities
- Prevention priorities
- Healthy weight management
- Healthwatch priorities- GP access, dental services, pharmacy provision, hospital discharge, support for carers

ICP Central:

- Understanding the work of the ICB's Healthier and Fairer Programme – focus on health inequalities
- Healthwatch – key themes from local public feedback
- Access to dentistry and oral health strategy
- Reduce the impact of alcohol and tobacco harm and healthy weight management
- Improve mental health and emotional wellbeing

The ICPs have been encouraged to work on big priorities and to aim high with the ICB's backing.

There are opportunities for the ICBs to share best practice. Goals are being kept manageable and scalable, so they can grow and reduce as needed. The Strategic ICB meets twice a year in public and discusses opportunities to work together.

Commissioning decisions are made by a governing committee of the ICB which has no Councillor representation. It is made up of Council Officers and different health bodies, as ICPs are strategic and not decision-making entities.

**RESOLVED**

- i. The Committee noted the presentation.

**22 Access to critical paediatric beds in the region and the step-down arrangements**

The OSC was given an update on paediatric critical care beds. An overview was given on operational delivery networks and what paediatric critical care is, including levels, commissioning and healthcare worker ratios.

There are only two units in the country that provide paediatric cardiac transplants and the Freeman Hospital is one of them, making it internationally sought after.

The picture now as opposed to ten years ago is drastically different. Key differences are:

- There is a cohort of children with very complex needs to are very susceptible to illness.
- Children's ability to fight acute infectious diseases has improved.
- 54 patient beds have been lost.
- There are two short stay assessment units.

Great North Children's Hospital (GNCH) is being overwhelmed with pressure at the moment. Mental health issues are having an impact on physical health as well. Children and young people with mental health problems can be admitted for significant time for mental health issues, which can also impact the availability of beds for other patients across the region. The Committee asked about provision for parents. GNCH has beds in cubicles for parents to sleep in, however car parking can be expensive. A charity called James Cook makes sure that families have meals but GNCH are unable to do this.

Durham and Darlington have one of the largest populations of children and young people across the region. Workforce issues are significant and have been out to advert 3 times.

There were some concerns about measles being prevalent which is being addressed. There is new RSV immunisation which will be available next winter and will have a positive impact on cases.

Before considering a transfer out of region, young people over the age of 16 may go into an adult service using the adult mutual aid pathway. However, if this team is under a lot of pressure, there is an attempt to treat in adult critical care and/or ask adult critical care staff to come and help in CYP.

The following have been developed:

- Mechanisms for how to move sick children when necessary to different hospitals and/or provision.
- A quick MS form that captures data on these cases.
- Significant training and support for staff.

The NECTAR Bed Report shows that GNHC has the highest number of beds (130 in-patient beds), which is significantly higher than other locations (James Cook has second highest of 42 in-patient beds).

An update was given on the managing of winter demand including communication methods, the managing of demand, and tools and resources.

Surgery and Childrens Network is also included in this service. The service consists of 9 colleagues. This service is not a provider, it acts as a facilitator and aims to understand what young people in the region need when it comes to hospital care. Young people's cases are only 20% of the population, so while numbers look more severe for adults the reality of children's numbers is more extreme than it appears in data.

The Committee asked about dentistry waiting times. There are 1371 children waiting in the region, which is the highest waiting list. The next highest is Ears, Nose and Throat (861).

## **RESOLVED**

- i. The Committee noted the report.

## **23 Children's Mental Health Provision - update on current ICB performance and future provision**

The Committee was given a presentation on the current ICB performance and future provisions relating to children's mental health provision.

Generally the number of people aged 0-17 who have had at least one contact (either direct or indirect) in the previous 12 months has been increasing in NENC and July 23 shows the children and young people (CYP) access metric of 54,590 remains above plan (51,793) but below target (58,232).

The caseload has remained relatively stable over the last 12 months whilst the number of open referrals has increased. The gap between these 2 metrics is widening and this represents the number of CYP yet to be seen. NENC have gone from seeing around 83% of referrals on the caseload pre-pandemic to around 75% currently.

Throughout 19/20 and 20/21 there was more new referrals than closed referrals, resulting in the steeper increase in the number of open referrals and consequently the increasing numbers yet to be seen.

Throughout 22/23 and into 23/24 the number of new and closed referrals have been a lot closer together, resulting in slower growth in the number of open referrals.

Some 57% of the total CYP waiting across NENC are waiting with a referral reason of autism (33%) or neurodevelopmental conditions (24%), with a further 21% waiting where the referral reason is unstated. The remaining 22% are waiting for a variety of other referral reasons.

The unstated referral reasons make up a large proportion of the longer 104+ week waits (37%) followed by suspected autism (19%) and neurodevelopmental conditions (13%).

As at the end of Aug 23 there were 32,331 CYP waiting for their second direct or indirect contact across NENC. A large proportion of these have been waiting under 18 weeks (33%), however some 9% of patients have been waiting 104+ weeks.

As at the end of Aug 23 there were 18,398 CYP waiting for their second direct or indirect contact across NENC with a referral reason of autism or neurodevelopmental conditions. A large proportion of these have been waiting 53-104 weeks (31%), however some 5% of patients have been waiting 104+ weeks.

The current demand is significantly outstripping CNTW's ability to meet needs. There is a team of 12 conducting triaging in Durham and Darlington; only 50% of what is referred makes it onto the pathway.

The Committee expressed concerns about the reported data, particularly that backlogs often comprise of a significant number of children in care or who are vulnerable. They were also concerned about the impact that waiting lists are having on physical health as well as mental health, particularly regarding the ability of CYP to be able to communicate their needs.

The Committee felt that there was more change needed at a quicker rate in this area. The presenters offered to return to the committee with more split statistics and in-depth data.

## **RESOLVED**

- i. The Committee noted the presentation.
- ii. The Committee requested a further presentation on this issue.

## **24 Work Programme**

The Committee received a report on the work programme for OSC Committee meetings.

The 2023/24 work programme remains provisional.

## **RESOLVED**

- i. That the information be noted
- ii. The Committee noted that further reports will be brought to the Committee to identify any additional issues which the Committee may be asked to consider.

**25**    **Date and Time of Next Meeting**

The next meeting will take place on 22 January at 13:30 in Gateshead Civic Centre, The Bridges Room.

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# Update on Neonatal Services

Northern Neonatal Network

NHS England - Specialised Commissioning, North East and North Cumbria

# Today

- Introductions
- Overview of Neonatal Care
- 2015 Royal College review
- Update on implementation of recommendation (26 week pathway)
- Performance comparators on survival rates and outcomes for babies
- Parent engagement
- Summary and next steps

# Introductions

- Dr Sundeep Harigopal, Clinical Lead of Northern Neonatal Network and Consultant Neonatologist at Newcastle Hospitals
- Julie Turner, Head of Specialised Commissioning North East and North Cumbria, NHS England
- Yasmin Sultana Khan, Service Specialist, Specialised Commissioning, North East and North Cumbria, NHS England

# Overview of Neonatal Care

## Northern Neonatal Network

Neonatal Intensive Care Units (NICU)

Local Neonatal Units (LNU)

Special Care Baby Units (SCBU)

- Royal Victoria Infirmary (RVI) Newcastle
- **Sunderland Royal Hospital**
- James Cook Hospital, Middlesbrough

None

- NSECH, Cramlington
- Queen Elizabeth Hospital, Gateshead
- University Hospital of North Durham
- Darlington Memorial Hospital
- University Hospital of North Tees, Stockton
- Cumberland Infirmary, Carlisle
- West Cumberland Hospital, Whitehaven

This is what we are here to talk about today

# Update on 2015 Royal College review

- In 2015 the Royal College of Paediatrics and Child Health (RCPCH) reviewed neonatal services across the region.
- Five recommendations were made and are now complete.

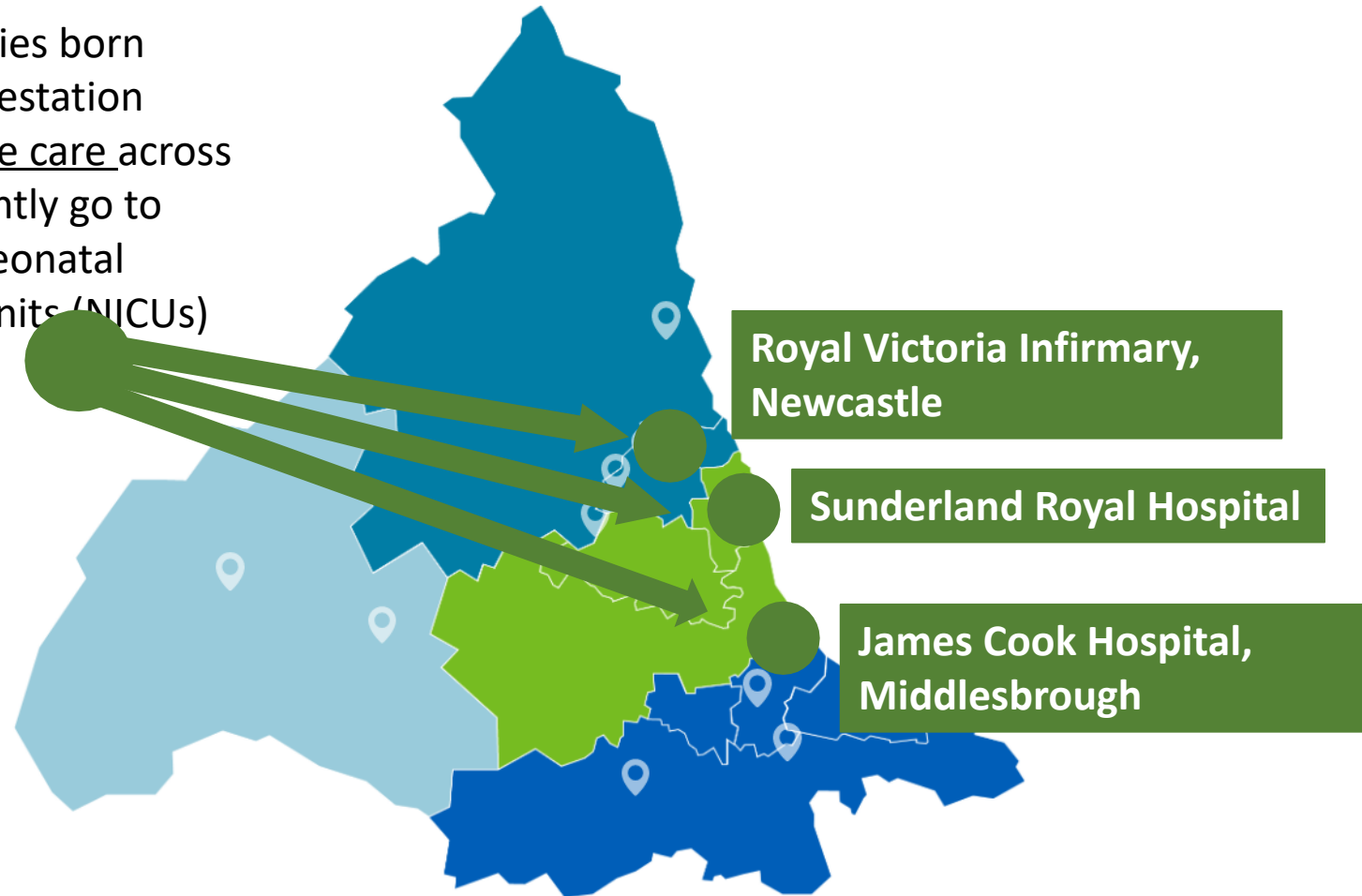
# RCPCH 2015 summary of recommendations

Recommendation	Status
Re-designation of the Neonatal Intensive Care Unit at North Tees to a Special Care Units (SCU)	Complete
Increased capacity at South Tees to cater for the re-designation at North Tees	Complete
Development of a dedicated standalone neonatal transport service for the Northern Neonatal Network	Complete
Expansion of the Neonatal Intensive Care Unit at Royal Victoria Infirmary in Newcastle	Complete 4 Cots increased in 2018, a further 4 cots to be mobilised by July 2023
Changes to service provision in Neonatal Intensive Care in Sunderland (part of South Tyneside and Sunderland NHS FT)	Complete



# Pre pathway change patient flows

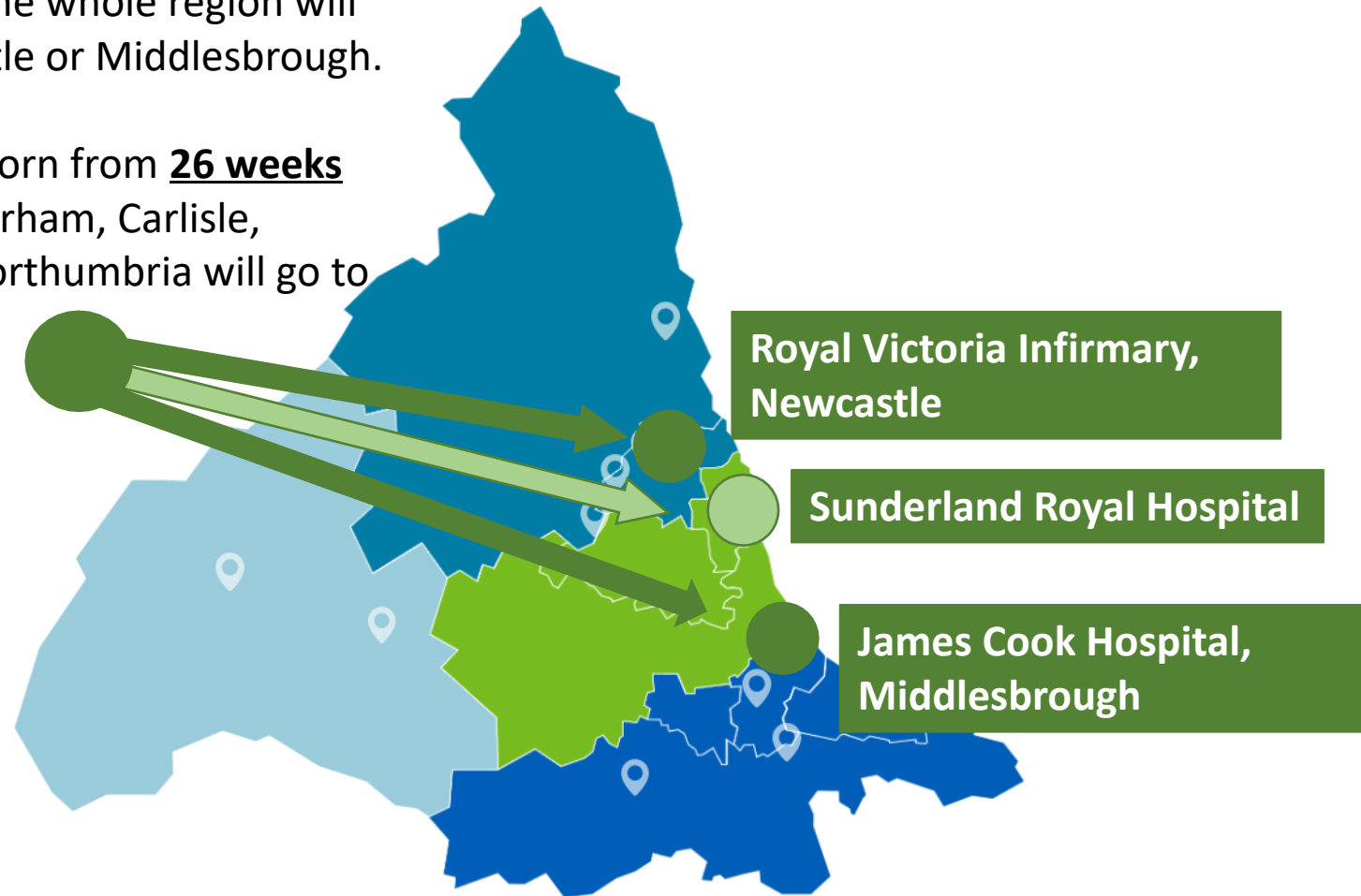
**All** pre-term babies born from 22 weeks gestation needing intensive care across the region currently go to one our three Neonatal Intensive Care Units (NICUs)



# Patient flow after 26 week pathway change

Pre-term babies born from **22 weeks** gestation across the whole region will still go to Newcastle or Middlesbrough.

Pre-term babies born from **26 weeks** gestation from Durham, Carlisle, Gateshead and Northumbria will go to Sunderland





# Implementation

- Joint OSC meeting – 3<sup>rd</sup> July 2023
- Change implement on 1<sup>st</sup> August 2023
- Impact (1 August 2023 – 30 November 2023)
  - Zero ex-utero transfers from Sunderland
  - Four in utero transfers from Sunderland to RVI (1 delivered within 24 hours)

# Parent engagement

- Review of parental experience for families transferred from Cumbrian units to NE NICU
- Feedback is taken from Northern Neonatal Network Parent Survey results
  
- All parents offered accommodation
- All families received financial support with meal vouchers for the duration of their stay
- All families also received financial support with parking permits for the duration of their stay
- All families who responded felt involved with decision making during their stay
- When asked if there was anything that could be done to improve the experience for families, all of these families responded – NO.
- When asked to describe what you feel could be improved, with the exception of one family, all other families responded ‘nothing’. One family described their experience ‘Everything perfect’
- One family has requested ‘more communication about what each different hospital will be like prior to transferring’
  
- *‘We were looked after well’*
- *‘From the first evening we arrived they informed us of everything and all the help we could receive’*
- *‘Every nurse knew about our situation, they were comforting and gave us a clear prognosis, and clarity on the situation. They were extremely compassionate, willing to go the extra mile and displayed professionalism at all times’*

# Mortality (2021)

Organisation Name	Stabilised Neonatal Death Rate	Stabilised Neonatal Death Category Name
Central	1.8	Over 5% higher
East of England	1.43	5 to 15% lower
North Central & East London	1.48	5 to 15% lower
North West (Cheshire and Merseyside)	1.84	Over 5% higher
North West (Greater Manchester)	1.45	5 to 15% lower
North West (Lancashire and South Cumbria)	1.66	Within 5%
North West London	1.49	5 to 15% lower
<b>Northern</b>	<b>1.67</b>	<b>Within 5%</b>
South East Coast	1.5	5 to 15% lower
South London	1.77	Over 5% higher
South West	1.48	5 to 15% lower
Southern West Midlands	1.77	Over 5% higher
Staffordshire, Shropshire and Black Country	1.85	Over 5% higher
Thames Valley and Wessex	1.54	5 to 15% lower
Trent	1.64	Within 5%
Yorkshire & Humber	1.86	Over 5% higher
North of Scotland	1.62	Within 5%
South East Scotland & Tayside	1.67	Within 5%
West of Scotland	1.73	Within 5%
Wales	1.62	Within 5%
Northern Ireland	2.07	Over 5% higher

## Neonatal mortality rate per 1,000 live births

Newcastle – 1.65

Sunderland – 1.52

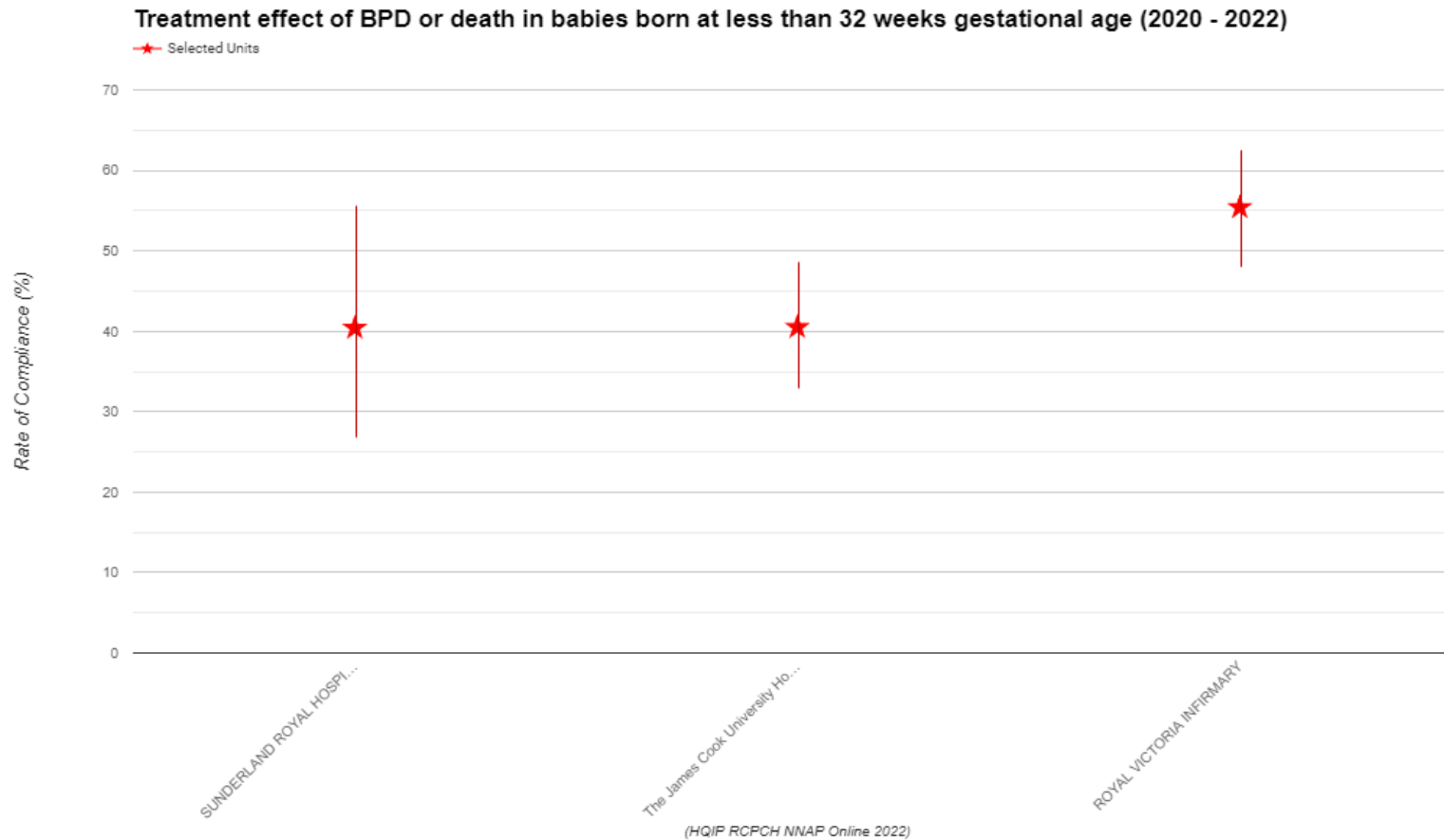
JCUH – 1.35

This reports deaths up to 28 days and does not take in account the complexity of cases  
For example – Newcastle is a fetal medicine and surgical centre taking care of sicker babies

# Mortality (based on place of birth)

- 2017- 2021
- RIV –  $24/62= 39\%$
- JCUH-  $24/58= 42\%$
- SRH –  $13/22=59\%$

# Morbidity – lung disease (regional)



# Next steps for neonatal care

- Implementation of the national report has been published in 2019 called the NEONATAL CRITICAL REVIEW (NCCR).
- This aims to facilitate the transformation of Neonatal Critical Care services even further by 2025 by:
  - *Aligning capacity*
  - *Developing the expert neonatal workforce*
  - *Enhancing the experience of families*
- Significant work has taken place for 'developing the workforce' theme including funding for neonatal nurses, allied health professionals and neonatal quality roles.
- For the 'enhancing the experience of families' theme, The Northern Neonatal Network established the first neonatal care coordination team in the UK in April 2021.
- Working is currently being undertaken by the network towards scoping 'Aligning capacity' for implementation of NCCR. Some the work that was already been undertaken will support NCCR.

Thank you and questions

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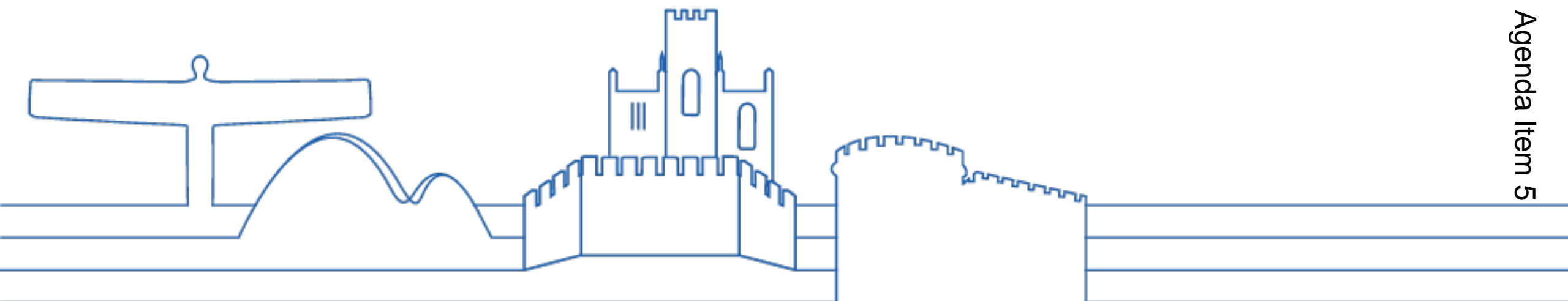
North East and  
North Cumbria

# Primary Care Dental Access Recovery

David Gallagher, Executive Area Director (Tees Valley & Central) and Primary Care SRO

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# Challenges

Contract largely  
unchanged since  
2006

Activity based  
contract (UDAs)

Impact of covid  
(backlog of care)

Income instability  
(if activity not  
delivered)

Patients with  
significantly higher  
treatment needs

Increased new  
patient demand

Increased delivery  
costs due to  
inflation

Lost appointment  
capacity  
(patients fail to  
attend)

Contract hand backs

Workforce  
Recruitment and  
Retention

Patient expectations

# We will tackle the challenges in three phases

Improving access to dentistry will not be a quick fix

We are tackling this in three streams:



Immediate actions to stabilise services

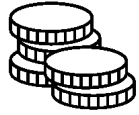


A more strategic approach to workforce and service delivery

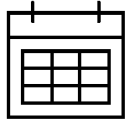


Developing an oral health strategy to improve oral health and reduce the pressure on dentistry

# Recovering Access – Progress so far (1)



We have made c£3.8m non-recurrent investment available for 2023-24. £7.5m recurrent funding is earmarked for new dental contracts.



15k additional appointment slots have been commissioned to date, **plus** 48.2k appointments secured from existing practice capacity for patients in greatest clinical need.



908.5 hours of additional dental clinical triage call handling capacity is now available in 2023-24.



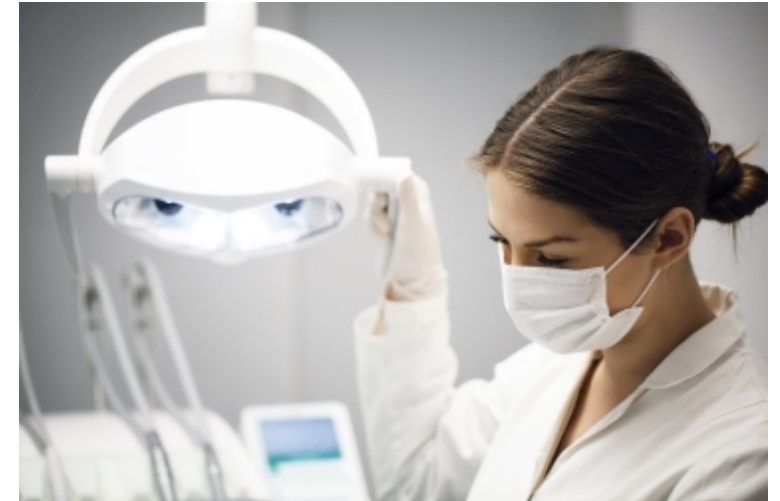
836 additional sessions have been commissioned from dental out of hours providers until the end of March 2024.



# Recovering Access - Progress so far (2)

We have also commissioned additional treatment capacity:

- Page 29
- 39,080 additional Units of Dental Activity in 2023-24
  - 53,537 additional Units of Dental Activity for 2024/25  
(this will be made recurrent in 2025/26 if providers can demonstrate delivery)



# Building Practice/Workforce Resilience

- We have a flexible commissioning scheme to provide a training grant to support employment of overseas dentists – 24 months tie in period.
- We are advertising in the British Dental Journal (BDJ) to attract overseas dentists to support practices with workforce recruitment in areas of greatest need – support dentists to secure inclusion on the National Dental Performers List (requirement to provide NHS care).
- Working with NHS England Regional Workforce, Training and Education Directorate and local dental networks/committees to explore opportunities to improve workforce recruitment and retention.
- Working with dental profession to identify further opportunities to ‘protect, retain and stabilise local dental practices and improve dental access.

# Improving Oral Health



Each local authority and respective health and well being board is responsible for their oral health strategy

- Supervised tooth brushing with schools and pre school
- Oral health training to health and social care staff
- Fluoride varnishing



There is a regional consultation planned on water fluoridation as part of Government policy

# There is a consultation on water fluoridation planned



- This will be lead nationally as it is no longer the responsibility of individual councils
- Twelve weeks consultation to enable decision making for 2024/5
- The Integrated Board, ICPs and constituent partner organisations are asked to support
- Northumbrian Water are supportive for areas not already fluoridated.





# **Update on plans for community water fluoridation for the North East of England**



Acknowledgements: [healthyteeth.org](http://healthyteeth.org)



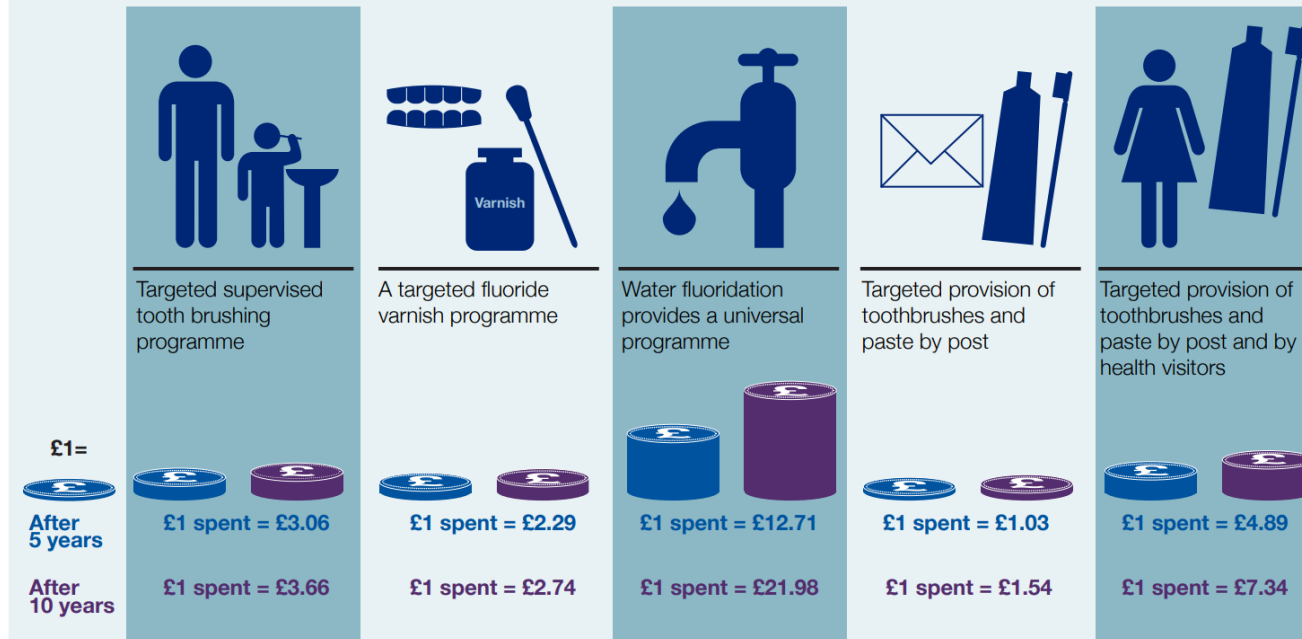
# Evidence-based interventions to improve oral health



Public Health  
England

## Return on investment of oral health improvement programmes for 0-5 year olds\*

Reviews of clinical effectiveness by NICE (PH55) and PHE (Commissioning Better Oral Health for Children and Young People, 2014) have found that the following programmes effectively reduced tooth decay in 5 year olds:



\*All targeted programmes modelled on population decayed, missing or filled teeth (dmft) index of 2, and universal programme on dmft for England of 0.8. The modelling has used the PHE Return on Investment Tool for oral health interventions (PHE, 2016). The best available evidence has been used in this tool and where assumptions are made these have been clearly stated

PHE Publications gateway number: 2016321

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# Consultation narrative

## What are we doing?

- The Government wants to expand water fluoridation across the north east of England to reach an additional 1.6 million people.
- This is subject to public consultation and due to start by the end of 2023. We are working with Northumbrian Water Ltd on a possible scheme that is feasible and affordable.
- Some areas in the north east are already covered by water fluoridation scheme since. This scheme would cover Northumberland, County Durham, Sunderland, South Tyneside and Teesside, including Redcar and Cleveland, Stockton-on-Tees, Middlesbrough and Darlington

## Why are we doing it?

- Tooth decay is largely preventable. However, it remains a serious health problem
- In the region [details of oral health need / health improvement focus].
- Water fluoridation is an effective and safe public health measure.
- Fluoride in water can reduce the likelihood of experiencing dental decay and minimise its severity.
- The effect of fluoridation on hospital admissions to have teeth extracted is substantial
- The impact is greatest for those areas with higher health needs and can reduce this inequality, especially with regard to children living in the most disadvantaged circumstances

## What are our aims and next steps?

- The government has the power to introduce water fluoridation schemes subject to consultation.
- This process is not a referendum.
- It is a chance to provide more detail on the proposal, the areas affected and give people the opportunity to respond to it.
- The consultation will run for at least 12 weeks.
- After this, ministers will take final decisions on whether to proceed.
- We are seeking views on whether or not to ask the water company to increase levels of fluoride in water to improve dental health.
- Depending on the outcome, we will work with the water company over the next few years to implement the scheme.

**DRAFT**



# Achieving consensus across the NE

- Local Dental Committees, individual dentist support, paediatric dentists, Dental School and academic dental support
- All NE Directors of Public Health
- HWBs, scrutiny committees, individual members/MP, seeking support from every local authority
- Regional NHSE, NENC ICB, NHS FTs, GPs and medical directors
- Parents and communities

# Where are we now?

- Consultation on track to commence early 2024
- All political stakeholders mapped out
- Seeking HWB board support from every NE local authority
- Tees Valley joint scrutiny committee in December '23
- ICB Board in January
- Communication plan in final stages of preparation
- Seeking final ministerial approval



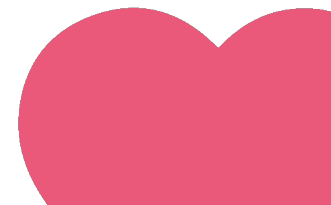
# The North East and North Cumbria People and Culture Plan

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January 2024

#Beingthebestatgettingbetter



Agenda Item 6

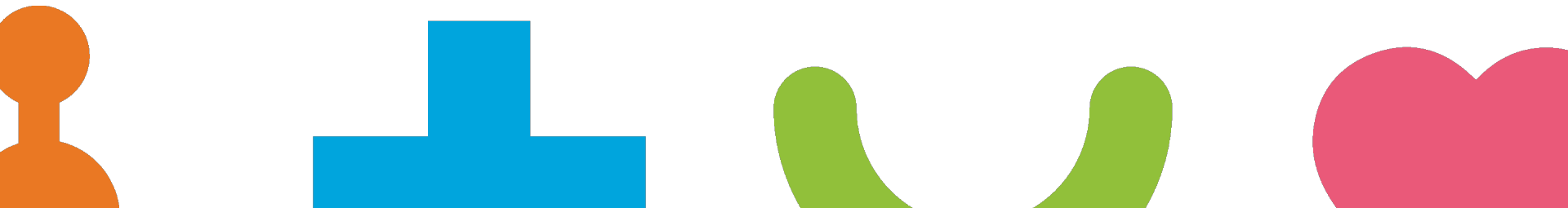


# Introduction

The NENC People and Culture Plan is being developed at a critical time for health and care, as significant workforce challenges pose a consequential risk to improving provision. Key challenges include recruitment, retention, absenteeism, wellbeing, bullying, harassment, and discrimination.

The plan aims to outline a shared vision towards a 'one workforce' model, focusing on greater integration and recognizing the role of culture in developing people. It acknowledges the importance of employment standards to enhance health and wellbeing, addressing health inequity and inequalities.

The strategy requires commitment and collaboration from all partners, with system delivery led by the NHS NENC People and Culture Directorate, working with system partners, trade unions, and delivery teams. The outcomes will be measured against the NHS People Plan reporting process, but the plan acknowledges limitations and will continue to influence nationally. It is also recognised that services across health and care already have detailed workforce programmes specific to their needs and priorities, these programmes will continue following the priorities outlined in the plan. The plan is focused on system wide activity and will not be able to capture the detail of all service level activity, but this does not in any way undermine its relevance or importance.





# Our mission as a learning and improvement community

## Why we want to be 'the best at getting better'

*As an integrated care system, we should be ambitious; we, naturally, want to be 'the very best' for those who use our services, for the whole population and for the people who work in our system.*

*Our aspiration to 'be the best getting better' is something that can unite us all. People are at the heart of our health and care services and are our biggest strength. We have a highly skilled, dedicated and committed workforce across the regional system. Our workforce showed exceptional resilience throughout the covid pandemic, including adopting new practices to sustain services for the benefit of the population. But our workforce is stretched and there are challenges to be addressed with the support of systems partners.*

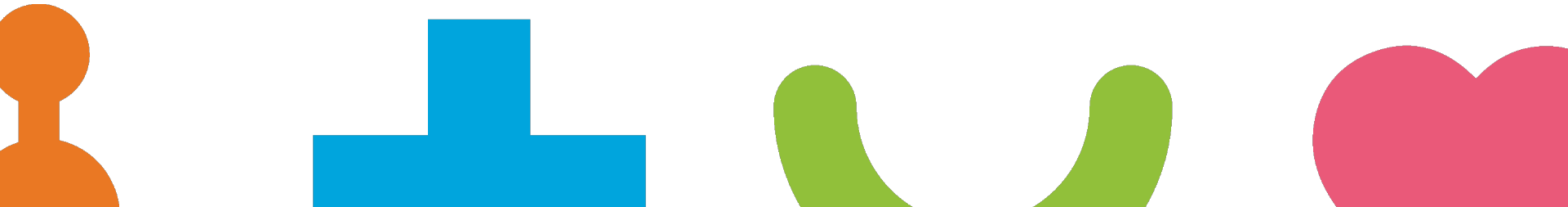
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# Work to date

- Draft strategy written in March 2023
- Engagement event – 8th June 2023
- Release of the NHS Long Term Workforce Plan
- Review of ADASS Workforce Strategy
- Consideration of A Social Care People Plan Framework – Future Social Care Coalition
- Input from existing People Workstreams



# NHS Long Term Workforce Plan

- **Train:** growing the workforce through increasing education and training, as well as increasing the number of apprenticeships and alternative routes into health care roles.
- **Retain:** working to improve culture and leadership across NHS organisations and better support staff throughout their careers to ensure that the NHS keeps more of its staff.
- **Reform:** improving productivity among the workforce by ensuring staff have the right skills to take advantage of new technologies that will provide patients with the care that they need more efficiently and effectively, and by expanding enhanced, advanced and associate roles to offer modernised careers, with a stronger emphasis on the generalist and core skills needed to care for patients with multimorbidity, frailty or mental health needs.\*

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\*Kings Fund 2023

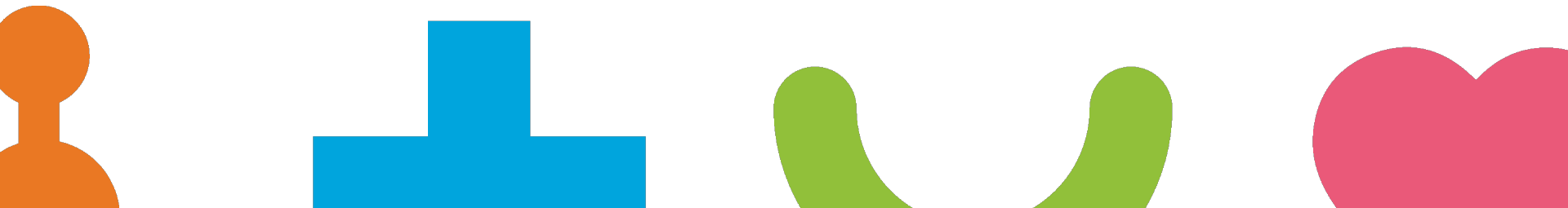




# 6 Pillars

The 6 Pillars of the NENC People & Culture Strategy are comprised of the following elements:

- Workforce supply across the system
- Workforce retention across the system
- Workforce health and wellbeing across the system
- System Leadership and Talent
- Health Equity, Inclusion and Belonging
- Reform



# Workforce Supply across the system

## Objectives:

1. We will ensure safe staffing levels across all of our services and sectors, in every Place through collaborative approaches to workforce planning.
2. We will boost recruitment through local, national, and regional campaigns and initiatives.
3. A key focus will be on developing improved career structures across and between health and social care. This will include better ways to enable people living in our communities to enter the health and social care workforce, with good training and support, recognising that many talented and committed people currently face barriers to joining our workforce.
4. Ensure that social care including the PA workforce, the voluntary sector, primary care and public health are equal partners in the system's workforce agenda.



# Workforce Retention across the system

## Objectives:

1. We will enable our system workforce to enjoy satisfying careers, feeling valued and able to make their best contribution.
2. We will develop improved career structures across and between health and social care. This will include better ways to enable people living in our communities to enter the health and social care workforce with good training and support throughout their career.
3. We will challenge ourselves to go further with flexible working to make the system a more attractive place to work.
4. We will develop our support offers to help advocate that the health and care sector is a sector of choice in the region for employability.



# Workforce Health and Wellbeing across the system

## Objectives:

1. To support a learning and improvement wellbeing culture across NENC.
2. To collaborate and share data to develop an approach to health and wellbeing where it makes sense to work together.
3. To work on maximising the terms and conditions of staff across sectors and services, wherever possible ensuring that people are appropriately rewarded for their work.
4. To develop a thriving network that supports NENC become a great place to work that supports people's occupational health and wellbeing.



# Workforce Health Equity, Inclusion and Belonging across the system

## Objectives:

1. Improved Health Equity, Inclusion and Belonging capability and knowledge by providing our people with opportunities for learning, experiences and development in all professions and at all levels.
2. We will be compliant with the statutory and mandatory elements of being part of the health and social care system and we will exceed expectations beyond legal compliance. We will pay additional attention to characteristics beyond the equality act, such as; social mobility, Menopause, neurodiversity and the long term unemployed.
3. We will listen and work with our People to build psychological safety, improve their lived experience, to create the best workplace environment, providing them with the opportunities to perform at their best supported by consciously inclusive talent development.





# Workforce System Leadership & Talent across the system

## Objectives:

1. Scope and develop an integrated approach to talent management that secures and increases our leadership supply pipeline and includes rotational opportunities for future leaders.
2. Develop compassionate and inclusive leaders that represent our diverse communities and amplify our strength as a system.
3. Create a system of leadership development focusing on sharing best practice for integrated working. Recognising that different places need different approaches, but we will come together with a collective ethos of learning and developing to create the NENC ICS 'way'. This will include a clear ICS system leadership vision.
4. Create opportunities for our future leaders to connect and learn about system leadership.

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# Workforce Reform across the system

## Objectives:

1. Explore the use of and access to innovative digital solutions including Artificial Intelligence to improve efficiency focussed on difficult to recruit/staff areas.
2. Support the delivery of service change initiatives exploring creative ways of utilising skill mix and new roles to enable service transformation and provide solutions to work challenges.
3. To facilitate cross system learning and the sharing of good practice utilizing system thinking and human centred design as skills to make sense of a more complex health and care system.

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# Comments received

- Very positive and constructive feedback
- Some clarity on language / terminology used
- To be inclusive to all staff across health and care as well as recognise those in employed through independent organisations or via Personal Health Budgets
- Learn from programmes / work already out there
- Ambitious plan – is it realistic?
- Capacity to deliver
- Funding to support delivery

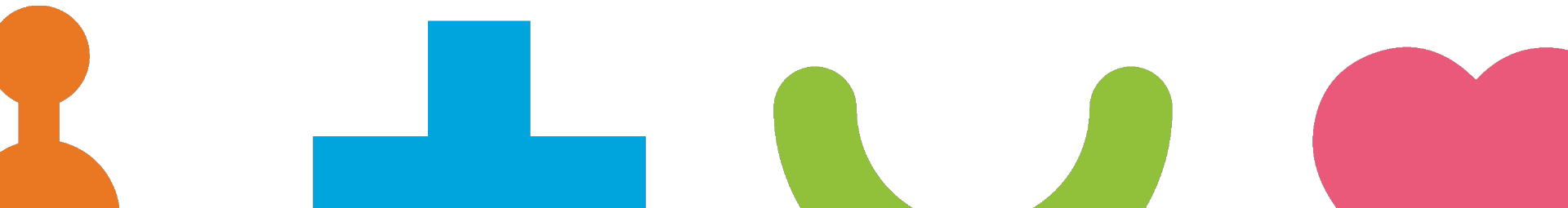
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# Further considerations

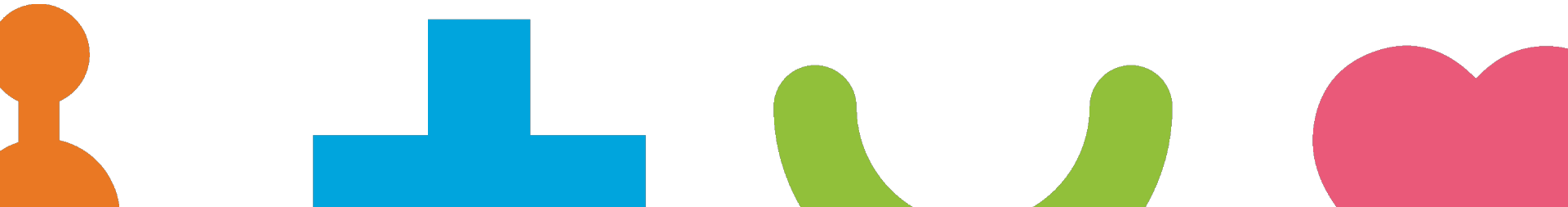
- Consideration on how any Social Care Workforce Plan is captured within the strategy
- Baseline data and metrics to establish what good looks like – develop local metrics to support local integrated care
- Are the timelines realistic?
- Health literacy and clear language
- Appropriate use of infographics
- Governance structures – ensure accountability and delivery of the plan
- Establish key lines of communications – ensure sharing of good practice etc i.e. People Promise week
- Integration/link of plan in thematic and delivery area workforce plans
- Integration of elements required as a result of the 24/24 planning round





# Thoughts?

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## Joint ICS Work Programme

<b>Meeting Date / Time</b>	<b>Items to be considered</b>
<b>3 July 2023 13:30</b>	<ul style="list-style-type: none"> <li>• Appointment of Chair / Vice Chair</li> <li>• Terms of Reference (to note)</li> <li>• Neonatal work (central NENC ICB)</li> <li>• Integrated Care Strategy Implementation Plan</li> <li>• NEAS CQC Inspection / Independent Review of NEAS</li> </ul>
<b>25 September 2023 13:30</b>	<ul style="list-style-type: none"> <li>• NEAS CQC Inspection / Independent Review of NEAS</li> <li>• Strategic Options for Non-Surgical Oncology Services</li> <li>• Progress of Digital Strategy Update</li> </ul>
<b>20 November 2023 14:30</b>	<ul style="list-style-type: none"> <li>• Role of the Area ICPs</li> <li>• Access to critical paediatric beds in the region and the step-down arrangements</li> <li>• Children's Mental Health Provision – update on current ICB performance and future provision</li> </ul>
<b>22 January 2024 13:30</b>	<ul style="list-style-type: none"> <li>• Dentistry Update – implementation of new NHS contracts and service implications</li> <li>• Neo Natal Update (26 week pathway update and regional/national comparators re survival rates)</li> <li>• Health and Care Workforce – Recruitment, Retention and Development</li> </ul>
<b>18 March 2024 14:30</b>	<ul style="list-style-type: none"> <li>• Health inequalities – How the ICB strategy is addressing this / update on position across the North East</li> <li>• NENC Joint Forward Plan</li> </ul>

### Issues to slot in:

Any other issues identified during 2023/24

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