

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

Background and Case for Change

1. It has previously been raised at the NT&W&ND Joint Health STP OSC that there might be a need to consider modifying the Committee's terms of reference / Protocol as these were initially based on the STP and its footprint and change these to reflect the importance of scrutinising the ICS as it applies to the area within the OSC's remit and relevant Integrated Care Partnerships and the various workstreams being activated.
2. Up to now we have not made any changes as whilst we understood that NHS colleagues were working towards having an emerging ICS in place for April 2019 there was nothing formal in place which would have led us to alter structures up to now.
3. However, the issue of whether there needed to be changes to the OSC's remit came to the fore again as a result of information that expressions of interest in relation to becoming an ICS needed to be submitted by NHS colleagues to NHS England by 1 April 2019. Subsequently, NHS colleagues advised that there was no longer a requirement to submit a document and the process for developing an ICS would be an ongoing development process and this approach was being adopted across the country.
4. In addition to the above, a number of ICP arrangements for the NE and Cumbria are being put in place sitting underneath the overarching ICS which will be developing their own plans for progressing work. We also understand that any service changes going forwards are most likely to occur at place based level with some changes expected to be at ICP and ICS level as appropriate. We have therefore looked at how these arrangements fit with the OSC structures already in place and what we might need to change going forwards (the geographies for these partnerships are set out in the attached document – Appendix 2).
5. Having had regard to the ICP geographies we noted that the NT&W&ND Jt Health STP OSC currently has representation from all the local authorities covered by the ICP "North" and ICP "Central" geographies and the South STP OSC covers all the local authorities in the ICP South, with the exception of Durham, which currently has representation on both STP OSCs. However, commissioning arrangements and patient flows mean that it is important that Durham continues to be a member of the South STP OSC.

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

Recommendations

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