

# Public Document Pack

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

**Monday, 23 September 2019**

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

Councillor(s): Taylor and Schofield (Newcastle CC)  
Armstrong, Watson and Dodd (substitute) (Northumberland CC), Dixon and Macknight (Sunderland CC), Mole and Mulvenna (North Tyneside Council), Kilgour (South Tyneside Council) and Simmons (Durham CC)

### **86 APOLOGIES**

Apologies were received from Councillors : Flynn and Hetherington (South Tyneside Council), Hall and Beadle (Gateshead Council), Leadbitter, Mendelson (Newcastle CC), Robinson and Stephenson (Durham CC)

### **87 DECLARATIONS OF INTEREST**

Councillor Taylor of Newcastle City Council declared an interest as an employee of Newcastle Hospitals Foundation Trust.

### **88 MINUTES**

The Minutes of the meeting of the Joint Committee held on 17 June 2019 were approved as a correct record.

### **89 MATTERS ARISING**

It was noted that the matters arising from the minutes were dealt with via items on the agenda for the meeting.

### **90 PROPOSED REVISED OSC PROTOCOL / TERMS OF REFERENCE**

The Committee considered and agreed proposals to modify its terms of reference / Protocol 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 workstreams being activated.

- RESOLVED**
- a) 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.
  - b) That the revised remit set out at Appendix 1 to the report be approved.
  - c) That, henceforth, the Committee be known as the Joint OSC for the NE & NC ICS & North & Central ICPs' going forwards to reflect the revised remit of the Committee.

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## **DEVELOPMENT OF ICS - PROGRESS UPDATE**

Mark Adams, Chief Officer NewcastleGateshead, North Tyneside and Northumberland CCG provided the Committee with an update on the development of the ICS.

The Committee was advised that a week after its last meeting the NE & Cumbria ICS had received formal approval from NHS England (and the DoH?) demonstrating that it is now viewed as a mature system. However, the Committee was reminded that this meant that approval had been given for NHS organisations and partners to work collaboratively in a way that they have not been able to previously. The ISC does not have any statutory powers.

Mark explained that the NE & NC ICS is now the biggest ICS in the country. However, it was important to understand that whilst there would be some key overarching pieces of work progressed at the ICS level approximately 85% of work carried out within the ICS geography would be at a place - based level.

NHS England has been informed that the six key overarching pieces of work progressed at ICS level within NE & NC would be as follows:-

- Workforce
- Digital
- Population Health
- Prevention
- Mental Health
- Learning Disability

As a result of receiving formal approval, the ICS has received national funding to allow the ISC to further progress its workforce agenda. Funding has also been received to assist in progressing the Population Health workstream as the ICS has been nominated as one of the vanguard ICS in this area.

Mark advised that in terms of targeting new ways of working within the ICS the

intention was to focus on particular areas of performance and bring together a range of groups within the NHS and social care with a view to examining how best to tackle winter.

In addition, there would be a focus on developing partnership and governance arrangements within the ICS.

The Chair indicated that it was very pleasing to hear that the ICS had received some extra funding and she queried whether this was new funding and if it was a substantial amount.

It was confirmed that the funding was new money and it was considered to be significant. An amount of £25,000 had been received but it was expected that there would be further tranches of funding in due course.

The Chair stated that it was her understanding that health colleagues were working on a 5 Year Strategic Delivery plan at ICS level to set out how the ICS is going to support delivery of the NHS Long Term Plan over the period 2019/20 to 2023/24 and she queried how work on this was progressing.

Mark confirmed that the Chair's understanding was correct and he stated that currently they were waiting for information from national colleagues and it was expected that the plan would be completed by the end of November 2019. Work on the plan was taking place via a bottom up process and input on key areas of focus for relevant ICPs would form the basis of the plan and this would then be supplemented with the six key areas of focus identified at ICS level.

Mark advised that if possible the completed plan would be provided to the Committee at its November 2019 meeting. However, if this did not prove to be feasible the Committee would be provided with an update on the process and the headline areas from the plan and the completed plan would be provided to the Committee for its January 2020 meeting.

The Chair asked if it could be confirmed that when the finalised plan is brought to the Committee that it contains the detail and not just the headlines. Mark confirmed that this would be the case.

Councillor Kilgour thanked Mark for the information but stated that the amounts of additional funding seemed to be small when considering the size of the ICS and she queried how the amounts were arrived at. Mark advised that the ICS had to bid for the additional funding and it would be coming out in various tranches. Mark advised that the additional funding had enabled the ICS to progress significantly.

Councillor Schofield thanked Mark for the helpful information and highlighted that the Committee was particularly interested in understanding when it would be able to scrutinise ICS plans in relation to the integration of health and social care. Mark stated that the next big milestone for the ICS would be when the ICS Five Year Strategic Delivery plan was produced. This plan would provide information on work which would occur at ICS level under the six key areas of focus highlighted earlier and provide information on what would be happening at ICP level so the Committee

would be able to scrutinise both. Mark also stated that as 85% of work carried out would be at place - based level individual OSCs at a place- based level would have the opportunity to scrutinise these proposals.

Lynn Wilson, Director for Gateshead System, Newcastle Gateshead CCG/ Gateshead Council noted that she had been at a recent conference in relation to Integrated Care where Simon Stevens had been talking about having an Integrated Clinical Commissioning Group (ICCG) as an ICS. Lynn queried whether the NE & NC ICS was therefore at a disadvantage in having such a large footprint or whether it made no difference.

Mark advised that there is reference within the NHS plan about having an ICCG for every ICS. However, Mark noted that every ICS across the country was very different. Mark stated that such an approach would not make sense in the NE & NC. Mark stated that in the NE & NC ICS the aim was that CCGs should be as close to the public as possible and working collectively across the ICS and co-terminous with local authorities and other partners in their geographies.

RESOLVED                    That the information be noted.

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## **CLINICAL ENGAGEMENT AND PROPOSED CLINICAL PRIORITIES FOR ICS**

Mark Adams, Chief Officer NewcastleGateshead, North Tyneside and Northumberland CCG provided the Committee with an update on clinical engagement and the proposed clinical priorities for the ICS.

Mark reminded the Committee that at the time work was taking place to move from an STP to an ICS in 2018/19 a number of large - scale engagement events were held consulting staff, patient groups, the public and voluntary groups and social care colleagues to consider the big priority areas which should form the future direction of travel for the ICS.

The following three major themes had arisen as a result of this work:-

- High Quality and Sustainable Services (with a focus on the most vulnerable services)
- The ICS needs to focus on a number of big areas region wide and ensure they are in place in all areas within its geography eg quality, safety and access to and outcomes in relation to services.
- How GP practices and Community Teams can be brought together to have their voice in the ICS / ICPs.

Mark explained that the work relating to GPs and Community Teams was now being progressed through Primary Care Networks and was leading to the development of the following clinical priorities:-

- Cancer and cancer services
- Cardiology
- Respiratory

Clinical engagement is driving the direction of travel through the development of cardiology and respiratory networks. The focus of the networks is to see what might be achieved via work across normal hospital boundaries.

Mark stated that true integration needs to be driven at a place - based level. With the establishment of Primary Care Networks (PCNs), GP practices are now coming together in groupings to look at how they can do things more effectively. Mark explained that there are now 70 PCNs and they are now looking to appoint directors.

Mark advised that in the first instance the PCNs would be focusing on community pharmacy and also medicines optimisation.

Alongside this, local dental networks are being developed and Cumbria is well ahead in this area.

Overall, Mark considered that the work being progressed provided a really positive picture.

Mark also highlighted that clinicians were very focused on and involved in supporting the six key priority areas for the ICS and driving forward work in the workstreams. Mark advised that the DPHs for all the local authorities within the ICS patch were working together to support NHS colleagues progress work in the Prevention workstream. Clinicians are also front and centre in progressing work in the Digital workstream. It is hoped that by 2020 significant progress will have been made in enabling Trusts and local authority systems to talk to each other more effectively.

Councillor Kilgour queried how GP practices in the PCNs were being funded to encourage them to take a lead and whether they were being incentivised.

Mark advised that GP practices were being funded / incentivised and they were also being provided with funding to assist with the development of Community Pharmacy.

Councillor Taylor queried progress being made in relation to bringing social prescribing into the work of PCNs.

Mark advised that a lot of work is taking place in relation to social prescribing but this is not yet being picked up by PCNs. In Newcastle the PCN is developing a wellness project but this is not part of the agenda for other PCNs.

Councillor Mole queried whether the role of GP Associate was being considered.

Mark advised that the issue of developing the GP workforce was being looked at in a number of ways. Options currently being considered were looking at new and different roles and flexible working and sharing GP roles amongst practices.

**RESOLVED** That the information be noted.

## PARTNERSHIP ARRANGEMENTS

Mark Adams, Chief Officer NewcastleGateshead, North Tyneside and Northumberland CCG provided the Committee with an update on this issue.

Mark explained that, as approximately 85% of the work carried out within the ICS would be place based, partnership arrangements would, to a large extent, be a continuation of pre-existing work. However, there are some areas where there will be new partnership boards emerging and some areas where partnership work is still in the planning stage. The general direction of travel is that local authorities, the NHS and community and voluntary sector are looking to formalise more robust ways of working together to achieve improvements.

At the ICP level there are four ICPs and they have been coming together to decide what is most important for them.

In the Central area the focus is very much on the sustainability of the workforce and Sunderland and South Tyneside Foundation Trusts have already been working together on workforce issues.

In the South the focus is on the future of their services.

In the North the focus is on social care and health integration and how the NHS can contribute to the wider determinants of health agenda eg the NHS's contribution to tackling Climate Change and Prevention and increasing the pace of change.

At an ICS level the NHS is in discussion with the twelve local authorities and their Chief Executives around what partnership arrangements should look like going forwards and it is hoped that a Partnership Assembly will be in place sometime at the beginning of next year.

Mark explained that the next milestone within the ICS would be in relation to governance and an update would be brought to the Committee at the appropriate time.

A representative from Healthwatch Darlington stated that this sounded like a push for devolution and arrangements in Greater Manchester and queried whether that was the intention.

Mark stated that this was not the terminology the ICS would use. Mark stated that one of the advantages of having a large ICS, with a critical mass of organisations, was the potential for lobbying on particular issues. Mark stated that as part of the ICS the NHS would like to be able to work collectively with colleagues to make decisions and have more autonomy. Mark stated that it was hoped that there would be opportunities via arrangements North of Tyne. Structures are already in place via the NE Combined Authority. Mark stated that the NHS is always looking for opportunities to see how they can work more effectively with others.

Councillor Taylor asked whether it was planned, at a place - based level, to have any changes to how Health and Wellbeing Boards work in the future.

Mark advised that this was still to be discussed but he was confident that any changes proposed would add to the importance of those Boards due to the clear focus on work at a place-based level and a bottom up approach.

The Chair noted that Gateshead's Health and Wellbeing Board is currently scrutinising its Health and Wellbeing Strategy and the arrangements for the Board and whether they are fit for purpose. The Chair stated that this strategic focus on how partners involved in the health agenda work together is needed.

The Chair stated that she hoped regular updates on partnership arrangements would be provided to the Committee. Mark confirmed that this would be the case and he highlighted that the next key milestone would be the establishment of the Partnership Assembly which it was anticipated would take place at the beginning of next year.

**RESOLVED** That the information be noted.

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## **COMMUNICATION AND ENGAGEMENT - PROGRESS UPDATE**

Mary Bewley, Head of Communications and Engagement, North East Commissioning Support provided the Committee with a progress update on the overall approach to communications and engagement for the developing ICS, including engagement in the Long - Term Plan.

Mary explained that a network of communications teams is now active and engaging in dialogue about the future NHS with stakeholders, staff and the public. The next phase will be to talk to local authority colleagues. The aim is to celebrate the wider success of the NHS across the NE and North Cumbria.

The branding is being revamped to reflect both the ICS and the ICPs and this will be shared in the near future and an ICS website is being launched. The aim will be for the website to evolve so that it becomes more interactive in the future and provide the ability for people to feed in comments and receive responses. A regional bulletin has also been launched providing an overarching regional update.

In terms of the ICS and engagement in relation to the Long -Term Plan four engagement events had been held at the start of the year with frontline staff and patient representatives from across the region. A summit event was then held for health and social care leaders where the themes/issues from the events were shared. The results of a further engagement event in September would also be built into the Plan.

Mary advised that Healthwatch organisations in the NE and North Cumbria provided specific support in relation to the Long -Term Plan engagement. Work has also taken place with existing Networks and the evolving Primary Care Networks.

The finalised plan will be produced in November and a significant amount of

engagement will have fed into that piece of work. As the document will be both detailed and lengthy further work will need to take place in order to make it accessible to a wide audience.

In terms of region wide activity roadshows are going to be held in October and November across the North East and North Cumbria to facilitate conversations with the public about their views on the NHS and health issues generally to help the NHS understand how it can better support communities. The aim is that the roadshows will be positive as well as realistic.

Alongside this a campaign linked to prevention will be carried out which aims to build an understanding amongst the public as to why change needs to happen and how people can be supported to stay well.

However, work is taking place with Public Health colleagues across the patch and market research colleagues and Healthwatch organisations to help test the messages before any marketing is carried out to ensure an effective campaign.

A report will be produced setting out the results of the work later on in the year and Mary advised that she would be happy to share the outcomes with the Committee once these were available.

The Chair thanked Mary for the update and noted that compared to the position when the Committee first started receiving updates there was some very proactive work taking place now which was a good step in the right direction.

Councillor Taylor stated that she was really pleased to see that the messages for the campaign were being tested before the campaign goes live. The membership of the Lay Member and Non-Executive Community Networks was also queried. Mary advised that the Networks were made up of CCG and Trust lay members and she was happy to feedback on the outcomes from the engagement event being held for that Network, on 4 November, in due course.

The Committee queried how far the engagement work was going to be taken, particularly in terms of engagement with the voluntary sector, if a bottom up approach is going to be taken. The Committee also queried whether it would address issues such as the integration of health and social care and new models of care.

Mary advised that there would be a need to assess what was sensible and appropriate to be taken forward at a regional and an ICS level. After that, whilst there might be a shared approach to communication work, CCGs and Trusts will need to set up their own links and progress their own engagement work.

Councillor Clark queried the numbers involved in the Lay Member and Non-Executive Community Networks. Mary advised that there were approximately 80 lay members across NE and North Cumbria and information regarding the lay members was available on the relevant Trust websites.

A representative from Healthwatch Gateshead stated that they were pleased to see

the commitment to having an ongoing dialogue with Healthwatch organisations around future work. However, Healthwatch organisations across the patch were unaware of the proposed roadshows and it was hoped that there was still time for them to have input. It was also highlighted that, based on the information currently provided, the roadshows appeared to be very health orientated and it was queried whether there would be a social care element.

Mary indicated that it was a complete oversight that Healthwatch had not been informed about the roadshows and she apologised and advised that information would be forward to Healthwatch organisations across the patch informing them of what was happening in each area. Mary advised that CCGs and Trust's will be leading on what happens in each area so decisions around whether there is reference to social care will be taken at a local level.

The representative from Healthwatch Gateshead indicated that they felt it would be helpful if local areas were provided with some guidance / direction on the content of the roadshows to ensure a level of consistency across the patch. Mary stated that she would give further consideration to the matter in light of the comments made.

Mark stated that he believed that there would be a lot of commonality in terms of issues raised at a local level whereas at ICP level the areas of focus might be quite different.

Councillor Mole queried whether there were links with Public Health England in the Every Mind Matters campaign. Mary explained that a review of all relevant national campaigns had been undertaken to ensure that any key messages were reinforced however, within the ICS there was a need to focus on prevention in its widest sense and not just mental health.

The Chair asked if information regarding the roadshows could be shared with the Committee and Mary advised that this would be shared when finalised.

The Chair queried when the findings in relation to the market research were likely to be available and Mary advised that the report was expected in early December and she would be happy to share this with the Committee.

**RESOLVED**                    That the information be noted.

Mary Bewley, Head of Communications and Engagement, North East Commissioning Support provided the Committee with an update on/ responses to issues previously raised by the Committee in relation to workforce figures and the wider work programme.

The Committee received information on the numbers of nurses coming into the NHS in the NE as well as figures related to student nurses compared to the national position, as well as information in relation to NHS staff at or approaching retirement age and information relating to the proportion of foreign nationals forming part of the

NHS workforce.

Information was also provided in relation to work to develop the workforce across health and social care. The Committee was informed that a monthly Leadership Group is being held comprising stakeholders from across health and social care, including local authorities /North East ADASS, trade unions, the community and voluntary sector and Skills for Care. The Workforce Strategy and Transformation Board is providing strategic direction in this area and has good representation from local authorities across a range of organisations and levels.

In addition, work is taking place to explore engagement with independent sector employers and look at apprenticeships across health and social care, having regard to examples in other parts of the country where levy funds have been transferred from health into social care. The workforce team are also involved in commissioning a new apprenticeship in Positive Behavioural Support for staff who work with people with a learning disability or autism both in health and care.

A piece of system wide workforce planning is also taking place, using a population health approach and assessing workforce needs through to 2025. Data from both health and social care is being used to inform this work along with the involvement of a wide range of stakeholders across the system in locality focused workshops to “test” the data and produce an informed narrative. This is the first time work has been carried out in this way.

Details on how unions are being engaged in the work being progressed was provided and reassurances were also provided that there were no plans for the workforce to be provided via private companies.

Work is also taking place to retain NHS staff through the NHSE/I retention support programme which focuses on strengthening retention of clinical staff. A number of trusts in the region have also been working with the national team and NHS employers and a Great Place to Work (GPTW) Board has been established and specific workstreams are focusing on flexibility of employment/recruitment/occupational health/equality, diversity and inclusion / training and health and wellbeing. Local authority representatives are being identified to sit on the workstreams to ensure discussions are inclusive and across the two sectors. A representative from the Board is also attending the local authority Workforce Leads in September to ensure all the local authorities in the NE are aware of the programme and the potential opportunities it brings.

The Committee was advised that retention of GPs is a key priority across the ICS and work is taking place through both the national GP Retention Scheme and the local GP Support Programme. NHSE/I is also working in partnership with HEE to ensure a shared workforce strategy. In addition, the Committee was advised that in recognition of the fact that GP workforce numbers need to be boosted in order to support retention of GPs, GP trainee rates across the ICS have significantly improved in recent years rising from 78% in 2017-18 to 98% in 2018-19 and the ICS plans on building on this progress in future years.

The Committee was informed that the indicative GP workforce target for September

2020 is 1987.2 GPs across the ICS and current projections show that the ICS is 383 GPs short of this target. However, it is considered that plans to maintain boosted trainee rates, improve retention of existing GP workforce and boost additional clinical roles within Primary Care will support the retention of GPs.

The Committee was advised that a key ambition for the ICS is for the Primary Care Networks (PCNs) to support the development of the primary care workforce through the introduction of Additional Roles recognised as supporting the delivery of specific service specifications between now and 2023/24. It was noted that it was proposed that in 2019-20 PCNs would recruit additional Clinical Pharmacists and Social Prescribing Link Workers and in 2020-21 Physician Associates and Physiotherapists would be recruited and in 2021/22 Paramedics would be added to the workforce.

The Committee was informed that national policies may be impacting on changes to pensions cap and contributing to individual decisions as to when they retire. Proactive action is taking place at a local level to prioritise retention of GPs in primary care and the Committee noted that continued lobbying on this issue was encouraged.

The Committee was advised that a further detailed report in relation to workforce would be brought to a future meeting of the Committee.

The Chair noted that whilst the Committee had discussed having the detailed report on workforce at its November meeting it was now planned to bring the report to the Committee's January meeting to facilitate inclusion of work relating to social care which the Committee was keen to have further information on.

A discussion took place around the numbers of EU and non – EU staff comprising the NHS workforce as at September 2019.

As a result of the information, the Committee, acknowledged that EU nationals represent only a small percentage of the workforce but expressed concern at the potential loss of EU staff due to the potential effects of Brexit and the shortage of skilled non – EU staff who might take their place in the event that they leave. The Committee believed that the loss of EU staff could impact on the ability of the NHS to continue running some specialist services that currently rely on such staff.

As a result, the Committee agreed that a letter should be sent to government and relevant NHS organisations highlighting these concerns and seeking reassurances that appropriate action is being taken to protect the sustainability of NHS services in the ICS area.

Councillor Taylor also queried what was being done to retain hospital staff as much of the information they had received had tended to focus on work to retain GPs. Councillor Taylor considered that the work in relation to the apprenticeship levy was, however, really pleasing.

Councillor Mole queried how the role of Social Prescribing link workers at the PCN linked with the workforce in social care. The Committee was advised that further information would be sought on this and brought back to the Committee in due

course.

The representative from Healthwatch Darlington noted that reassurances had been provided that there were no plans for the NHS workforce to be provided via private companies. However, it was queried whether a wholly owned subsidiary of a trust could be sold off or taken over.

Mark Adams stated that it was his understanding that a Trust established a subsidiary to undertake specific things. For example, Northumbria Healthcare Trust established a subsidiary for fleet management and he was unaware of a situation such as the one highlighted.

The Committee was advised that further information would be sought on this and brought back to the Committee in due course.

A member of the public highlighted issues about subsidiaries at Gateshead Health NHS Trust and South Tyneside NHS FT and the Chair advised that if these were areas of concern they should be raised with the relevant OSCs in the respective local authority areas rather than this Committee.

Councillor Dodd queried whether an area for further scrutiny might be the early retirement of GPs. However, it was highlighted that the pensions issue was currently in the process of being resolved which would assist the situation.

It was queried as to whether further information should be sought in relation to NEAS workforce as there were concerns that they may not be in as good a position as anticipated in relation to recruitment of paramedics.

Mark Adams noted that this issue had been covered at an earlier meeting of the Committee.

The Chair asked for an update on this issue to be provided which could be circulated to the Committee.

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| RESOLVED | <ul style="list-style-type: none"><li>(i) That the information be noted.</li><li>(ii) That a letter be forwarded to government and relevant NHS organisations highlighting the Committee's concerns at the potential loss of EU staff due to the potential effects of Brexit and the shortage of skilled non – EU staff who might take their place in the event that they leave as the Committee believes that the loss of EU staff could impact on the ability of the NHS to continue running some specialist services that currently rely on such staff given the current shortages of non – EU qualified professionals.</li></ul> |
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## WORK PROGRAMME

The provisional work programme for the Joint Committee as set out below was agreed.

Meeting Date	Issue
25 Nov 2019 – 1.30pm	<ul style="list-style-type: none"> <li>• Development of ICS/ICS Plan – Progress Update</li> <li>• Urgent and Emergency Care – Progress Update</li> <li>• Mental Health – Progress Update</li> <li>• <i>Optimising Care Services - Update</i></li> </ul>
20 Jan 2020 – 1.30pm	<ul style="list-style-type: none"> <li>• Development of ICS – Progress Update</li> <li>• <i>Workforce Progress Update</i></li> <li>• Digital Care</li> </ul>
23 March 2020 – 1.30pm	<ul style="list-style-type: none"> <li>• Development of ICS – Progress Update</li> <li>• Population Health Management</li> <li>• <i>Primary Care Networks Update</i></li> </ul>

### Issues to Slot In

Community Pharmacies

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## DATES AND TIMES OF FUTURE MEETINGS

Future meetings of the Joint OSC for the NE & NC ICS and North and Central ICPs will be held at Gateshead Civic Centre on the following dates and times:-

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

Chair.....

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