

**GATESHEAD METROPOLITAN BOROUGH COUNCIL**

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

**Monday, 20 January 2020**

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

Councillor(s): Hall and Beadle (Gateshead Council), Taylor, Mendelson and Schofield (Newcastle CC), Mulvenna, Clark and Mole (North Tyneside Council) Watson and Dodds (substitute) ( Northumberland CC), Kilgour ( South Tyneside Council) Robinson, Stephenson and Simmons (Durham CC), Dixon ( Sunderland CC)

**APOLOGIES:** Councillor(s): Armstrong and Nisbet (Northumberland CC), Flynn and Hetherington (South Tyneside Council), Leadbitter and Macknight (Sunderland CC)

**107 APOLOGIES**

**108 DECLARATIONS OF INTEREST**

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

Councillor Mendelson (Newcastle CC) and Councillor Hall (Gateshead) declared an interest as members of CNTW NHS FT Council of Governors.

**109 MINUTES**

The minutes of the meeting of the Joint Committee held on 25 November 2019 were approved as a correct record.

**110 MATTERS ARISING**

There were no matters arising to report.

**111 DEVELOPMENT OF ICS / ICS PLAN - PROGRESS UPDATE**

Mark Adams, Chief Officer, NewcastleGateshead, North Tyneside and Northumberland CCG provided the Joint Committee with a presentation on the above.

Mark explained that the NCNE ICS had developed a five-year strategic plan covering the period 2019/20 to 2023/24 setting out its response to the NHS Long

Term plan.

The Plan recognises “place” as paramount and builds on the work progressed over the last two years and sets out how the ICS will:-

- Bring together local organisations in a pragmatic and practical way
- Ensure patients get more options, better support, and properly joined-up care at the right time and place
- Relieve pressure on A&Es through more effective population health management and service coordination
- Strengthen our contribution to prevention and tackling health inequalities to help people stay healthy and moderate demand on the NHS
- Develop a new ‘system architecture’ that delivers strategic action on workforce transformation, digitally-enabled care, and the collaborative approaches to innovation and efficiency that will restore our whole ICS to financial balance

The Plan also highlights the priorities and areas of focus of the four Integrated Care Partnerships operating within the ICS which will act as key delivery vehicles for the ICS ambitions as set out below:-

#### **North of Tyne and Gateshead Integrated Care Partnership (ICP)**

- Improving health, wealth and wellbeing are key areas of focus across all organisations within the ICP.
- Tackling inequalities and unwarranted variation are common themes building up from local Health and Wellbeing / Wellbeing for Life Strategies.
- 3 ICP priority areas:
  - Climate Change and Sustainability
  - Workforce, Employment & Skills
  - Prevention

The ICP also aims to influence and support a wider agenda over and above current joint work in respect of social care and health issues and will also be particularly focusing on the following:-

- bringing care closer to home
- developing place -based approaches to integrating services to increase the scale and integration of out of hospital services, based around communities
- improving population health outcomes through:-
  - Northumberland System Transformation Board.
  - North Tyneside Future Care Programme.
  - Newcastle Joint Executive Group and Joint Delivery Group.
  - Gateshead Health & Care System.

#### **Durham, South Tyneside and Sunderland Integrated Care Partnership (ICP)**

Key areas of focus:-

- work collaboratively and, where appropriate, combine resources and maximise economies of scale.
- develop a culture that promotes alliance working between organisations and citizens across the ICP.
- engage with patients and service users and the public at place and ICP level

to help us develop and realise our ambitions for the system, while contributing to and collaborating with the wider ICS, including strategic enablers such as finance, workforce, digital and estates.

The ambition is to transform health and care outcomes building on the primacy of place-based working across health and social care, underpinned by a long history of partnership working.

There is a commitment to working 'at scale' on strategic issues, where it makes sense and adds value, shifting the focus from a system that treats ill health to one that keeps people well for longer.

A key aim is to achieve integrated place based service and it is intended to achieve greater integration by:-

- Joining up the planning and delivery of health and care services through integrated strategic and operational commissioning
- Developing senior joint roles at place level with each of the three councils to create a partnership culture, create and sustain system wide improvement, strengthen integration across the ICP footprint.
- Using formalised collaboration agreements, e.g. All Together Better and South Tyneside Alliance.

### **Tees Valley Integrated Care Partnership (ICP)**

Focus on "place" and ensuring the sustainability of services for the local population that meet quality and clinical standards as well as workforce challenges, core performance and financial standards.

Clear ambition to improve health and wellbeing building on the strong foundations of place-based working across health and social care.

Transformation across the ICP will deliver a positive shift towards improving population health and support integration in care delivery and also tackle the significant wider determinants of the health and well-being of the population.

A population health management approach will be used to tailor how the ICP deliver, improve and commission responsive and tailored local health and care services from a Primary Care Network level and at scale.

An ICP wide joint programme of work, with Local Authority Public Health Teams has been identified to address some of the underlying causes of ill health, aimed at the following key areas;

- Reducing; tobacco dependency, excess weight, and the impact of alcohol
- Making every contact count.
- Air quality.
- Antimicrobial resistance
- Screening and immunisation
- Health inequalities.

Local integration at place will involve building upon existing local place-based leadership, involving all 18 local primary care networks working with local authority

and voluntary sector partners, in improving health and wellbeing through extending the reach and effectiveness of services.

Place based approaches will vary from place to place across the ICP. Integration of primary care, social care and hospital care is viewed as vital to the delivery of effective and high-quality services.

### **North Cumbria Integrated Care Partnership**

#### **Strategic Aims:**

- Improve the health and care outcomes of our local communities and support people of all ages to be in control of their own health.
- Build health and care services around our local communities.
- Provide safe and sustainable high-quality services across our sparsely populated area.

#### **Strategic Enablers:**

- Be a great place to work and develop.
- Integrate how health and care organisations work together.
- Live within our means and use our resources wisely.
- Deliver digitally enabled care.

#### **Key areas of focus**

- Climate Change and Sustainability
- Workforce Employment and Skills
- Prevention
- Local Integration at place

Mark advised that the Plan also sets out the 6 priority workstreams for the ICS; Population Health and Prevention; Optimising Health Services; Mental Health; Learning Disabilities and Autism; Digital Care and Workforce. Mark explained that each workstream has an SRO, programme lead and project managers and he outlined the key aims and ambitions of each workstream.

Mark also highlighted that partnership work at a place-based level is viewed as key to achieving the ICS ambition to reduce health inequalities.

The Chair, Councillor Caffrey, thanked Mark for his presentation and highlighted a few areas of particular interest. Councillor Caffrey noted that there was little reference in the document to finances as such. However, Councillor Caffrey considered that the reference to the need for an extra one billion in funding to make sure that the estates are fit for purpose for the twenty first century clearly represents a huge challenge.

Councillor Caffrey noted that there was reference to looking at developing a different model of commissioning. Councillor Caffrey indicated that one of the challenges for local authorities in relation to commissioning is to achieve best value at the same time as achieving what is needed to meet the best interests of the local community. Councillor Caffrey hoped that NHS colleagues would join local authority colleagues in developing and building on an approach to community wealth building.

Councillor Caffrey noted that Gateshead has a joint appointment with the CCG in terms of commissioning and would be very interested in working with the ICS/ ICPs on a different model.

Councillor Beadle queried how realistic some of the pledges in the plan were, eg in relation to increases in healthy life expectancy, given that this was a five year plan.

Mark stated that the pledges were aspirational and were about seeing how much progress towards these goals can be achieved in five years and the goals set out in the NHS Long Term Plan.

Councillor Beadle considered that a realistic focus must relate to prevention work amongst young people as it would seem too late for such a shift amongst the adult population.

Councillor Caffrey noted that Councillor Beadle's comments linked to the work Gateshead Council had been doing with Marmott around ways of working to reduce health inequalities. Marmott had indicated that if only one principle was progressed work around achieving a best start in life for children and young people should be it.

Mark agreed that a focus on children and young people and achieving the best start in life was a massive area focus for the ICS. However, it was also considered reducing frailty amongst the adult population and reducing smoking were also important areas of focus.

Councillor Robinson noted that Durham also has a joint commissioning post and considered that it is important that there is a move towards working outside of silos and having confidence in joint commissioning arrangements.

Councillor Robinson welcomed the plan as a way forward, as did Councillor Schofield.

However, Councillor Schofield queried where the democratic control would come from in relation to the ICS / ICPs.

Mark explained that ongoing discussions were being held with local authorities around a Partnership Board and local authority representation on that and chairing arrangements. Further developments will take place after these arrangements have been put in place.

Councillor Taylor stated that she thought the plan was very good and she supported the ambitions outlined.

However, Councillor Taylor noted the part of the plan which referred to ensuring high quality sustainable services and she stated that key to this was having sufficient staff with the right skills. Councillor Taylor considered that transforming services would only be of benefit if this was the case.

Mark agreed and stated that the starting point would be about ensuring quality of care.

Councillor Taylor highlighted that there was some fantastic work going on in the region in relation to reversing type 2 diabetes and impacts on mortality. However, Councillor Taylor felt that there was a greater need to focus on climate change and look across the region at providing some guidance on this. Councillor Taylor considered that this was an area which needed to be taken more seriously if a difference is going to be made.

Councillor Taylor also highlighted that it would be important to make clear to the public that some of the ambitions outlined in the plan in relation to workforce were likely to take a considerable length of time to achieve. Councillor Taylor felt this was needed as the ambitions set out may not reflect the picture in localities for some time.

The Chair invited views from the Committee on how it might want to scrutinise the ICS and the plan going forwards and a discussion on the way forward ensued. It was noted that going forwards it would be key to ensure that there was effective scrutiny of the relevant ICPs as well as the ICS. It was agreed that officers from Gateshead would liaise with members of the Committee regarding a proposed approach to scrutinising the ICS and relevant ICPs with a view to this being brought back to the Committee at its next meeting.

The Chair, Councillor Caffrey, asked Marc if there had been any feedback from the DoH on the plan submitted. Marc advised that they had only received initial feedback at this stage which indicated that the plan looked comprehensive.

## **112 WORKFORCE PROGRESS UPDATE**

Lisa Crichton-Jones, Director of Workforce Transformation provided the Joint Committee with its third update on progress in relation to the Workforce Transformation Programme. Steph Downey, Service Director, Adult Social Care, Gateshead also provided information in relation to joint work between the ICS and local authorities around the social care

Lisa stated that she hoped that this update would demonstrate how much work was progressing.

Lisa advised that the first national Chief People Officer had been appointed? and set out the national context in terms of the People Plan which has the five core themes of:-

- Best Place to Work
- Leadership
- Role Redesign
- Supply
- Operating Model

The plan would set out a clear framework for collective action over the next five years and a fuller range of specific targeted actions to address the biggest shared

challenges. It would also set out how the ICS put people issues at the heart of all that is done in the ICS: illustrate what engagement and collaboration has taken place and how feedback has been listened to; the benefits for staff and service users and promote collaboration across the NHS, local government and the wider care sector as well as creating momentum going forwards.

It was noted that the workforce strategy was still NHS/ health based when there needs to be integration across health and social care. However, Lisa advised that she was working with Steph to achieve an integrated approach across the two areas where possible.

Lisa stated that the workforce model has had to change to realise the ambitions of the People Plan and some big engagement exercises have been taking place around this. Work has taken place over the autumn with national colleagues testing the model over a range of workforce themes to assess where we are as a region.

Lisa highlighted the proposed workforce operating model which it consider will meet the aspirations set out in the Plan

- Scaling up good practice
- Subsidiarity / roles and responsibilities / Resources
- Impact of digital strategy on workforce
- System workforce planning
- Short term projects

Lisa also set out how work is progressing to ensure that staff have the skills and competencies needed and a Primary Care Workforce Board is being set up to look at roles etc. In addition, a £500,000 project has been established to look at re-developing the workforce.

Steph Downey, Service Director, Adult Social Care, Gateshead Council, highlighted the joint work that had been taking place in relation to workforce across health and social care.

Steph advised that there is now local authority representation on the Workforce Strategy and Transformation Board to facilitate social care messages being embedded. In addition, there is local authority involvement in the Leadership Group and a number of workstreams eg Apprenticeship group, Great Place to Work, Find Your Place are exploring joint work between health and social care in relation to the skills / type of people they want to attract and apprenticeships across health and social care. Steph stated that placed based integrated workforce approaches are also being considered e.g. joint apprentices and work is taking place to look at how learning is being shared and replicated. Support is also being provided from Health Education England in relation to social care workforce planning and work is taking place to around possible areas of joint work (e.g. Nursing Associates, OT Apprentices). As jobs within the social care are not currently seen as an attractive option, work has also been taking place to raise the profile of the social care sector and jointly lobby for a fair deal for Social Care.

Lisa set out the position in relation to the Find Your Place campaign initially aimed at

medical trainees. The ICS Workforce Strategy and Transformation Board has now agreed £80,000 to expand the campaign model to other professions starting with nursing and midwifery and with a focus on recruitment from outside the region. Steph highlighted that the model could potentially be used to attract social workers going forwards.

Lisa advised that it is considered the timing is right to launch the national “We are the NHS” campaign to highlight what the region has to offer and promote it as the best place to work, train and live as a nurse. The campaign will focus on specific geographical areas as well as some key universities and specific specialty areas. The plan is to go live in approximately six weeks with a new website for the campaign with content and promotion following and Lisa stated that she would be happy to update the Committee on the progress of the campaign at a future meeting.

Lisa also advised that the first ICS regional conference on Equality and Diversity had taken place in April and the Population Health Programme had been launched in December supported by the Kings Fund. A project was also being progressed in relation to Child and Adolescent Wellbeing and place-based leadership events were being held to support leaders deliver work at a local level. Newcastle had also put in place a programme for senior leaders. Work was also taking place with Steph and other local authority colleagues in relation to social care and the talent management programme. It was proposed to set up a working group to take forward joint work in this area.

Lisa concluded by stating that an important piece of work was also taking place to identify metrics which would demonstrate progress.

The Chair thanked Lisa and Steph for their presentation and stated that it had been particularly helpful to hear Steph talk about some of the joint work taking place in relation to social care given the Committee’s previous concerns in relation to workforce recruitment and the integration agenda and the disparity in esteem between the health and social care workforce.

Councillor Hall welcomed the report and considered it that it had been helpful to have more detailed information on joint work in relation to the social care workforce. Councillor Hall considered that it was clear that more work needed to take place as the current commissioning model means that if social care staff are not in place this has an impact on hospital discharges. Councillor Hall considered that this situation needs to be tackled in order for the ICS to achieve its goals.

Lisa stated that system workforce planning would be key and she advised that local authority colleagues had been invited to a workshop to have these sort of discussions.

Steph noted that within the social care market there was not an organisation that could provide a single representative voice but work was taking place to look at how this can be progressed. Steph also noted that local authorities had not yet had the Green Paper on Social Care which had been promised. However, Steph advised that the hope is that there will be a joint plan with the NHS.

Lynn Wilson stated that in Gateshead opportunities for joint work in relation to



occupational therapist posts and SEND posts as well as posts in Care Homes were being explored and learning could be shared.

Councillor Beadle expressed concerns that the language in section 3.2 of the ICS plan (page 240) had made it sound like the removal of the national bursary scheme was a good thing when he considered that it was not.

Councillor Beadle also noted that Councils such as Gateshead have a significant proportion of staff in their 50's which will impact on workforce predictions and he queried whether it was the same for the NHS. Councillor Beadle also queried whether the NHS was investing in research carried out via PHD students at Universities around such issues and the skills / posts needed for the future.

Dr Groen stated that Health Education England would agree that language is important. However, the removal of the scheme had meant that the market had been less restricted by the amount of public money available which had led to an increase in nursing places and capacity and an increase in students.

Dr Groen advised that research collaborations took place with all the universities? and a number of studentships were available within different strands/ themes and some fully funded studentships had yet to be determined.

Councillor Beadle suggested that it would be useful for these studentships to look at future workforce needs.

In terms of planning around skills needed for the future, Steph advised that a lot of work was taking place in relation to developing digital skills as it was recognised that whilst the workforce are receptive there is a need to embrace digital skills more.

Councillor Mendelson queried whether work was taking place to engage with local enterprise partnerships and the Combined Authorities' and the unions and Lisa confirmed that this was taking place.

Councillor Mendelson stated that she really welcomed the progress which had been made with social care and colleges in the area and universities. However, Councillor Mendelson queried where NEAS fit in with this work.

Lisa stated that they are working with NEAS and they have a critical role on the Primary Care Workforce Board and she advised that some examples of NEAS involvement would be included in the next progress report to the Joint Committee.

Councillor Taylor acknowledged that a lot of good work was taking place across the sector. However, Councillor Taylor noted that there was a commitment in the Long Term plan to reduce vacancies and she sought reassurances this had not led to deletions in posts. Councillor Taylor also considered that the progress made in encouraging medical trainees via the Find Your Place Campaign was good but expressed concern that there were still a significant number of nursing vacancies. Councillor Taylor also queried whether there had been any increase in the loss of EU staff.

Dr Groen stated that the position had stabilised quite a bit as there had been a lot of reassurances from the government to EU nationals. In terms of the position in relation to vacancies, Dr Groen advised that he did not believe there was any desire to cut posts and in fact there had been a limited amount of growth in actual posts. However, Dr Groen highlighted the fact that growth needs additional funding and this is currently limited. Dr Groen also highlighted that there is a lot of work to be done looking at vacancy rates for individual staffing groups. Dr Groen stated that it is anticipated that the NHS will be able to bring a lot more people into the system without growing posts, through mechanisms like Find Your Place.

Councillor Kilgour stated that the progress made so far was pleasing but she noted that information on funding is scant. Councillor Kilgour expressed concern that there would be increased expectations placed on local authorities and the voluntary sectors, where funding is diminishing. Councillor Kilgour considered that this is where further investment is needed.

Steph advised that a lot of work has already taken place across the ICS, however, there was still work to be done at a place level around funding allocations.

Councillor Kilgour stated that as local authorities have a longer-term duty of care there needs to be a real focus on how this work is supported.

## 113

### **DIGITAL CARE**

Professor Graham Evans provided the Joint Committee with a progress update on the work of the Digital workstream.

Professor Evans advised that the Digital Strategy was the first strategy approved by the Health Strategy Group and the workstream is aligned very closely with the workforce workstream. There is also local authority representation from each ICP area on the ICS Digital Strategy Board and the Chair of the NE ADASS is part of the Great North Care Record (GNCR) Group.

Professor Evans stated that it is anticipated that Sunderland will be the first local authority to go live with the Great North Care Record along with other NHS partners and then other local authorities would join up to the health information exchange.

Professor Evans stated that there is a shared ambition to develop a digitally capable workforce, explore new and emerging technologies and look at how we augment the care we deliver.

Professor Evans stated that a key piece of work was around understanding the needs of the workforce and consultation had taken place with around 450 plus clinicians. The key message coming out of this work were around the importance of getting the basics right; ensuring that digital processes are simple straightforward and easily accessible and ensuring that systems are joined up.

Professor Evans noted that a piece of national research by the NHS had identified similar challenges to those identified for this ICS and as a result work had taken place to look at the relative technological maturity of respective organisations within the ICS.

Professor Evans highlighted the work being progressed as part of the Digital Strategy long Term Plan and the aim to have all trusts fully digitised by 2024 with standards in place in relation to information sharing and cyber security and development of shared records via the Great North Care Record and. The aim is to have the NE & NC leading the way in the development of shared records.

Professor Evans outlined the roadmap for the digital strategy setting out the vision, aims and key objectives with timelines.

Professor Evans also outlined how education is being used to prepare the NHS and the care workforces within the ICS to deliver the digital future via the Health Education England and Yale Leadership Programme.

Professor Evans stated that opportunities were being explored to make the workforce more mobile and agile in the way they work and look at developing new models of care.

The Chair noted that conversations had been ongoing regarding the Great North Care Record for the last five years, so it was really pleasing to hear that it was becoming a reality. The Chair considered that sharing of information was key to the development of an integrated health and care system.

Councillor Hall queried how GDPR was impacting on the work being progressed.

Professor Evans acknowledged that governance was a big challenge but he believed that this could be overcome starting at the local level. Professor Evans stated that the first phase of the Great North Care Record had been completed and the important task now would be communicating the benefits.

Steph stated that there was a group of local authority and NHS colleagues exploring a number of information governance issues.

Councillor Hall queried whether the work being progressed involved patients being able to access their own records and Professor Evans confirmed that this was the case via a system called "preference selection".

Councillor Dixon thanked Professor Evans and stated that he was very encouraged by the presentation. Councillor Dixon stated that it was good to see how far the work had been progressed.

Lynn Wilson, Director for the Gateshead System, queried the position in relation to the investment for the Great North Care Record and asked if this was sustained investment.

Professor Evans advised that they were working on the funding situation. At present,

the work on the Great North Care Record was being sustained by the NHS but going forwards they were exploring a subscription model, however this was still in an early phase.

Steph stated that this was an area of concern for a number of local authorities.

Councillor Mulvenna asked whether it was possible to have a credit card system with digital input linked with the donor card system.

Professor Evans advised that the NHS App already has this capability now.

A member of the public queried what safeguards were in place to prevent health information from being sold. Professor Evans advised that personally identifiable data has to be protected and data at a higher level can only be shared with express consent from an individual.

#### 114 **URGENT AND EMERGENCY CARE - INTERIM REPORT**

The Joint Committee agreed to defer consideration of this matter until its next meeting when it was due to receive a full progress update.

The Committee requested that when the updated report was presented to the next meeting of the Committee that it contained information on the respective A& E performance figures for North Tees and Hartlepool NHS FT for both 2018 and 2019 as they did not appear to be included in the interim report. The Committee also asked that it be made clear as to whether the figures for both 2018 and 2019 related to South Tyneside and Sunderland Combined FT. Clarity was also requested on the definition of All Types of performance and Type 1.

#### 115 **WORK PROGRAMME**

The provisional work programme for the Joint Committee for 2019-20 as set out below was agreed.

<b>Meeting Date</b>	<b>Issue</b>
23 March 2020 – 1.30pm	<ul style="list-style-type: none"><li>• Development of ICS / ICS Plan Progress Update</li><li>• Population Health Management</li><li>• Primary Care Networks Update</li><li>• Urgent and Emergency Care Update</li></ul>

**Issues to slot in**  
Community Pharmacies

The Committee also had an initial discussion around the future work programme for

2020-21 and the need for this to include the work of the ICPs in addition to the ICS.

It was agreed that a proposed approach to scrutiny of the ICS and ICPs would be discussed at the next meeting of the Committee.

**116**

**DATE AND TIMES OF FUTURE MEETINGS**

It is proposed that the next meeting of the Joint OSC for the NE&NC ICS & North & Central ICPs will be held at Gateshead Civic Centre on 23 March 2020 at 1.30pm.

**Chair.....**