

# Public Document Pack

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

Monday, 17 October 2022

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

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

### 162 APPOINTMENT OF CHAIR

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

### 163 APOLOGIES

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

### 164 DECLARATIONS OF INTEREST

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

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

### 165 MINUTES

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

### 166 NEXT STEPS FOR ICS

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

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

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

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

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

Key next steps for the development of the ICS would be

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

authorities in the autumn.

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

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

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

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

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

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

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

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

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

more joined up and equal care across the ICS.

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

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

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

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

Dan confirmed that this was case.

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

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

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

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

Councillor Hall queried what the position was in relation to social prescribing for individuals who come through GP practices with non- medical issues as this is a significant issue and who would fund this work.

Dan advised that this would be on the agenda for place based committees.

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

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

mechanisms supported continuing healthcare and pooling of budgets.

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

Dan stated that aspects would be delegated.

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

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

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

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

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## **WORKFORCE PROGRESS UPDATE**

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

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

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

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

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

conditions of employment in parts of the sector.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

to support these services to tackle root causes.

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

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

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

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

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

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

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## **UPDATE ON ICS MENTAL HEALTH COLLABORATIVE**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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### **WORK PROGRAMME 2022 -23**

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

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

#### **Issues to slot in**

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

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### **DATES AND TIMES OF FUTURE MEETINGS**

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

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

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

**Chair.....**

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