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

Monday, 21 November 2022

PRESENT: Councillor M Hall (Chair) (Gateshead Council)

Councillor(s): J Green (substitute) and Wallace (Gateshead Council) Taylor and Pretswell (Newcastle CC) Chisnall (Sunderland CC) Ezhilchelvan and Nisbet (Northumberland CC) Jopling (Durham CC) Kilgour, Malcolm (South Tyneside Council) Mulvenna and O'Shea (North Tyneside Council)

APOLOGIES: Councillor(s): Butler (Sunderland CC), Kirwin (North Tyneside Council) and McCabe (South Tyneside Council)

171 APPOINTMENT OF CHAIR

In line with the terms of reference for the Joint Committee, the Joint Committee agreed to appoint Councillor Maria Hall of Gateshead Council as Chair for the remainder of the 2022 - 23 municipal year.

172 APOLOGIES

Apologies were received from Councillors Kirwin (North Tyneside Council), Butler (Sunderland CC) and McCabe (South Tyneside Council)

173 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.

174 MINUTES

The minutes of the meetings of the Joint Committee held on 4 July 2022 and 17 October 2022 respectively were approved as a correct record.

175 HEALTH INEQUALITIES UPDATE

Professor Edward Kunonga, Director of Population Health Management at NECS and Public Health Consultant at CDDFT and TEWV provided the Joint OSC with an update on the above.

Professor Kunonga provided the Joint OSC with information on the difference between health inequalities and healthcare inequalities and the causes of death that drive disparities in life expectancy by deprivation.

Professor Kunonga advised that the impact of the Covid 19 pandemic had widened the life expectancy gap. For males there was now a 10.4 year gap across the region with variations in each local authority area and for females there was now an 8.1 year gap across the region again with variations in each local authority area.

The Joint OSC learned that in males, the gap in life expectancy between the least and most deprived areas in the region was mostly due to higher mortality in circulatory disease, followed by external causes, cancer, respiratory disease* and Covid-19. In females, higher mortality in cancer in the most deprived areas contributed to the life expectancy gap most, followed by circulatory disease, respiratory disease and Covid 19.

Professor Kunonga provided the Joint OSC with information on what was contributing to the health inequalities gap and it was noted that almost 10% was as a result of Covid 19. Therefore, Professor Kunonga considered that there was still a need to encourage uptake of Covid 19 vaccinations.

Professor Kunonga also highlighted that the proportion of premature deaths by external causes in males, which includes deaths from injury, poisoning and suicide, was higher in the North East than in any other region and was affecting males in the prime of their life and really needed to be addressed. The pattern was different for females where external causes was less of a contributing factor.

Professor Kunonga stated that there was some positive news with significant progress in reducing infant mortality rates in the region being made.

The Joint OSC was advised of the national approach and the Core 20 plus programme approach. Core 20 focused on the 20% most deprived communities nationally. Professor Kunonga advised that a third of the NE&NC ICS population lives in the 20% most deprived communities and half of the population lives in the 30% most deprived communities and 70% lives in the 40% most deprived communities so the scale of the challenge in terms of reducing health inequalities was huge. The Plus element of the programme focused on giving special attention to certain disadvantaged population groups such as those with severe mental illness and homeless individuals.

Professor Kunonga stated that joint work was taking place with local authority Directors of Public Health to establish where the ICB could make a difference at a regional level to make a significant difference through economies of scale and identify what work should occur at place level.

Professor Kunonga set out the vision for the NE&NC ICB and highlighted that feedback on an outline framework for the ICP Integrated Care Strategy was due to be received at the end of the week. The aim was for the Integrated Care Strategy to be published before Christmas. Professor Kunonga stated that they were not starting from scratch in developing the Strategy and were building on a range of assets, progress which had already taken place and partnership working.

Professor Kunonga highlighted the draft key commitments in the developing Integrated Care Strategy and set out the high - level timeline and advised that the finalised strategy would be shared with the Joint OSC in due course.

Councillor O'Shea thanked Professor Kunonga for the extensive presentation and noted that the NHS has significant and ambitious plans aimed at reducing health inequalities. However, Councillor O'Shea queried whether these plans might be impacted by the Autumn Budget and austerity which will affect many classes of people and will be particularly likely to damage disadvantaged communities.

Professor Kunonga stated that they were making the case for resources to tackle health inequalities in the NE&NC ICB area as strong as they possibly could and had established a small working group to look at the national formula for resourcing and what action might be taken where it does not reflect the level of need in the region. Professor Kunonga stated that where the NHS is working more closely with local authority colleagues to progress work in this area this would provide the opportunity for the Joint OSC to examine these and offer challenge. With regard to the broader policy issue this was for others involved in policy to challenge.

Councillor Ezhilchelvan stated that some of the statistics provided were compelling for action and the data was impressive. However, Councillor Ezhilchelvan asked what information was needed so that priorities could be developed to make a difference on the ground and establish whether the causes of health inequalities were realistic. Councillor Ezhilchelvan stated that it would not be realistic to expect that if there was no austerity tomorrow that everyone would be equally well off. Councillor Ezhilchelvan stated that for example he would like to know the underlying reasons for the figures in relation to cardiovascular which were high in some areas and low in others. Councillor Ezhilchelvan considered that if this information was available then it would be possible to inform the manner in which people seek to change behaviour.

Professor Kunonga thanked Councillor Ezhilchelvan for raising a very good point and explained that this was one of the programmes that they were working on within the ICB. Professor Kunonga stated that he would be happy to come back to the Joint OSC to talk about how they were using the wealth of information to do what Councillor Ezhilchelvan had highlighted. Professor Kunonga stated that as an example they were looking at how individuals were admitted as emergencies for diabetes and linking that with data in primary care in relation to engagement with a view to then sharing information on potential actions with community leaders. Professor Kunonga stated that the presentation today was to provide the Joint OSC with the bigger picture.

Councillor Ezhilchelvan thanked Professor Kunonga for the clarification and queried what he classed as “external causes”. Professor Kunonga stated that this was an ONS classification of causes of death and relates to drug related deaths, suicides and deaths the coroner is unable to make a determination on and they were trying to unpick this data further.

Councillor Jopling asked whether resources were being targeted at certain areas to get more value for money and make a difference given that budgets were tight. She also queried whether they had any plans which identified what they intended to tackle first.

Professor Kunonga stated that this was an important question and he acknowledged that tough decisions/choices would have to be made. However, Professor Kunonga advised that decisions/choices around what should be prioritised would not be made in isolation and would be agreed as a system and at place level and then collectively. The ICS ambition to improve the health of the population and reduce health inequality gaps would require tough decisions which would be made in partnership. Other joint work would involve consideration as to how assets would be utilised across the system and the important contribution of the voluntary and community sector and partnership work with local authorities to help the population understand the narrative.

Professor Kunonga stated that a recent small survey which asked whether the public would be willing to prioritise access to elective recovery had shown that the appetite for this was not high. However, Professor Kunonga stated that in order to narrow the health inequalities gap there may be a need to bring forward surgery for some groups before others and such decisions would require both public and local authority support. Professor Kunonga stated that currently they were in discussions with local authorities around whether surgery for the 2,900 patients with learning disabilities needs to be prioritised.

Councillor Taylor thanked Professor Kunonga for the excellent presentation but noted that much of what had been presented was not new and had been put forward over the last forty years. Councillor Taylor acknowledged that there had been one big success in reducing smoking but she queried how a difference could be made in other areas when the pandemic had made matters worse.

Professor Kunonga acknowledged the points made by Councillor Taylor and stated that what was new was the scale of the challenge. However, Professor Kunonga stated that there are areas where progress is being made such as in cardiovascular diseases which were being dealt with faster than the England average and this was not down to just one part of the system. Professor Kunonga stated that they wanted to learn from examples such as this to see how they could utilise these going forwards.

Professor Kunonga stated that the ICB was aware that there was potential for the cost of living crisis to wipe out the last ten years of improvements if matters were not addressed. Professor Kunonga stated that this was why the ICB wanted to work closely with local authorities to protect what has already been achieved and use this as a springboard for further improvements.

The Chair thanked Professor Kunonga for the excellent presentation but expressed concern that health inequalities for children and young people might increase as a result of the cost of living crisis particularly for those living in the most deprived communities and children with life limiting conditions from birth. The Chair noted that the Marmot Review had referenced the importance of the first 1000 days in a child's life and yet the presentation had only referred to the first 28 days and she was concerned about the depth of focus.

Professor Kunonga advised that when they started to develop the Integrated Care Strategy one of the consistent themes which came through was Children having the best start in life. Professor Kunonga noted that work had taken place around the first 1000 days of a child's life within the ICB and there was compelling evidence as to adverse childhood experiences which they were looking to address but there were no short-term fixes. Professor Kunonga stated that at the region wide Children's Health Network, which was attended by Head Teachers, Directors of Children's Services and representatives from the voluntary sector, there was overwhelming feedback that the ICB was not pushing far enough in its strategies and this would therefore be reflected in the next iteration of the Strategy. However, Professor Kunonga stated that progress in tackling health inequalities across the patch might still be affected by national policy and could still be wiped out.

The Chair noted that a major issue in terms of tackling health inequalities was the ongoing issue of resources.

176 WINTER PLANNING UPDATE

Siobhan Brown, Transformation Director System Wide, NENC Integrated Care Board, provided the Joint ICS OSC with an update on the next steps in increasing capacity & operational resilience in urgent & emergency care ahead of winter.

Siobhan advised that a key point to note was that the healthcare system is now under sustained pressure all year round not just during winter and therefore choices in relation to priority areas of work were being taken in partnership. Whilst there is a lot of focus on what the NHS was doing they were working with local authorities and local communities.

Siobhan stated that there had been a lot of modelling work in relation to disease and there had been an early peak of flu and Covid and a respiratory disease which affects children. Siobhan stated that it was expected that there would be a second peak early in the new year.

Siobhan advised that wider challenges included the cost of living crisis; energy and fuel challenges; inequalities already inherent in communities that they did not want to worsen; year round pressure on all areas of the system that outstrip capacity to deliver as well as industrial action and the interplay of human behavioural patterns and access to services.

Siobhan noted that there were 13 places within the ICS, soon to be 14, and she stated that a lot of the winter planning agenda was very local although some work

was system wide.

Siobhan advised that the ask to have a 24/7 System Control Centre linked regionally and nationally by 1 December 2022 was well on the way to being achieved and they would use what works well and build on from there.

The need had also been identified to build on the surge model and agree escalation triggers for place, area, system level interventions as required as well as being prepared for variants of Covid-19 and respiratory challenges and this had been based on the work of local resilience forums and the learning from Covid along with constant horizon scanning and a major focus on vaccinations.

In terms of flu vaccinations, in Care Homes and amongst over 65's they had achieved a take up of 73% and 75% respectively and for Covid vaccinations a take up of 80% and 83% respectively. Front line workers were also being offered Covid and Flu vaccinations and there was also constant promotion of vaccines being offered to health and care staff via a range of pharmacies and GP practices.

Siobhan stated that in relation to clinical triage, clinical advisors at call centres were doing significant work in pointing patients towards alternative pathways, such as two hour community response services at a local level, which meant that ambulances did not need to be dispatched. Siobhan stated that they had also added in extra capacity to help reduce call times for 111 and these were improving although there was still a lot to be done.

On the issue of Hospital Discharges five hundred million pounds was to go to Better Care Funds to tackle this issue and each local authority would be meeting with the Chief Nurse to determine how work on this should be progressed.

Siobhan also advised that as part of the planning process for our ICS each area had been tasked with implementing two virtual ward pathways, Acute Respiratory and Frailty. This model would support early discharge and provide alternative pathways to early discharge. The NENC Respiratory Network, working closely with Acute Trust Clinicians were leading on this work. Siobhan stated that the aim was to have 350 virtual ward beds up and running by Christmas with up to 800 by March 2023.Siobhan stated that initially the virtual beds would be focused on respiratory with the next layer focused on frailty and falls. Siobhan advised that acute respiratory hubs were also looking at having increased numbers of beds and the aim was to have 292 new beds by December.
To support the most vulnerable patients during the challenging winter months Siobhan advised that the Chief Executive of the ICB had written to Ofgem and asked that the very vulnerable should not be punished and cut off from services and had received a favourable response.

Siobhan advised that in terms of risks to the plans, the ICB was operating in a very challenging environment which felt unprecedented. A significant concern was around workforce in view of planned industrial action and the top priority was to keep patients safe. Siobhan stated that the ICB was also very conscious of capacity issues within Social Care and was looking at joint ways to tackle matters where this was possible.

In terms of measuring success, Siobhan noted that the ICB is assured by NHS England and the ICB's Board Assurance Framework sets out the progress it is making each month against key metrics.

Siobhan stated that as far as the key metrics were concerned the ICB was doing really well in relation to 111 call abandonment rates. In terms of mean 999 call answering this was still an issue for medically optimised patients but they were performing well in England in relation to category 2 response times. However, in some areas there were significant problems in relation to handover response times and next week a community practice event was being held to examine what more could be done to tackle this. Siobhan advised that bed occupancy in both care homes and the NHS was currently really high and this situation becomes really challenging when beds are occupied by those who are medically fit.

Siobhan advised that the ICB was just about to launch its winter communications campaign which would focus on supporting health and wellbeing (keeping people well), signposting people to the right service for their needs - as well as some of the key issues being faced by health and care partners such as high need and times of surge.

Siobhan advised that she was happy to update the OSC on winter planning issues as and when it wished to receive these.

Councillor Pretswell thanked Siobhan for an excellent presentation and stated that she just wanted to comment on Siobhan's point about patient safety being a priority in light of industrial action. Councillor Pretswell stated that no trade union would put patient safety at risk and they would work with the employers to ensure that was the case.

The Chair queried what the ICB was doing in terms of tackling fuel poverty for CHC funded patients and whether the ICB was looking to give more to older people who might suffer from hypothermia.

Siobhan stated that the ICB had inherited 13 systems in relation to CHC and as a result was in the process of carrying out a review and the issues raised would be part of that review.

The Chair considered that the focus appeared to be mainly on adult health and she queried the position in relation to childhood illness. The Chair stated that she was aware that nationally there were 308 critical beds for children and young people but the ICB area only has 14 and she asked what was being done in terms of step down for them. The Chair was concerned that currently some children and young people might have to be transferred to Southampton and Manchester and families would find this hard to cope financially.

Siobhan stated that the ICB would do all it could to prevent that situation occurring and would protect tertiary centres so when there was a surge they would know the number of critical care beds and take pressure from them.

The Chair queried whether numbers of critical care beds had increased as demand had.

Siobhan stated that she did not have information on the volume but the virtual wards must include children and the respiratory hubs.

Councillor Taylor thanked Siobhan for her excellent presentation. Councillor Taylor considered that the biggest challenge was workforce and she noted that one of the urgent treatment centres in Newcastle had recently closed due to staffing issues.

Councillor Taylor stated she was also pleased to see End of Life Care highlighted as she was aware of a case where an individual had been admitted to hospital instead of a hospice and this had been inappropriate.

Councillor Taylor queried how virtual wards would work. Siobhan confirmed that patients would be supported by technology in their home combined with a multi-disciplinary team who would wrap around the patient and contact the patient to see how they were doing.

Siobhan stated that in terms of workforce the ICB was working with Provider Collaboratives to encourage them to collaborate more and share staff.

The Chair queried whether there was an End of Life Plan.

Siobhan stated that this was in the emergency care space where it was identified that there should be no inappropriate or unnecessary journeys or admissions. Siobhan also advised that understanding care plans and ensuring these were communicated well and ensuring sufficient hospice provision was also identified.

Councillor Kilgour thanked Siobhan for an excellent and realistic presentation. However, Councillor Kilgour considered that whilst the ideas and aspirations outlined were the right ones the problem was resources and she did not know where the resources were coming from to progress the work that was needed.

Siobhan acknowledged that a pragmatic approach was needed in relation to resource allocation.

Councillor Ezhilchelvan stated that he was pleased to see that cost of living, fuel poverty and industrial action were part of winter planning as they may continue to be issues due to the ongoing war in Ukraine.

Councillor Ezhilchelvan also noted that he had received a letter signed by all Chief Nursing Officers in England and Scotland, in relation to Social Care, seeking agreement to a deviation from normal practice to help the current situation. Councillor Ezhilchelvan queried whether Siobhan was aware of this and what the deviations were that were referred to.

Siobhan stated she was unaware of the letter.

The Chair considered that everyone recognised that if there was a buoyant Social

Care System this would solve many of the issues which the NHS was currently facing. However, the Chair advised that she was not aware of any conversations at a regional level with providers in relation to home care provision and the way it is currently commissioned. The Chair stated the local authority commissioners' budgets are being continually squeezed and within the NHS people are remaining in hospital for longer and agency staff are costing more. The Chair stated that she believed that if some NHS funding was diverted to Social Care for care provision this would solve some of these issues but this needs those conversations to happen.

Siobhan stated that, in terms of the joint planning and investment that the ICB and system partners needed to do, conversations were starting with Directors of Adult Social Care. Siobhan also stated that she would be happy to make sure that the points raised were fed back.

Councillor Chisnall queried whether most of the calls to the NE Ambulance Service could be prevented if individuals accessed their GP.

Siobhan stated that from a 111 perspective 42% of calls required primary care to speak to the individual so she stated that the answer was yes. Siobhan stated that they were looking to build capacity in all GP practices as well as looking at overflow models.

Councillor Jopling stated that she felt that there was a bit of a disconnect between the 111 system and GP's and she queried how many GP appointments were wasted.

Siobhan stated that this was a good point and something they were looking at. Siobhan stated that 111 slots in primary care were well used but there was something about how primary care were signposting with 111 that they were looking to address with a view to improving people's experience.

Councillor Taylor asked Siobhan whether the Joint OSC would receive an update on lessons learned.

Siobhan stated that she would be happy to come back to a future meeting of the Joint OSC to provide this.

177 WORK PROGRAMME 2022-23

The Joint Committee agreed its work programme should now include an item on the Integrated Care Strategy for its January 2023 meeting and that the item on Emergency Planning should be moved to its March 2023 meeting as set out below :-

Meeting Date	**Issue to Slot In**
30 January 2023	• Next Steps for ICS • Oncology Services – Proposed Service Changes and briefing on Gynae Oncology Services • Integrated Care Strategy
20 March 2023	• Next Steps for ICS

	• Progress of the Digital Strategy • Winter Plan Evaluation and Learnings • Emergency Planning

Issue to Slot In
Children's Mental Health Provision – Update on Current Performance and Future Provision

178 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:-

- 30 Jan 2023 at 1.30pm
- 20 March 2023 at 2.30pm

Chair……..