

**GATESHEAD METROPOLITAN BOROUGH COUNCIL**  
**JOINT OSC FOR THE NE & NORTH CUMBRIA ICS & NORTH & CENTRAL ICPS**  
**MEETING**

**Monday, 25 September 2023**

- PRESENT:** Councillor M Hall (Chair)
- Councillor(s): V Andrews, S Dean, G Kilgour, B Jones, J Usher, P Ezhilchelvan, J O'Shea, J Shaw.
- IN ATTENDANCE:** Councillor(s):
- APOLOGIES:** Councillor(s): W Taylor (Vice Chair), J Green, J Wallace, D Haney, P Jopling, P Hay, M Bond, T Prestwell, R Dodd, K Nisbet, I Patterson.

**12 DECLARATIONS OF INTEREST**

The following declarations were made:

- Councillor Beth Jones – Employee at NENC ICB
- Councillor Shumel Rahman – Employee of North East Ambulance Service
- Councillor Hall – Director of Prism Care and a CNTW Governor.

**13 MINUTES**

The minutes of the meeting held on 3 July 2023 were agreed as an accurate record.

Matters arising:

- John Costello reported on a development session that was held on the NENC Joint Forward Plan. It was noted that the next review of the Plan will take place in March 2024.

**14 NEAS CQC INSPECTION / INDEPENDENT REVIEW OF NEAS**

The Board received a presentation on the North East Ambulance Service (NEAS) Care Quality Commission Inspection and independent review of NEAS.

CQC Inspection

The ratings for Ambulance Headquarters, Bernicia House, and ambulance services were provided in the presentation. The ratings for Resilience and Patient transport services were all 'good'.

There were 17 'must do' and 'should do' CQC actions. 16 were assured as amber, indicating that an action has progressed but there is still progress to be made. 1 action is assured as green, which the Trust has robustly addressed.

There are 62 actions in the Trust CQC workplan:

- 50 actions to close and move to business as usual
- 12 actions to remain open and audited

The presentation detailed progress on medicine management, incident reporting, governance, and culture. It was also reported that CQC has formally closed its regulation 29 warning notice.

### Independent Review

The OSC was told that the NEAS Board have fully accepted the findings of the review and are wholly committed to delivering on the improvements outlined in the recommendations. It was reiterated that the NEAS Board offers their unreserved apology for the distress caused to the families who have lost loved ones.

17 actions have been identified in the Independent Review. 9 are amber, indicating that an action has progressed but that there is still room for improvement. 8 are assured as green which the Trust has robustly addressed. A new combined action plan has been agreed by the Trust Improvement Group

The OSC discussed medicine management and concerns that Paramedics do not always have a full kit of necessary drugs available to them. An update was given that Paramedics are now able to access drugs from any station rather than being limited to their dispatch station which should support the resolution of this issue. The only exception to this is when a Paramedic is dispatched to a Category 1 patient without all drugs needed and these will be brought to the scene separately.

It was noted by the OSC that NEAS is the fastest responding ambulance service in the country to Category 1 patients, and that work still needs to be done to improve response times for Category 2. There have been recruitment efforts to support this, including the recruitment of:

- 50 Paramedics in 2023
- 50 Paramedics in 2024
- 20 Call Handlers in 2024

Recommendations 8 and 9 had been addressed before the review was published, and NEAS is confident that the service will be able to move to greens across the board.

REVOLVED:

- i. The OSC noted the presentation.

## 15 STRATEGIC OPTIONS FOR NON-SURGICAL ONCOLOGY SERVICES

The OSC was given a presentation on non-surgical oncology out-patient transformation. The strategic review had specific principles which were outlined for this project and adopted for future work. The development of the strategic model included:

- Whole day meeting with all stakeholders – providers, commissioners, public in 2019.
- Steering group of all key stakeholders
- Task and Finish groups with relevant expertise to assess and evaluate the potential options
- Public Engagement through whole process

The preferred model proposed was option 4 (out of 4 options presented). This was to develop clinical networks with tumour specific hubs and treatment as close to home as possible.

- This was developed in conjunction with the oncologists and met the core principles agreed at the onset of the NSO review process.
- The main priorities were ensuring equity across the whole region in terms of service provision, the optimum use of the limited oncologist resource whilst most importantly guaranteeing that patients would continue to have their treatment and review as close to home as possible.

The presentation covered potential hub locations and the benefits of a tumour specific hub, as well as: the outcomes from a peer review; engagement and communications; and feedback to date. The North East are the first region to explore this model.

The peer review was conducted with other services, with peer review from non-surgical oncologists from Cumbria, South Yorkshire, Humber and North Yorkshire. The OSC queried whether the preferred model could dilute the available Oncologists in the region. It was reported that this model would use an interdisciplinary team to improve patient experience. The addition of Nurses, Pharmacists and other health care professionals creates a more rounded experience and has been well received thus far.

The Northern Cancer Alliance will partner with Daft as a Brush to support patients in more rural areas to access the hubs, as they have expertise in working with cancer patients. Appointments are expected to be face-to-face, with virtual appointments being an available accommodation as agreed on a case-by-case basis.

The next steps following this meeting include the further updating of the travel and impact assessments as required, a 5 key test regional assurance process by NHS England, formalising the changes and implementation of the new out-

patient clinical model. This model is likely to see minor revisions as it is implemented.

RESOLVED:

- i. The OSC endorsed Option 4 of The Northern Cancer Alliance's strategic review.
- ii. The Northern Cancer Alliance will share impact assessments of this model with the OSC.
- iii. An updated could be provided to the OSC in 2024 on progress in implementing the model.

## **16 DIGITAL STRATEGY PROGRESS UPDATE**

An update on Digital Strategy Progress was given to the OSC. NENC ICB engaged with over 400 organisations to understand what we needed to include in a data technology strategy. The strategy vision continues to be relevant, with some adjustments to governance and inclusivity to be added.

The progress update covered:

- Drivers
- Strategic programme alignment
- Engagement and approval
- Data
- DDaT delivery programmes and governance
- People

The next steps include:

- Joint Forward Plan delivery (annual iterations)
- Regionwide DDaT strategy engagement event October 2<sup>nd</sup> 2023
- NENC ISDN Conference October 12<sup>th</sup>/13<sup>th</sup> 2023 – Strategy launch

The OSC commended the quality of the strategy, including its focus on digital inclusion. The need to ensure sufficient resources across the different levels and components of the strategy was raised and it was noted that there has been benchmarking done to support this. There is also a front-line digitisation agenda with significant investment. Social care providers are also given access to information and data.

RESOLVED:

- i. The OSC noted the Digital Strategy Progress update.

## **17 WORK PROGRAMME**

The views of the Joint Committee were sought on any additional items it may wish to consider as part of the 2023/24 work programme.

It was agreed that an item on the proposed review of the NENC Joint Forward Plan would be added the work programme for the next municipal year.

**18 DATE AND TIME OF NEXT MEETING**

The next meeting of the Joint ICS OSC will be held on 20 November 2023 at 14:30 in the Bridges Room, Gateshead Civic Centre.

**Chair.....**