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

MONDAY, 20TH NOVEMBER, 2023

- Present:** Councillor Maria Hall (Chair)
- Councillors Taylor (Vice-Chair), Green, Andrews, Jopling, Kilgour, Jones, Usher, Pretswell, Ezhilchelvan, Nisbet, O'Shea and Wallace
- Officers:** Costello, Anderson.
- Apologies:** Haney, Hay, Dodd and Ayre

19 **Minutes**

The minutes of the meeting of 25 September 2023 were agreed as an accurate record.

20 **Declarations of interest**

The following declarations of interest were made:

- Councillor Hall – Director of Prism Care and a CNTW Governor.
- Councillor Jones – Employee at NENC ICB and CNTW Governor.
- Councillor Shaw – Holds a contract with CNTW.

21 **Role of the Area ICPs**

A presentation updating the Committee on the Integrated Care Partnership (ICP) was given.

Information was given on the differences between an Integrated Care System (ICS), Integrated Care Board (ICB) and an ICP. The presentation also discussed the scope of the area covered (North East and North Cumbria) and the model that is being used, which involves one Strategic ICP and four Area ICPs.

The presentation also updated on the development of the Integrated Care Strategy, 'Better health & wellbeing for all'. This is a living document that will adapt to emerging needs and the needs of Area ICPs.

The Government have announced cuts of 30% to the ICBs. Cutting the equivalent of 95 jobs out of the structure. "Enabled investment into online services" feedback given when asked why these cuts are happening.

The emerging priorities for Area ICPs are as follows:

- Better Health and Well Being for All signed off by the Strategic ICP in 2022; updates now being received on the delivery of this strategy as set out in the ICB's Joint Forward Plan
- Updates on the work of the ICB's Healthier and Fairer Advisory Group – including from the chairs of the Health Inequalities and Social and Economic inequalities workstreams
- Opportunity to align the Area ICP structure to match the geography of the new North East Mayoral Combined Authority (NEMCA)

- Potential areas of focus from the NEMCA devolution agreement for the ICP include prevention, and work and health

The emerging strategic priorities were also broken down by area:-

ICP North:

- Winter pressures – including pharmacy provision
- Women's health, national and regional strategies
- Suicide and self-harm prevention
- Restructured mental health service priorities
- Prevention priorities
- Healthy weight management
- Healthwatch priorities- GP access, dental services, pharmacy provision, hospital discharge, support for carers

ICP Central:

- Understanding the work of the ICB's Healthier and Fairer Programme – focus on health inequalities
- Healthwatch – key themes from local public feedback
- Access to dentistry and oral health strategy
- Reduce the impact of alcohol and tobacco harm and healthy weight management
- Improve mental health and emotional wellbeing

The ICPs have been encouraged to work on big priorities and to aim high with the ICB's backing.

There are opportunities for the ICBs to share best practice. Goals are being kept manageable and scalable, so they can grow and reduce as needed. The Strategic ICB meets twice a year in public and discusses opportunities to work together.

Commissioning decisions are made by a governing committee of the ICB which has no Councillor representation. It is made up of Council Officers and different health bodies, as ICPs are strategic and not decision-making entities.

RESOLVED

- i. The Committee noted the presentation.

22 Access to critical paediatric beds in the region and the step-down arrangements

The OSC was given an update on paediatric critical care beds. An overview was given on operational delivery networks and what paediatric critical care is, including levels, commissioning and healthcare worker ratios.

There are only two units in the country that provide paediatric cardiac transplants and the Freeman Hospital is one of them, making it internationally sought after.

The picture now as opposed to ten years ago is drastically different. Key differences are:

- There is a cohort of children with very complex needs to are very susceptible to illness.
- Children's ability to fight acute infectious diseases has improved.
- 54 patient beds have been lost.
- There are two short stay assessment units.

Great North Children's Hospital (GNCH) is being overwhelmed with pressure at the moment. Mental health issues are having an impact on physical health as well. Children and young people with mental health problems can be admitted for significant time for mental health issues, which can also impact the availability of beds for other patients across the region. The Committee asked about provision for parents. GNCH has beds in cubicles for parents to sleep in, however car parking can be expensive. A charity called James Cook makes sure that families have meals but GNCH are unable to do this.

Durham and Darlington have one of the largest populations of children and young people across the region. Workforce issues are significant and have been out to advert 3 times.

There were some concerns about measles being prevalent which is being addressed. There is new RSV immunisation which will be available next winter and will have a positive impact on cases.

Before considering a transfer out of region, young people over the age of 16 may go into an adult service using the adult mutual aid pathway. However, if this team is under a lot of pressure, there is an attempt to treat in adult critical care and/or ask adult critical care staff to come and help in CYP.

The following have been developed:

- Mechanisms for how to move sick children when necessary to different hospitals and/or provision.
- A quick MS form that captures data on these cases.
- Significant training and support for staff.

The NECTAR Bed Report shows that GNHC has the highest number of beds (130 in-patient beds), which is significantly higher than other locations (James Cook has second highest of 42 in-patient beds).

An update was given on the managing of winter demand including communication methods, the managing of demand, and tools and resources.

Surgery and Childrens Network is also included in this service. The service consists of 9 colleagues. This service is not a provider, it acts as a facilitator and aims to understand what young people in the region need when it comes to hospital care. Young people's cases are only 20% of the population, so while numbers look more severe for adults the reality of children's numbers is more extreme than it appears in data.

The Committee asked about dentistry waiting times. There are 1371 children waiting in the region, which is the highest waiting list. The next highest is Ears, Nose and Throat (861).

RESOLVED

- i. The Committee noted the report.

23 Children's Mental Health Provision - update on current ICB performance and future provision

The Committee was given a presentation on the current ICB performance and future provisions relating to children's mental health provision.

Generally the number of people aged 0-17 who have had at least one contact (either direct or indirect) in the previous 12 months has been increasing in NENC and July 23 shows the children and young people (CYP) access metric of 54,590 remains above plan (51,793) but below target (58,232).

The caseload has remained relatively stable over the last 12 months whilst the number of open referrals has increased. The gap between these 2 metrics is widening and this represents the number of CYP yet to be seen. NENC have gone from seeing around 83% of referrals on the caseload pre-pandemic to around 75% currently.

Throughout 19/20 and 20/21 there was more new referrals than closed referrals, resulting in the steeper increase in the number of open referrals and consequently the increasing numbers yet to be seen.

Throughout 22/23 and into 23/24 the number of new and closed referrals have been a lot closer together, resulting in slower growth in the number of open referrals.

Some 57% of the total CYP waiting across NENC are waiting with a referral reason of autism (33%) or neurodevelopmental conditions (24%), with a further 21% waiting where the referral reason is unstated. The remaining 22% are waiting for a variety of other referral reasons.

The unstated referral reasons make up a large proportion of the longer 104+ week waits (37%) followed by suspected autism (19%) and neurodevelopmental conditions (13%).

As at the end of Aug 23 there were 32,331 CYP waiting for their second direct or indirect contact across NENC. A large proportion of these have been waiting under 18 weeks (33%), however some 9% of patients have been waiting 104+ weeks.

As at the end of Aug 23 there were 18,398 CYP waiting for their second direct or indirect contact across NENC with a referral reason of autism or neurodevelopmental conditions. A large proportion of these have been waiting 53-104 weeks (31%), however some 5% of patients have been waiting 104+ weeks.

The current demand is significantly outstripping CNTW's ability to meet needs. There is a team of 12 conducting triaging in Durham and Darlington; only 50% of what is referred makes it onto the pathway.

The Committee expressed concerns about the reported data, particularly that backlogs often comprise of a significant number of children in care or who are vulnerable. They were also concerned about the impact that waiting lists are having on physical health as well as mental health, particularly regarding the ability of CYP to be able to communicate their needs.

The Committee felt that there was more change needed at a quicker rate in this area. The presenters offered to return to the committee with more split statistics and in-depth data.

RESOLVED

- i. The Committee noted the presentation.
- ii. The Committee requested a further presentation on this issue.

24 Work Programme

The Committee received a report on the work programme for OSC Committee meetings.

The 2023/24 work programme remains provisional.

RESOLVED

- i. That the information be noted
- ii. The Committee noted that further reports will be brought to the Committee to identify any additional issues which the Committee may be asked to consider.

25 **Date and Time of Next Meeting**

The next meeting will take place on 22 January at 13:30 in Gateshead Civic Centre, The Bridges Room.

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