

GATESHEAD METROPOLITAN BOROUGH COUNCIL
NORTHUMBERLAND TYNE & WEAR & NORTH DURHAM STP HEALTH
SCRUTINY COMMITTEE MEETING

Monday, 25 June 2018

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

Councillor(s): Dodd (Northumberland CC), Hall and Maughan (Gateshead Council), Huntley (South Tyneside Council), Leadbitter and Snowdon (Sunderland CC), Taylor, Mendelson, Schofield (Newcastle CC), Robinson, Stephenson and Temple (Durham CC)

IN ATTENDANCE: Councillor P Foy - observer

APOLOGIES: Councillor(s): Armstrong, Simpson and Watson (Northumberland CC) Clark, Craven and Thirlaway (North Tyneside Council) Flynn and Hetherington (South Tyneside Council) and Heron (Sunderland CC)

27 APPOINTMENT OF CHAIR

One nomination had been received for the position of Chair.

AGREED – That Councillor Lynn Caffrey (Gateshead Council) be appointed to the position of Chair.

28 APPOINTMENT OF VICE CHAIR

One nomination had been received for the position of Vice Chair.

AGREED – That Councillor Wendy Taylor (Newcastle CC) be appointed to the position of Vice Chair.

29 DECLARATIONS OF INTEREST

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

Councillor Mendelson (Newcastle CC) declared an interest as a member of NTW NHS FT Council of Governors.

30 MINUTES

The minutes of the last meeting held on 19 March 2018 were endorsed but not approved as the meeting was inquorate.

Matters Arising from the Minutes

Update on Urgent and Emergency Care Workstream

Councillor Huntley noted that Bas Sen, Chair of the Clinical Reference Group had informed the Joint Committee as part of the update that he was not saying that all stroke cases should go to major centres, only complex highly specialised cases need to go to major trauma centres. Bas had indicated that most hospitals can deal with strokes and the work they are doing is not about taking good care away.

However, Sunderland and South Tyneside Joint Health OSC subsequently received a letter date 25 April 2018 from Mr Sen clarifying his comments, indicating that time critical emergencies, of which stroke is one, will be taken to specialist stroke centres also known as hyper – acute stroke units (HASU) where they can get the highest quality care. The Sunderland and South Tyneside OSC was advised that the proposed stroke model for the region provides that regardless of where a patient presents he / she will be transferred to the stroke centre (HASU) with minimal delay to receive high quality high tech care.

Councillor Huntley requested that this Joint Committee ask Mr Sen to clarify for this Joint Committee which was the correct position.

Pharmacy and STP

Councillor Taylor noted that the Joint Committee had been informed by Andre Yeung, Chair of Northumberland Tyne and Wear LPN of the Community Pharmacy Referral Scheme which was committed to run until September 2018 when there was to be a full evaluation of the project.

Councillor Taylor requested that the Joint Committee be provided with an update on the outcome of the evaluation once this was available.

Interim Update – Workforce

Councillor Taylor noted that the Joint Committee had requested that information be provided on the impact of Brexit and she queried whether this was to be provided as part of the update today.

Lisa Crichton Jones advised that this information would not be part of today's update but would be provided to the Joint Committee for its next meeting.

Joint OSC Work Programme

Cllr Schofield noted that it had originally been planned to invite Professor Pollack to speak to the Joint Committee regarding her perspective on Accountable Care Organisations after the meeting on 25 June and she queried the position on this.

It was clarified that Professor Pollack's diary commitments meant that it was not possible to progress this in June and another date was being sought and would be confirmed with members of the Joint Committee as soon as possible.

Mr Whalley from Keep Our NHS Public NE noted the response to the issues raised by the group but the group also had particular concerns in relation to engagement and public consultation.

Mr Whalley noted that the draft STP had been published in November 2016 which was almost two years ago and since then there had been no further public consultation. The group were therefore concerned as to how business could be carried out without any further public consultation.

The Chair noted that the main item for the Joint Committee's next meeting would be a presentation in relation to proposals for engagement with communities. A communications pack had also just been made available to the Joint Committee and this would be shared.

The Chair asked if the group had taken advantage of the offer from Mr Foster to have a face to face meeting to discuss their issues. Mr Whalley stated that as members of the group came from a wide area covering Berwick to Teeside they had requested a written response as not all members would be able to attend a face to face meeting.

Mr Whalley also note that the proposal to bring the three STPs in the north together following the approval of the regulator was a huge change and he queried where the consultation had occurred in relation to this either with communities or elected politicians.

The Chair advised that she was sure that Mr Foster would respond to the groups' concerns directly. However, this meeting was here first and foremost to address the issues raised by the Committee and organisations invited to provide information.

Councillor Mendelson noted the response to the query regarding NHS 111 and asked what role VOCARE had in that service.

The Chair noted that there was not anyone present from NEAS today but she understood that VOCARE had been selected following a full procurement exercise and been awarded a national contract delivering the NHS 111 service in a number of different areas. However, the position had changed and the contract was operating through another provider as VOCARE had been sold. This was separate from the contract NEAS had been awarded for delivering NHS 111 in this region.

Mr Foster confirmed that CCGs had dealt with the procurement exercise and VOCARE was now under a different name.

Mr Foster explained that when he had attended the Joint Committee previously he had made it clear that the work being progressed in relation to STPs and ICS was not about privatisation. The aim of this work was to keep services and jobs in the NHS. Mr Foster noted that the Health and Social Care Act provides for a position of competition but Mr Foster indicated that the system needs to change.

WORKFORCE WORKSTREAM PROGRESS UPDATE

Lisa Crichton Jones, Director of Transformation for NE and Cumbria and Alex Glover, Locality Director, Health Education England provided the Joint Committee with an update on current and emergent work in relation to the NE and North Cumbria Workforce Programme.

The Joint Committee received information on the current context, opportunities and challenges faced.

It was noted that current service delivery models are struggling to meet the demographic challenge of people living longer often with complex co-morbidities and the increasing demands on the health and care system. In addition, it was noted that we are experiencing a multi-factorial workforce crisis, caused by challenges in recruitment, retention and lack of specialist skills, affordability and a preference for shorter work time commitments. Workforce funding has also reduced significantly. Demand, specialisation, reducing numbers of trainees, staff retirement and the intensity of modern working practice all contribute to complex and often difficult work environments. There is also a reliance on expensive locum and agency staff contributing to making the existing configuration of services unsustainable. The workforce is also fragmented in silos and divided by organisational and professional boundaries. Social Care shares similar challenges and whilst there is huge untapped potential in the community and voluntary sector this requires investment and development.

It was noted that there is now an opportunity through the STP/emergent ICS arrangements to develop a co-ordinated regional workforce strategy, across health and care to meet these challenges, to facilitate planning the future workforce on a whole systems basis, allowing for greater innovation and new models of care.

Early successes to date have been:-

- A large-scale Workforce Summit event, held in February 2018.
- Briefings to Health HR Directors and regional Trade Union colleagues at the North East Social Partnership Forum.
- Beginning to establish links with Directors of Adult and Children's Social Care and Local Authority Heads of HR.
- Scoping the opportunity to build on the many examples of good work, already underway within the region.
- A regular meeting of colleagues from across the system to drive this work forwards; the Workforce Scoping Group, whose membership comprises colleagues from health, local authority, CCGs, Health Education England and a regional trade union representative in their role as Joint Chair of the North East Social Partnership Forum.

Since the Workforce Summit was held in February 2018 a number of priority actions had been progressed.

One of the main actions was the appointment of a Director of Workforce Transformation and Lisa advised the Committee that she was delighted to be in post and would now be focusing on scoping the workforce programme and exploring what could be achieved in partnership with others. Lisa indicated that there was an opportunity to shape a regional workforce strategy for health and care on a whole system basis and to work innovatively to develop new models of care and pathways and explore opportunities to work at scale once for the NE and Cumbria to build resilience and quality and address the needs of the population

Other priority actions underway were :-

- the creation of a Strategic Workforce Board.
- the establishment of a Workforce Programme Board to maintain oversight of all areas of work/report progress and risks to Strategic Workforce Board.
- the development and implementation of a regional workforce strategy with the following emerging themes:-
 - Recruitment and retention
 - Preparing people for change and supporting the workforce
 - Workforce development and innovation
 - Education and training
 - Leadership development
 - Development of primary care workforce and employment experience

It was proposed that the Strategic Workforce and Programme Boards would be established by August 2018 with the initial work streams and lead officers to be agreed by September 2018 and high-level objectives for each workstream set in October 2018. It was also proposed that a draft regional workforce strategy would be in place in October 2018.

The Joint Committee was advised that the work progressed would build on the good practice already in place and involve working in partnership with others including Social Care, HR and the trade unions.

Councillor Hall thanked Lisa for the presentation but considered that there was a greater need to link with social care. Councillor Hall indicated that it was disappointing that there had not been any home care providers at the Workforce Summit in February. Councillor Hall stated that if any inroads are to be made in terms of integrating health and social care involving homecare providers is key as this is one of the areas where the greatest savings can potentially be made.

Lisa advised that this was a really helpful point and she would be holding further discussions with both health and social care colleagues going forwards.

Councillor Caffrey advised that Gateshead Council was well advanced in its work in relation to integrating care systems and removing the commissioner / provider split.

Councillor Robinson noted that information provided in the presentation showed that 68% of carers are under 65 which is around 218,000 of the adult workforce who are not working because they are caring for relatives and who are forgotten about. Councillor Robinson also noted the figures also appeared to suggest that there are

nearly 50,000 individuals due to retire and he queried how the NHS was going to be able to fill these vacancies on top of meeting the additional numbers of GPs and nurses that the Government has committed to recruiting. Councillor Robinson acknowledged that the Committee had received information on the Find Your Place Campaign and queried whether it had been successful.

The Joint Committee was advised that the campaign had been successful although they would like it to be even more successful. There had been some challenges relating to the campaign as some of the workforce coming to the NE came with additional challenges which the NHS was keen to support.

The Joint Committee queried what these challenges were.

Alex advised that some of the challenges related to educational and language needs which needed to be worked through.

The Joint Committee was advised that when it received a further update in September it would be provided with further information on the Find Your Place Campaign.

Councillor Schofield noted that she had asked for a definition of what was meant by the whole workforce and what is meant when the phrase "in partnership" is used.

Lisa stated that when she used the phrase "in partnership" she meant "working together" with the workforce and others such as trade union colleagues.

Councillor Schofield considered that further clarification was needed as there are public and private partnerships and she was concerned that some private partnerships were accessing publicly funded training for their workforce and she queried whether they were going to be required to contribute financially towards workforce training going forwards.

Lisa stated that work was only at its early stages at this point.

Councillor Taylor queried whether NHS colleagues were in discussions with the Royal College of Nursing in relation to training and what work was going to take place to address the situation whereby significant numbers of junior doctors did not remain part of the UK workforce.

Alex stated that a significant amount of work was being carried out to improve the working experience of junior doctors in order to retain them in the workforce and she was happy to share further details about this work at a future meeting. Initiatives were focused on areas improving the position in relation to the study leave allowance which was funded by Health Education England. This allowance had been funded via employers but now the funding was being held by Health Education England so that junior doctors could access this funding at appropriate times.

Clare Williams, Unison, stated that she considered that everyone at the meeting would agree that no one wanted to see privatisation of the NHS and would like to see a repeal of the Health and Social Care Act. However, the national agenda was

not in the control of those present. Clare noted that the NE as a region has the highest rate of unemployment and the highest rate of young people not in work or accessing training so delivery of a health and social care workforce in the region was very important.

Clare indicated that the NHS in the region had been impacted by migrant workers leaving and returning to the country of their origin. Large numbers had told Unison that they were uncertain if they would be able to remain in the country and continue working.

Clare considered that the report provided to the Committee was a good starting point and she considered that both Unison and the BMA were two key stakeholders going forwards.

Clare acknowledged that skill levels needed to be raised and she advised that Unison provides a significant amount of training across the workforce and this could be part of future discussions. However, there was a need to be clear about the needs of the population and the skills that were needed by the workforce to address these needs.

Clare considered that a good starting point would be for future discussions to focus on the development of quality apprenticeships for health and social care and the unions would be able to contribute. Clare indicated that Unison has been working with a few key Social Care providers in relation to education and training support.

Clare agreed that it was important to attract individuals with specialist skills to the NE and she considered that more needed to be done in terms of promoting the NE as an area to work.

Clare also considered that it was also important that roles in social care needed to be better promoted and shown as highly skilled and these roles needed to be properly rewarded for providing a quality service.

Clare considered that a way forward between now and September would be to get a smaller group together to focus in more detail on the emerging themes and Unison was keen to be involved in this work.

Clare also considered that it would be important to come back to this Joint Committee later in the year to update on further progress. Clare considered that exploring whether it was possible to bring some services back into direct provision would also be a way forward.

Adele Healey from the BMA stated that she agreed with a lot of the points raised by Clare but she noted that a lot of the concerns raised required legislation to change in order for them to be addressed and competition in the NHS to be removed.

Adele also considered that a lot of the changes needed require investment and pump priming.

Lisa noted that Clare had summed the situation up when she indicated that this was

a starting point and she advised that things would take time but there is an opportunity to do this together.

Councillor Mendelson stated that there are huge opportunities in the area of the social care workforce which is key to the enablement agenda but which has the challenge of low pay. Councillor Mendelson queried whether it was being explored as to whether there is potential for those in the social care workforce to move across at some point into the NHS workforce.

Councillor Mendelson also queried whether the Joint Committee could receive further information on work to facilitate the integration between health and social care.

Councillor Caffrey indicated that as Gateshead is moving quickly down the integration route it might be possible to share this work at an appropriate time.

Alice Wiseman advised that in Gateshead the Gateshead Care Partnership was carrying out work with a view to moving away from competition. The Partnership had therefore brought commissioners and providers on board to work together as far as possible except where legalities prevented this.

Councillor Caffrey noted that a key issue in relation to the social care workforce was around achieving parity of esteem with the health workforce.

Alice also noted that there is also an issue around how generalist skills are valued and how we can enable the workforce to be responsive to meet the needs of individuals.

Councillor Huntley queried how people with the right skills were going to be attracted and brought into the workforce. Councillor Huntley noted that the issue of not being able to get individuals with the right skills was often being highlighted to the OSC in South Tyneside and this had occurred recently and was one of the reasons why the Stroke Service had moved from South Tyneside Hospital. Councillor Huntley queried how the NHS was going to prioritise which hospitals had different types of personnel to stop the downgrading of hospitals.

Lisa stated that her focus was to work at scale for the region to see how she could make the NE more attractive as a place to work. The Joint Committee was advised that individual trusts would still be responsible for recruitment to their organisations.

Alan stated that a key element of partnership working would be to encourage networking between the workforce in hospitals in different geographic locations so that the NHS can retain as many services as possible and to avoid hospitals poaching staff from each other. Alan stated that in the past there have been competing contracts for staff and pay and the focus on partnerships is to facilitate a move away from this and do things differently. It was hoped that this work would assist in making jobs more attractive and help retain staff.

Councillor Hall reiterated that she thought that it was important for health colleagues to engage with homecare providers as they were a really skilled workforce who

could provide a variety of support to individuals in the home.

Alex indicated that Councillor Hall's point was valid and advised that it had been recognised at the Workforce Summit that this was an area which should have been included. Alex stated that there has been some investment in upskilling the Care Home Workforce but it was acknowledged that much more needed to be done and they were keen to progress this work further. Alex advised that monies were being shifted from different funding pots with a view to supporting such training.

Councillor Hall considered that the employment statistics for the region demonstrated that there is a potential workforce out there. However, what was needed was to attract individuals to social care positions by providing parity of esteem.

Councillor Schofield stated that she considered that GPs could provide a key interface in bringing health and social care together. Councillor Schofield also considered that another positive move would be the introduction of a pay spine to encourage progression and queried whether this might be a possibility.

Clare Williams stated that the latter point was something which would need to be addressed by government. However, Clare considered that it would be worthwhile having an event / briefing in relation to social care so that there could be clarity around what was meant by the social care workforce and who this involved.

Clare considered that it should be the public sector and the unions who provide the relevant training for the workforce and not the private sector and this would help to generate a growth in jobs. Clare stated that if individuals achieve decent salaries and good training then they will have a good employment experience.

Lisa thanked everyone for the points raised which she had found really helpful and advised that it was planned to come back to a future meeting of the Joint Committee later in the year to update on further progress.

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INTEGRATED CARE SYSTEM UPDATE

Alan Foster, Lead for Combined Cumbria and NE STP, noted that a communications pack had been circulated to the Joint Committee in relation to the proposed Integrated Care System and provided an update on current thinking on this issue.

Alan noted that the language had changed since the publication of the draft STP two years ago. Since that time there had been reference to Sustainable Transformation Partnerships, Accountable Care Organisations and then Accountable Care Partnerships and now what was proposed was an Integrated Care System.

Alan stated that he was a great believer in an Integrated Care System which would bring health and social care together. Alan noted that a Green Paper was due to be published this summer setting out how adult social care would be funded which was crucial.

Alan noted that work was taking place right across Cumbria and the NE with a view to improving population health and key to this was a focus on prevention to help people live longer and healthier lives. Alan provided the Joint Committee with information on life expectancy levels in the region for men and women/ mortality levels as a result of smoking / cardiovascular disease and cancers.

Alan noted that there had been some improvements as a result of the work progressed so far but much more work was needed, particularly in the areas of childhood obesity and screening programmes and a key area of focus was helping to support the local population to look after themselves.

The Joint Committee was advised that an Integrated Care System was needed across Cumbria and the NE for the following reasons:-

- A long-established geography, with highly interdependent clinical services
 - Vast majority of patient flows stay within the patch.
 - Strong history of joint working, with a unanimous commitment from NHS bodies to go further as an ICS
 - High performing patch, with a strong track record of delivery
- Challenges
- Fragmentation following the 2012 Act has made system-wide decision-making difficult
 - Significant financial gaps, service sustainability issues and poor health outcomes
 - Maximising our collective impact to delivery the triple aim whilst reducing duplication and overheads.

Developing an Integrated Care System for our area would:

- Create a single leadership, decision-making and self-governing assurance framework for CNE
- Coordinate the integration of 4 Integrated Care Partnerships – building on the learning from North Cumbria
- Establish joint financial management arrangements
- Aspire to devolved control of key financial and staffing resources
- Set the overall clinical strategy, standards, pathways and enabling workstreams to reduce variation
- Coordinate 'at scale' shared improvement initiatives
- Arbitrate where required and hold the Integrated Care Partnerships to account for the delivery of FYFV outcomes

The Integrated Care Partnerships would be commissioned to :-

- Deliver integrated primary, community and acute care (aligned to the overall ICS strategy).
- Ensure critical mass to sustain vulnerable acute services within their geography

The Joint Committee was advised that whilst work would take place at a system level to do some pieces of work at scale once and place based working would continue and needed to be built upon.

The Joint Committee was advised that the work around Integrated Care Systems and the proposed options around service planning and delivery were under development and were not set in stone. The Joint Committee was also advised of a proposed governance process to facilitate collective decision making within the current legislative framework and it was noted that this might lead to structural change over time.

The Joint Committee was informed of the following headline clinical strategy:-

- Would be driven by extensive clinical engagement and informed by insights from population health management
- Involved shifting the emphasis of care to prevention and early intervention in the community
- Involved collaboration and networking of acute services around four centres of population
- Would mean service consolidation and organisational change only where necessary
- Involve CNE-wide solutions for Pathology and Radiology
- Building on CNE-wide coordination arrangements: UEC Vanguard & Cancer Alliance
- Developing new models of primary care to meet the needs of an ageing population
- Industrialising our approach to prevention focused on screening for atrial fibrillation and osteoporosis
- Delivery of ambitious 'No Health without Mental Health' programme

The Joint Committee also received information on acute hospital vulnerable services.

The Joint Committee was informed that it had taken a significant length of time to get to this point and matters had not been helped by the changing language in relation to STPs and Integrated Care Systems but there was now a real opportunity to move things forward.

Councillor Hall noted that the expectations of local people would need to be managed if more services were to be delivered in individuals' homes going forwards as often individuals considered they were better off in hospital and would receive more appropriate care. Councillor Hall considered that there needed to be an education campaign around this.

Alan acknowledged that educating local people on this matter would be important.

The Chair stated that she was really pleased with the emphasis on prevention and also on mental health and she considered that it would be helpful to have an update on the latter issue going forwards. However, the Chair stated that she had not seen any mention of where local government fit in and whilst acknowledging that matters were at an early stage she would like some reassurances around that as she was sure local government could assist.

Alan indicated that there were good links with Public Health and Directors of Adult Social Care and discussions had been taking place at Chief Executive level and there was a focus on working in partnership at all levels to get things right going forwards.

Councillor Schofield noted that a lot of the information outlined was at a very high level and she queried what this would mean for local communities and the quality of care that they were going to receive. Councillor Schofield stated that she was still not reassured that what was outlined was not something similar to the ACO model.

Alan stated that the system he was outlining was about working to ensure safe, quality healthcare for local people and avoiding preventable deaths and keeping more funding in the system. It was not about privatising the NHS. Alan also reminded the Joint Committee that some elements were already privately operated for example the care sector and GPs but were still seen as key elements of or supporting the NHS.

Mr Whalley, of Keep Our NHS Public North East, noted Alan's comments but indicated that it was his belief that if the direction of travel continued then privatisation of the NHS would happen within the next five years.

Councillor Mendelson considered that what would be important was involving and engaging local communities and councillors in the development of the Integrated Care System.

Councillor Taylor thanked Alan for the helpful presentation and supported the prospect of hospitals working more together to sustain effective quality services. However, Councillor Taylor queried how the private cancer centre which was coming to the region would be encouraged to co-operate with this approach and how local people's views would be taken into account as attending the centre may not be something patients want to choose.

Alan agreed that it would be important to take on board the views of local communities and stated that it would be important to offer a choice and this might be linked to Palliative Care. Alan stated that he could not change the position in relation to the private elements of the healthcare system already in place but the work taking place was aimed at sustaining the NHS.

Councillor Taylor noted that health teams work well across a lot of specialities and considered that the proposals for networking for Radiology and Pathology sounded positive but she considered that if clinicians did not know and trust the individuals they were dealing with then there could still be a level of duplication. Alan stated that there had to be a level of trust amongst all clinicians across the system.

Clare Williams, Unison, noted that everyone was focused on achieving good outcomes for local communities and she considered that patients would do well if they have a good workforce. Clare acknowledged that there are issues in recruiting staff generally and that vacancies are high due to issues such as the removal of bursaries and there are particular problems recruiting specialist staff into the area.

Clare considered that it was important to develop a response locally to these issues and she considered that the universities and Unison could have a role in helping to grow our own staff. Unison also had something to offer in terms of supporting staff who might need to provide care in individuals own homes although it would be important to look at individual needs as care in an individual's home where they may become isolated may impact detrimentally on mental health and may not always be appropriate. Clare indicated that collectively they are able to work with the whole workforce to identify some of the changes that need to be made going forwards.

Councillor Robinson agreed that it was important to have the right level of workforce in the area and he considered that given the significant level of cuts to public health funding that local government was facing in local areas such as Durham, that it would be important for the NHS to support local government and social care going forwards.

34 WORK PROGRAMME

The Joint Committee considered and agreed the issues to be considered for the additional meeting scheduled for 16 July 2018 were as follows:-

Meeting Date	Issue
16 July 2018 - 1.30pm - Additional Meeting	<ul style="list-style-type: none"> • Empowering Communities – Presentation • Work Programme for Future Meetings

It was noted that Healthwatch Representatives from across the patch would be invited to the meeting and asked to comment on the presentation provided.

The Chair invited members of the Joint Committee to forward any suggestions for the work programme for future meetings for discussion at the next meeting.

35 DATES AND TIMES OF FUTURE MEETINGS

AGREED – That future meetings of the Joint Committee be held at the Civic Centre Gateshead on the below dates and times:-

- Monday 16 July 2018 at 1.30pm – Additional meeting
- Monday 24 September 2018 at 2pm
- Monday 26 November 2018 at 2pm
- Monday 21 January 2019 at 2pm
- Monday 25 March 2019 at 2pm

Chair.....

