

**NORTHUMBERLAND TYNE & WEAR & NORTH DURHAM STP HEALTH
SCRUTINY COMMITTEE MEETING**

Monday, 24 September 2018

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

Councillor(s): Hall and Maughan (Gateshead Council), Taylor, Mendelson and Schofield (Newcastle CC) Craven, Mulvenna (Substitute) and Spillard (Substitute) (North Tyneside Council), Armstrong (Northumberland CC), Flynn, Hetherington and Huntley (South Tyneside Council), Temple (Durham CC), Dixon, Snowdon and Leadbitter (Sunderland CC)

42 APOLOGIES

Councillor(s): Clark and Thirlaway (North Tyneside Council) Watson, Simpson and Dodd (Northumberland CC) Robinson and Stephenson (Durham CC).

43 DECLARATIONS OF INTEREST

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

Councillor Mendelson (Newcastle CC) and Councillor Huntley (South Tyneside Council) declared an interest as members of NTS NHS FT Council of Governors.

44 MINUTES

The minutes of the meeting of the Joint Committee held on 16 July 2018 were approved as a correct record.

45 MATTERS ARISING FROM THE MINUTES

Vocare and NHS 111

Councillor Mendelson highlighted that at previous meetings of the Committee there had been some confusion as to the role Vocare had played in the delivery of NHS 111 and what role it would or wouldn't play going forwards.

Mark Cotton, NEAS, advised the Joint Committee that NEAS was the sole provider of the existing NHS 111 contract and under the new tender which would come into effect next month.

Mark clarified that the difference between the existing and new contract was in how specific expertise would be procured. During the last five years NEAS had sub-contracted to Vocare where they had needed GP involvement. NEAS had opted for a different approach when they tendered for the contract this time around. There would be an alliance approach for the new contract where NEAS would sub contract the necessary clinical experts in their field.

Councillor Mendelson thanked Mark for clarifying the position.

The Chair also thanked Mark and requested that a representative from NEAS attend a future meeting of the Committee to provide an update on the work of NEAS and the challenges it is facing.

LGA Green Paper on Adult Social Care

The Chair reminded everyone of the Green Paper on the future and funding of adult social care and advised that Gateshead had produced a system wide response to the consultation.

Consultation on Contracting arrangements for Integrated Care Providers

The Chair noted that the government is consulting on the contracting arrangements for integrated care providers and this consultation which came out in August was due to close on 26 October 2018. Gateshead would be providing a system wide response.

Workforce

Councillor Taylor had previously requested information on the numbers of migrant workers leaving the NHS as a result of the impact of Brexit.

Dr Bernard Groen, Health Education England provided the Joint Committee with some statistical information relating to acute trusts only and noted that the key message appeared to be that Brexit appeared to have accelerated the number of people wanting to work in the NHS. However, this might increase the risks faced by services in the NHS if significant numbers of staff were to leave, particularly as migrant workers are not uniformly distributed amongst staff groups.

Councillor Taylor queried whether the figures just applied to the North East and Dr Groen confirmed that this was the case.

Councillor Taylor also queried whether turnover had changed and Dr Groen advised that this was relatively stable although there was movement between NHS organisations.

Councillor Taylor stated that she was particularly concerned about the risk to staffing levels in particular specialities and queried the position. Dr Groen stated that growth had been slowing in staffing levels for specialities. The area at greatest risk was cardiovascular surgery where there could be a significant impairment to the service if highly skilled/trained migrant workers were to leave.

Councillor Spillard asked whether there was any anecdotal evidence that individuals coming to the UK now would be allowed to stay if they were already established. Dr Groen stated that for clinicians the European Framework enables them to move between countries and it is now established and easy for people to register in the UK. The uncertainty will be whether they are able to do so after Brexit.

Councillor Spillard noted that the data related to EU nationals and queried whether there was any data on other groups. Dr Groen stated that he had particularly focused the data on EU nationals but could look at providing this information if the Joint Committee wanted this information, although there had been a declining trend for a while.

Councillor Huntley queried whether it had been compulsory for people to identify themselves as EU or not at the time the data was provided. Dr Groen stated that when individuals commence employment with the NHS there is an identity check which is cross-referenced with the relevant professional regulatory body. To do this robustly, over the last ten years non- native individuals have had to provide ID documents, which for non-UK nationals would normally be either a national ID card (EU nationals) or passport (EU and non-EU nationals) and two other forms of ID. This means that the system is robust in terms of checking identity (for right to practice legally in the UK) and as a result it provides good nationality data as well.

Councillor Hall noted that there had been mention of increased risks to small medical specialities as a result of Brexit and she queried whether there were any additional areas of increased risk and she also queried the position in relation to the numbers of staff due to retire. Dr Groen stated that he would happily do further analysis in this area if the Joint Committee wished and come back to a future meeting of the Joint Committee to share and talk through this data/information. Dr Groen noted however, that caution should be exercised in relation to the figures as although we may well identify potential increased risks in relation to skilled staff leaving the NHS, this did not mean that those staff would take the active decision to leave the UK in April 2019 as many are settled and integrated into life in the UK.

The Chair asked Dr Groen to attend a future meeting of the Joint Committee to report back on the areas highlighted and also requested that as part of the future update information on the impact of Brexit on particular worker groups be highlighted. Cllr Hall also asked that as part of the update information is provided on staff due to retire within those groups also.

WORKFORCE COMMUNICATIONS UPDATE

Mary Bewley, Head of Communications and Engagement, North East Commissioning Support provided the Joint Committee with information on the proposed approach to workforce communications and sought views.

Mary advised that whilst there would be some workforce communications at a regional level, communications in the main would be targeted at the local level.

Mary advised that workforce communications so far had involved

- Syndicated articles for workforce shared with all NHS communications teams.
- Join our Journey bulletin with workforce programme update sent to partners
- Discussions at meetings with NHS Chief Executives Trust Workforce, Nursing and Medical Directors, Directors of Adult Social Services, primary care and social care leads, Health Education England
- Discussion with unions via North East Social Partnership Forum and individual meetings with Royal College of Nursing, British Medical Association, Unite and Unison
- Linking with national task group on workforce, to inform and be informed by national thinking
- Workforce discussions at regional events - maternity, prevention, mental health
- Promotion of Find Your Place campaign – websites, social media, induction

Mary advised that in relation to the articles, NHS communications teams at NHS Trusts had not been mandated to share the information with staff but were provided with the option to share the information with staff if it was felt appropriate to the needs of the Trust at the time. Mary indicated that she had subsequently received positive feedback in relation to this approach.

Mary noted that the previous approach to communications had very much focused on acute care which had as a result supported the creation of a strong clinical networks from providers, commissioners and statutory clinical networks.

Mary indicated that what was needed now was to include primary care and the wider out of hospital workforce, including the voluntary and community sector with a view to:-

- Developing a mind-set to think and work differently – more collaboration
- Engaging staff in what the future workforce looks like
- Getting the messages out across the NHS ‘family’ and wider provider staff
- Being clear on what we are trying to achieve
- Building the common picture and common language
- Ensuring staff feel bought in and are part of it

Mary stated that the key messages being communicated relate to:-

- Leaders and teams thinking and behaving differently – working collectively across organisational boundaries to drive change
- Developing a workforce model fit for the future – constantly adapting to meeting needs and challenges
- Having a workforce with the right numbers, skills, values and behaviours to deliver it
- Broadening the approach to thinking about workforce and workforce planning to include social care, public health and VCSE partners

Mary outlined a number of aspirations as to where they wished to go next:-

- Developing new ways of working – e.g. for clinicians to work easily across multiple organisations and clinical sites, expanding the use of new roles and

- care models, and working more closely with VCS partners
- Pooling recruitment efforts to sell the region and tackle challenges
- Equipping all staff across health, care and voluntary sector with the skills and knowledge to work more effectively
- Investing in shared leadership programmes to promote 'system behaviours' and support future leaders
- Engaging across health and social care workforce from VCSE and private sectors to develop a single clinical strategy

Mary indicated that some ideas on work to be progressed involved

- All clinical strategy discussions and events having focus on workforce
- Holding workshops for health and care workforce in each of 4 Integrated Care Partnerships to look at challenges and solutions
- Planning for regular communications that can be localised and 'owned' by providers across all sectors
- Extending the Find Your Place campaign to include GPs/Nursing/AHPs and other priority areas
- An Education programme that targets schools and colleges with a view to involving people in taster sessions / generating grow your own recruitment
- Increased social media presence
- Using opinion forming case studies which can highlight the new models of workforce within a changing NHS for example Pharmacy; Community nursing and Social care and community working together. The case studies could also cover new technology changing the face of work within the NHS and care Sector; the Great North Care Record – giving staff access to information to better support patients; information on how to work for the NHS; the variety of roles and the fact that the NHS is a career choice/opportunity for everyone; the importance the NHS has on local economies; volunteering opportunities for all people of all ages; youth social action; the recruitment drive for nursing staff/ return to practice; results and the positive impact regional working has had; new ways to become a nurse and supporting staff to achieve.

In terms of developing a social media presence it is proposed that consideration is given to :-

- Generating social media profiles – workforce profiles on people within the NHS covering a range of careers
- Asking senior and frontline staff across sectors to share experiences through video diaries and blogs etc.
- Encouraging staff to use social media as NHS ambassadors.
- Gathering intelligence on the workforce experience - access existing social networks, listen to concerns and learn from conversations
- Creating staff engagement – support online communities of staff and become a trusted source of information.
- Showing the direct impact of recruitment campaigns through 'live' experiences and gathering feedback
- Ensuring that comments and questions are managed with honesty and integrity.

Councillor Flynn thanked Mary for her presentation and asked how proposals to move clinicians around the region could be communicated so that it would not seem a negative move as there may be concerns that such moves might destabilise provision in a particular area.

Mary acknowledged that such communications would have to be very carefully thought through and would need to focus on what was needed in order to deliver a particular service to avoid any negative impacts. Mary advised that she would consult the lead for the workstream with a view to providing more information on this. The Chair requested that the information be provided for the next meeting of the Joint Committee.

Councillor Flynn also noted that he had been informed that if individuals wished to train as paramedics then they had a year training but then had two years unpaid work experience and he queried how this would encourage individuals into the workforce. Mary advised that she would look into this further and provide a response for a future meeting.

Councillor Taylor advised that currently she did not think it was clear from the information presented whether the long-term goal was around training or increasing joint working. Councillor Taylor's view was that the biggest barrier to cross working over NHS sites was IT but she acknowledged that the work in relation to the Great North Care Record might assist with this.

Mary advised that she would come back to the Joint Committee with more information on this point.

Councillor Spillard considered that there were a lot of positive aspects within the presentation. However, Councillor Spillard stated she was concerned that NHS communications teams locally were being left to choose whether or not to share syndicated articles for workforce. Councillor Spillard considered that there was a risk that this approach might backfire if individuals across NHS organisations became aware they were receiving different levels of information and felt that they were being kept out of the loop on such communications. Councillor Spillard stated that she would also question the reasons for not choosing to communicate such articles and considered that if there were situations where staff might have concerns around their work situation this was arguably more of a reason to share such articles.

Councillor Spillard also questioned the appropriateness of the proposal to gather intelligence on the workforce experience by accessing existing social networks. Councillor Spillard considered that staff may consider this an infringement of their privacy.

Mary advised that she was not in a position to insist that communications colleagues in other organisations shared the articles. Within the Health Strategy Group who give direction on such issues there is however an expectation that there will be collaboration. Mary stated that she would take away the Joint Committee's comments and think further about the types of resources that all organisations can access. Mary noted that there will be a single website going forwards.

Mary confirmed that there would be no obligation for staff to use social media if they did not wish to do so but noted that there may be staff who would be interested in participating in such a scheme.

Councillor Flynn stated that he was particularly interested in the proposals where clinicians might move between sites as South Tyneside and Sunderland Hospitals are looking at merging and there had been issues with clinicians unable to move between sites. In view of this experience Councillor Flynn felt there may be difficulties in progressing this piece of work and he asked how Mary was engaging with NHS Trusts on this work.

Mary stated that a lot of the work highlighted was set out in the Path to Excellence. However, Mary acknowledged that the work progressed may not be without difficulties going forwards. Mary indicated that she was not in a position to comment on the work which had happened at a geographical level in phases 1 and 2 in Sunderland and South Tyneside. Mary advised that whilst increasingly they would be trying to take forward a regional approach it would not be possible to have a one size fits all approach and it will be for Trusts to highlight where the regional approach does not fit.

Councillor Hetherington queried how Mary was engaging with NHS leaders in producing a regional model. Mary advised that in terms of the communications and engagement model the plan was to look at how to provide general / standardised communications and she was seeking views on whether there was agreement to this approach.

Councillor Hetherington considered that it was not a satisfactory model if there were going to be different levels of communication where people could opt in and out. Councillor Hetherington considered that there were some messages which should be given to everyone.

It was noted that in terms of the Path to Excellence communications are being delivered now in relation to Sunderland and South Tyneside whereas the regional work appears to be going on in the background so another issue appeared to be one of pace.

Mary advised that the Path to Excellence work started at the same time as discussions in relation to the STP began. Mary stated that she was satisfied that what had been produced in terms of the reasons for change as part of the Path to Excellence fit in terms of the proposed regional approach.

Councillor Hetherington reiterated her concerns in relation to people having the option not to share certain communications. Mary advised that these concerns would be fed back and further consideration would be given to how to deal with this issue.

Councillor Huntley queried who it was planned to invite to the workshops as she considered that front line staff needed to be invited. Mary advised that she would come back to the Joint Committee with this information.

On behalf of the Joint Committee, the Chair requested that front line staff be invited

to the workshops as the Joint Committee considered that this would represent good practice. It was also requested that the voluntary and community sector be included and Healthwatch organisations.

The Chair noted that at the last meeting of the Joint Committee representatives from Healthwatch organisations from across the patch attended and offered their time and expertise and she queried whether any contact had been made with them. The Chair considered that it was crucially important that there is a good stream of communications with such organisations.

Mary advised that there had been discussions with Healthwatch representatives and they are moving towards a formal communications approach but they are currently exploring how this will be structured.

Mr Whalley (Keep Our NHS Public) queried how ideas in relation to communications for ICS fit with the current national consultation on contracting arrangements for Integrated Care Providers given the controversy around ICPs equating to Accountable Care Organisations.

Mary advised that she was only involved in developing a communications strategy regarding the developing ICS in the NE and Cumbria and the workstreams and plans going forward.

Mr Whalley (Keep Our NHS Public) considered that there was a danger that this work was heading towards the development of Accountable Care Organisations as some of the areas highlighted had some resonance with that.

Mary advised that she would consider the comments made.

Councillor Mendelson advised that she was disappointed to find no reference to NEAS in the Find Your Place campaign and considered that this should be included. Mary advised that she would raise this point with the Director of Workforce Transformation.

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DRAFT WORK PROGRAMME FOR 2018-19

The Joint Committee considered and agreed its provisional work programme as follows:-

Meeting Date	Issue
26 November 2018	<ul style="list-style-type: none"> • Mental Health – Progress Update • Update on Communications and Engagement/Empowering Communities
21 January 2019	<ul style="list-style-type: none"> • Acute Services • Update on Workforce
25 March 2019	<ul style="list-style-type: none"> • Prevention – Progress Update • Care Closer to Home

Issues to be slotted in

Pharmacy Update (information regarding the outcome of the evaluation of the Community Pharmacy Referral Scheme to be brought back to the Joint Committee at an appropriate point in the work programme – potentially March 2019)

ICS Progress Update – to be brought back to the Joint Committee as appropriate.

NEAS Update – to be slotted into the work programme in 2019.

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DATES AND TIMES OF FUTURE MEETINGS

AGREED

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

- Monday 26 November 2018 at 2pm
- Monday 21 January 2019 at 2pm
- Monday 25 March 2019 at 2pm

Chair.....