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

Meeting on Monday, 25 September 2023 at 1.30 pm in the Bridges Room - Civic Centre

Agenda

1 Apologies for Absence

2 Declarations of Interest

3 Minutes (Pages 3 - 8)
The minutes of the meeting of the Joint Committee held on 3 July 2023 are attached for approval.

4 NEAS CQC Inspection / Independent Review of NEAS (Pages 9 - 26)
Helen Ray, Chief Executive of NEAS will be in attendance to provide a presentation on this item.

5 Strategic Options for Non-Surgical Oncology Services (Pages 27 - 64)
Presentation by Angela Woods, Clinical Director, Northern Cancer Alliance.

The following officers will be in attendance at the meeting:

- Julie Turner – Head of Specialised Commissioning NHS England
- Alison Featherstone – Managing Director Northern Cancer Alliance
- Sheila Alexander – Programme Manager – Northern Cancer Alliance

6 Digital Strategy Progress Update (Pages 65 - 78)
Professor Graham Evans, Executive Chief Digital and Information Officer will be in attendance to provide an update on this matter as per the presentation attached.

7 **Work Programme** (Pages 79 - 80)
Draft Work Programme Attached

The views of the Joint OSC are sought on the work programme and any additional issues it may wish to consider as part of the 2023/24 work programme.

8 **Date and Time of Next Meeting**
The next meeting will take place on Monday 20 November 2023 at 2.30pm at Gateshead Civic Centre.

Contact: Sonia Stewart - soniastewart@gateshead.gov.uk
Tel: 0191 433 3045 **Date:** Date Not Specified

GATESHEAD METROPOLITAN BOROUGH COUNCIL

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

Monday, 3 July 2023

PRESENT: Councillor M Hall (Chair)

Councillor(s): J Green (Gateshead Council), J Wallace (Gateshead Council), V Andrews (Durham CC), S Dean (South Tyneside Council), G Kilgour (South Tyneside Council), J Usher (Sunderland CC), T Pretswell (Newcastle CC), P Ezhilchelvan (Northumberland CC), J O'Shea (North Tyneside Council) and J Shaw (North Tyneside Council)

IN ATTENDANCE: Councillor(s): J Gibson

1 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 the Chair for the 2023-24 municipal year.

2 APPOINTMENT OF VICE CHAIR

In line with the terms of reference of the Joint Committee, the Joint Committee agreed to appoint Councillor Wendy Taylor of Newcastle City Council, as Vice Chair for the 2023-24 municipal year.

3 TERMS OF REFERENCE

The Joint Committee noted the Terms of Reference, the changes to which were agreed at the last meeting.

4 APOLOGIES

Apologies were received from Councillors: Dodd (Northumberland County Council), Hay (South Tyneside Council), Bond (Sunderland City Council), Jones (Sunderland City Council) and Taylor (Newcastle City Council).

5 DECLARATIONS OF INTEREST

Councillor Hall (Gateshead Council) declared an interest as the Director of Prism Care and a CNTW Governor.

6 MINUTES

The minutes of the meeting of the Joint Committee held on 20 March 2023 were approved as a correct record.

7 NEONATAL WORK (CENTRAL NENC ICB)

Dr Sundeep Harigopal, Clinical Lead of Northern Neonatal Network and Consultant Neonatologist at Newcastle Hospitals, gave a presentation on the implementation of the 26 week pathway.

There are three levels of neonatal care, based on need; Neonatal Intensive Care Units (NICU), Local Neonatal Units (LNU) and Special Care Baby Units (SCBU). In terms of the Northern Neonatal Network there are currently three NICU's in the area; RVI, Sunderland Royal and James Cook Middlesbrough. There are no LNU's and seven SCBU's in the area. NICU's are only in certain units and treat the most highly vulnerable babies, from 22 weeks gestation. The NICU's offer highly specialised care and it is important for expertise to be built up through experience.

It was reported that in 2015 the Royal College of Paediatrics and Child Health (RCPCH) reviewed neonatal services in the region and made recommendations, most of which are now complete. The recommendations included the merger of both neonatal intensive care units in Teesside to create one NICU at James Cook and one SCBU at North Tees. The development of a dedicated neonatal transport service was also recommended in order to coordinate movement of babies around the region. There was also a recommendation to expand capacity at the RVI, this is currently underway, with capacity increased by 4 cots in 2018 and a further 4 cots to be mobilised by the end of the month.

It was noted that progress in relation to the final recommendation was slowed down due to Covid, this related to changes at the NICU at Sunderland Royal Hospital. Currently all 3 NICU's provide care for babies born from 22 weeks gestation and the RVI looks after surgical babies. However, the review recommended that the NICU in Sunderland change to look after babies from 26 weeks gestation, instead of 22 weeks gestation. This would mean that babies born below 26 weeks gestation would be looked after in either Newcastle or Middlesbrough.

Sunderland NICU is currently the smallest unit in the country in terms of the volume of activity. It was highlighted that evidence shows that units with higher activity have better outcomes for the babies they treat. Therefore this change will ensure the highest quality of care for extremely small babies from across the region.

It was noted that although Sunderland NICU will no longer provide intensive care for babies between 22-26 weeks gestation, the change will result in an overall increase in activity as more babies from 26 week gestation will be cared for in Sunderland.

In terms of numbers, the NICUs in the region care for between 1,600 – 1,700 baby admissions per year. Approximately 984 admissions are for pre-term babies, those under 37 weeks gestation. Of the total number of babies born less than 26 weeks; Newcastle looked after 128 admissions over the last 3 years, Middlesbrough looked

after 97 admissions and Sunderland 37 admissions.

It was reported that in one year, of the 12 Sunderland admissions, five were Sunderland booked mothers. Therefore only five of the babies were local to Sunderland, they would now go to Newcastle.

Committee was advised that the main impact of the 26 week pathway change would be for families in South Tyneside and Sunderland as they would usually have gone to Sunderland Royal if their baby was born between 22-25 weeks gestation.

Committee was informed that a task and finish group has been established. This includes patient representatives from across the region through a Parent Advisory Group and Care Coordinators from the Neonatal Network, who have close relationships with families. Focus groups have also been held with families that have recently used neonatal services in order to review and update the information that is provided to families. From the consultation there has been support for the change and the key themes identified are around supporting transport costs and providing accommodation for families. Work is underway with charities around what can be provided and there is agreement for more flats to be available for families with babies in NICU. Focus groups with Sunderland and Cumbria families have shown overwhelming support for change as it is recognised that this is best for those babies requiring care.

It was confirmed that the 26 week pathway is fully supported by all system partners. The change is planned to take place on 1 August 2023, further involvement and engagement with patients will take place over the summer as transition to the new pathway. It was also noted that the impact of this change will be monitored.

It was reported that the Neonatal Critical Care Review (NCCR) was published in 2019 and goes further in transforming Neonatal services by 2025. This is through; the alignment of capacity, developing the expert neonatal workforce and enhancing the experience of families. In terms of developing the workforce theme, funding has been made available for neonatal nurses, allied health professionals and neonatal quality roles. The Northern Neonatal Network established the first neonatal care coordination team in the UK in April 2021 in relation to the ‘enhancing the experience for families’ theme. It was noted that the 26 weeks pathway work will help towards meeting the NCCR ambition to align capacity and work towards meeting standards that improve the survival outcome for the baby. It was also noted that a full scope of what aligning capacity will look like in the region will be done once the 26 weeks pathway work is completed.

Cllr Kilgour questioned whether Sunderland Royal Hospital will be able to cope with the number of babies over 26 weeks. The point was also made that as South Tyneside no longer has a maternity unit, the parents who would have previously attended there are now choosing to attend the RVI or QE, not Sunderland. Cllr Deann raised concerns that South Tyneside seems to be the forgotten area and it would be a big journey to Sunderland for South Tyneside residents. It was confirmed that at a lower gestation babies will stay longer in hospital and babies will be repatriated as soon as they are out of ICU, so already there is some movement within centres and this will continue. With Sunderland taking on babies over 26

weeks, this will increase their activity and therefore allow them to be a centre of excellence and Newcastle will focus on surgical babies.

The Committee appreciated that services and resources are stretched but were concerned that charities are being looked to in order to fill the gap in terms of what the NHS cannot provide.

Cllr O'Shea requested that performance comparators, in terms of survival rates of vulnerable babies in the region, be brought back to a future meeting.

Cllr Pretswell made the point that the package for parents needs to be expanded, especially for those families with siblings, as it is not as simple as improving transport. It was acknowledged that the network has had good insight into the difficulties faced by families with babies in ICU and this is why families have been engaged in this work. It was reported that the RVI now provides free food for partners, free car parking and help with transport costs. It was acknowledged that families are happy to travel if the outcomes are going to be better.

Cllr Ezhilchelvan questioned whether distance is secondary to other issues when deciding which hospital a baby should be placed. It was acknowledged that this needs to be wherever can offer the best care for the baby. Ideally, ICU is short term then the baby would go to the nearest unit to their home address.

Cllr Andrews questioned whether consolidating services would improve survival rates. It was confirmed that not just survival rates, but evidence shows that outcomes are better when units have higher output.

Cllr Gibson queried what would happen to a Cumbria baby who still required ICU after 26 weeks. It was noted that the units take moving a baby very seriously and it would be reviewed at the 26 week point as to whether the baby could be moved. Committee was advised that since the 2015 review, NHSE has invested £1.5m to specialised transport. The transport is highly specialised and a baby would be accompanied be specialist nurses, junior doctors and consultants to oversee the journey. These staff are rotated between transport and the unit in order to maintain their skills. It was also noted that more funding may be required for transport once these changes come in.

Cllr Hall questioned whether the cost of living factors have had any impact on early births. It was noted that this is being looked at in terms of socio-economic factors, age and postcodes and how this impacts on survival of babies.

Committee supported the engagement approach to the changes and noted the implementation of the changes would take effect from 1 August 2023.

8 INTEGRATED CARE STRATEGY IMPLEMENTATION PLAN

Peter Rooney, Director of Strategy and Planning, NENC ICB, provided the Joint Committee with a presentation around the draft Joint Forward Plan 2023/24 – 2028/29.

There is now a requirement of ICB's to produce a five year plan. National guidance has been published around what the plan should cover, this includes; building on existing plans, delivery focused and should cover how Trusts and ICBs intend to provide NHS services to meet the populations physical and mental health needs.

In Autumn 2022 work began on a joint ICP Strategy. The Forward Plan aligns to this strategy and its four key goals;

- Longer and healthier lives
- Fairer outcomes for all
- Better health and care services
- Giving children and young people the best start in life

Action Plans are in place covering each of these areas, in terms of what the ICB will do, as well as an action plan for each Enabler and Service.

It was reported that the ICP Strategy is set between Local Authorities, NHS and partners organisations, it is the long-term overarching vision and is reviewed every December. The Joint Forward Plan is set by the ICB and NHS Trusts, for a five year period it focuses on strategic service delivery and is reviewed annually every March. The NHS Operating Plan is an annual one year plan set by the ICB and NHS Trusts which is submitted to NHSE every March/April.

The Committee received a copy of the draft Forward Plan and it was noted that this would also be sent to Health and Wellbeing Boards and Chief Executives for feedback. A final version would then be published in September and an annual update would be published starting in March 2024.

Cllr Dean questioned whether this plan supersedes the 'Path to Excellence' document. It was clarified that the Joint Forward Plan covers the whole of the North East and North Cumbria but does not supersede individual area plans nor dilutes commitments.

It was queried when the deadline for feedback on the plan would be given that some Health and Wellbeing Boards would now not be meeting until after the August recess. It was noted that timescales had been pushed back due to local elections and purdah period, therefore feedback could be provided at the latest early September. It was suggested that Peter could hold a development session at the start of September to allow members time to read the plan.

9 NEAS CQC INSPECTION / INDEPENDENT REVIEW OF NEAS

Committee agreed to defer this item until the next meeting when the NHSE Independent Review will be published.

10 WORK PROGRAMME

The Joint Committee agreed its work programme for the year, subject to the NEAS inspection report being moved to September's meeting.

The views of the Joint Committee were sought on the work programme and any

additional items it may wish to consider as part of the 2023/24 work programme.

Cllr O'Shea requested that the item on dentistry be brought forward to an earlier meeting. It was agreed that this would be looked at, however some items are time-critical and would need to be given sufficient time for consideration.

11 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:-

- Monday 25 September 2023 at 1.30pm
- Monday 20 November 2023 at 2.30pm
- Monday 22 January 2024 at 1.30pm
- Monday 18 March 2024 at 2.30pm

Chair……..

NHS
North East Ambulance Service
NHS Foundation Trust

Update on Care Quality Commission and independent review reports

September 2023

Latest CQC position

Rating for Ambulance Headquarters, Bernicia House

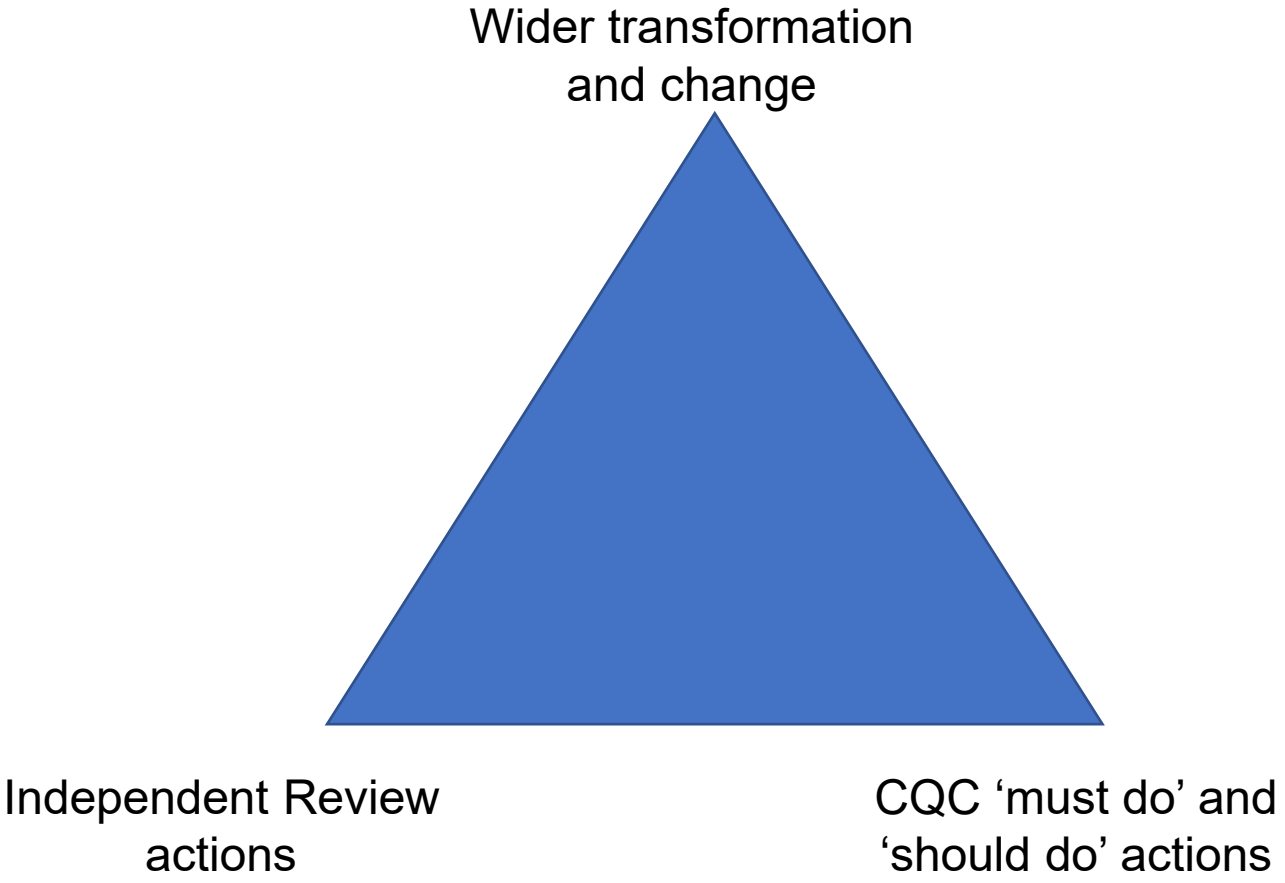
	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement Feb 2023	Requires improvement Feb 2023	Good Feb 2023	Requires improvement Feb 2023	Requires improvement Feb 2023	Requires improvement Feb 2023

Rating for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency operations centre (EOC)	Requires improvement Feb 2023	Requires improvement Feb 2023	Good Feb 2023	Good Feb 2023	Requires improvement Feb 2023	Requires improvement Feb 2023
Resilience	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Patient transport services	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Emergency and urgent care	Requires Improvement ↑ Jun 2023	Requires improvement Feb 2023	Good Feb 2023	Requires improvement Feb 2023	Requires Improvement ↑ Jun 2023	Requires Improvement ↑ Jun 2023

Improvement Plan Overview

- CQC formally closed regulation 29 warning notice
- Continued focused on ‘must do’ and ‘should do’ CQC actions and monthly reporting
- Actions from Independent Review
- Audit of actions already undertaken to ensure continued progress and ‘embedded’ practice
- Where appropriate, transition workstreams into BAU
- Wider transformation and change



Outcome of Assurance - CQC

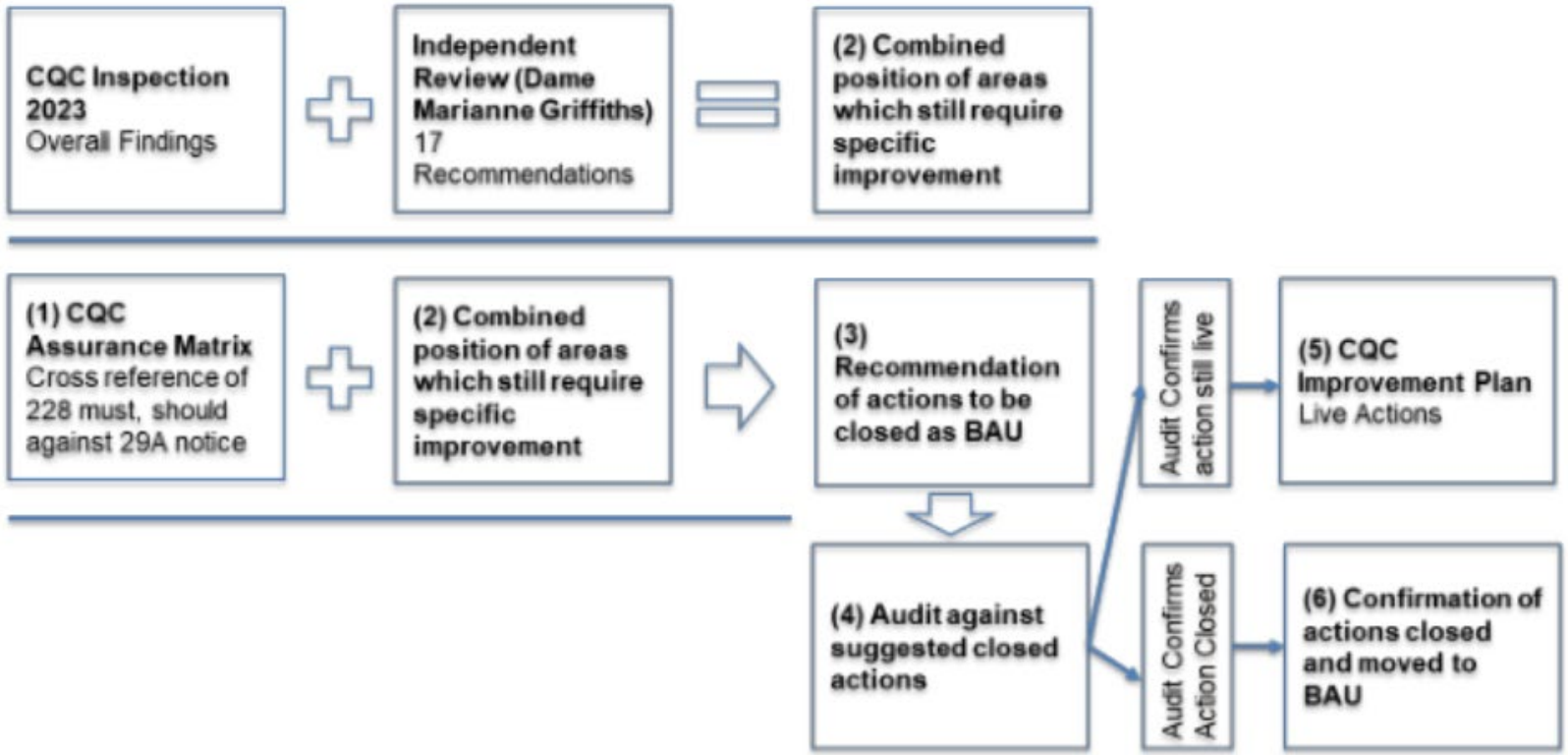
17 ‘must do’ and ‘should do’ CQC actions:

- 16 assured as amber, indicating that action has progressed but there is still progress to be made. 1 action is assured as green, which the Trust has robustly addressed.

62 actions in Trust CQC workplan:

- 50 actions to close and move to BAU
- 12 actions to remain open and audit

Independent assurance of NEAS progress on actions



Progress on medicines management

- Final work completed to new system of relief shift controlled drugs (awaiting Home Office licence to start).
- Preparation for controlled drugs access for paramedics on relief shift in the central and south divisions
- Review of replacement for the medicines management system to support a station-based model for controlled drugs and full end-to-end management and tracking of drug bags and medicines.
- Continue engagement with other ambulance trusts through the Ambulance Pharmacists Network and by direct contact.

Progress on incident reporting

- Shared our strengthened serious incident process with ICB, NHS England and CQC to ensure it meets with considered best practice.
- Next step will be to introduce the new patient safety incident review framework by the end of 2023-24.
- Strengthened our training for staff at all levels of the organisation to support the transition to the new patient safety incident review framework.
- Patient safety syllabus is mandatory for those who carry out investigations and is monitored for compliance on a regular basis
- With the introduction of ICB in 2022, we introduced new processes to ensure the timely reporting of serious incidents to our commissioners, and other stakeholders.
- Continue with the recruitment of additional staffing to support our teams: 90-day post-rapid process improvement workshop review held on 18 July
- NECS looking at past five years of incident profiles and thematic reviews to help build our patient safety and incident response plan

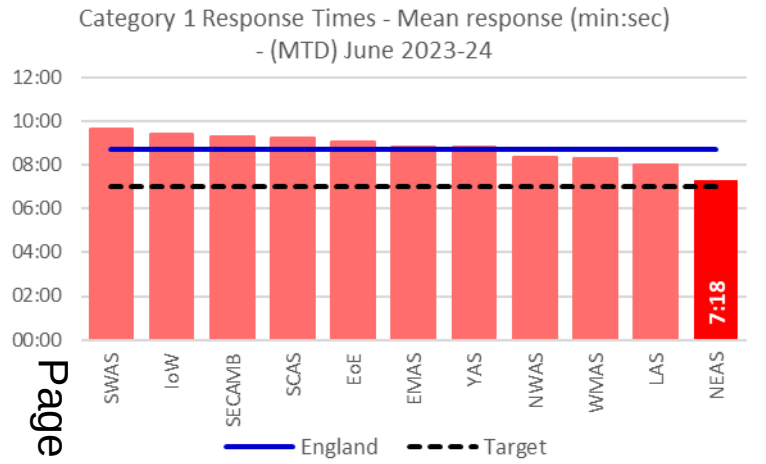
Progress on governance

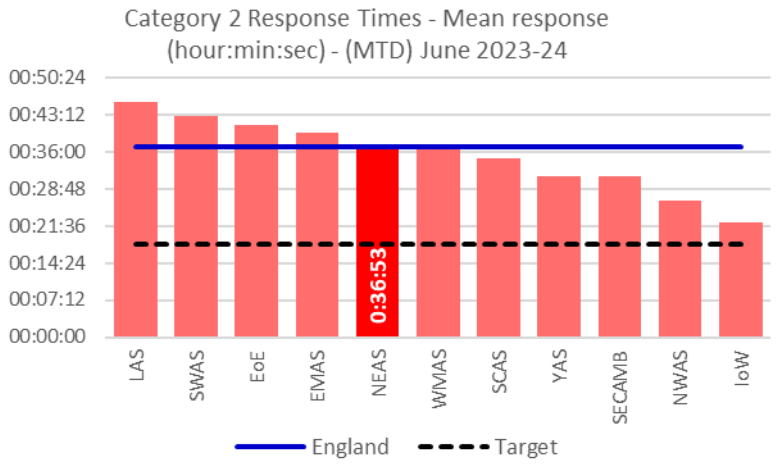
- Introduced a new governance and assurance framework along with the development of associated processes - with external specialist support.
- Clear and accountable decision-making process that improves the escalation of risk, patient safety issues and performance from our frontline teams to the Trust Board.
- Board and executive development programme implemented to facilitate team building and provide challenge and advice to develop an effective team following recruitment of new executives.
- A programme of ’buddying’ with directors from Northumbria Healthcare NHS Foundation Trust, rated CQC outstanding, to support the new executive management team, to share best practice and act as a critical friend.

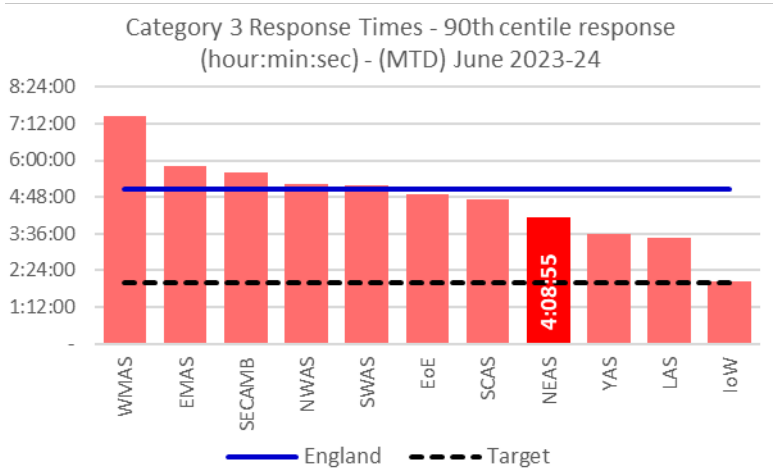
Progress on culture

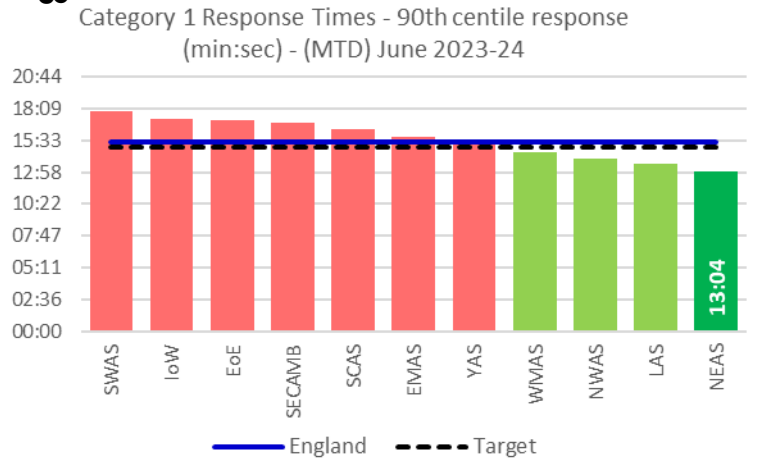
- All action plans underway to address speaking up, civility & respect, and staff experience.
- Trebled the size of our Freedom to Speak Up team to ensure staff have opportunity to speak up safely
- Development programme underway with frontline teams in south division, with external specialist support
- Increased communication and engagement with teams via multiple platforms including CEO roadshows
- Colleague voice to be launched for staff have a forum to engage with managers and resolve matters
- Continued expansion of our mental maintenance support for all colleagues

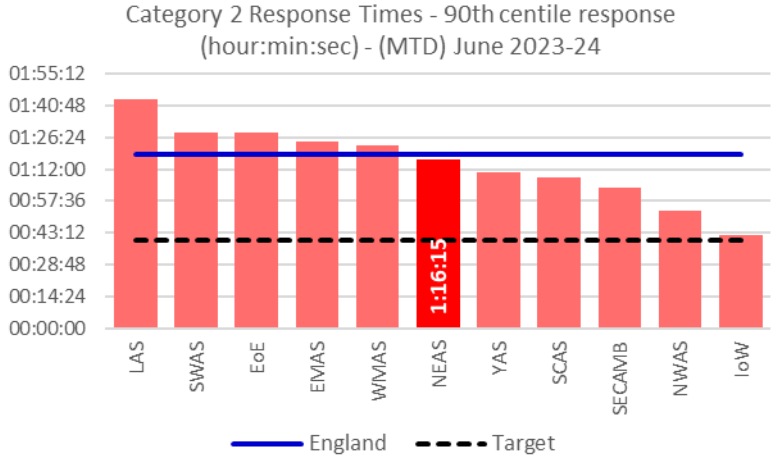
Response Time Benchmark Performance June 2023

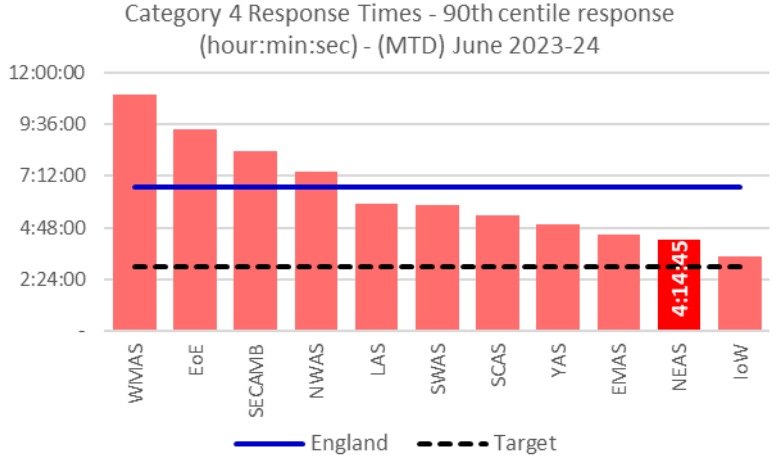




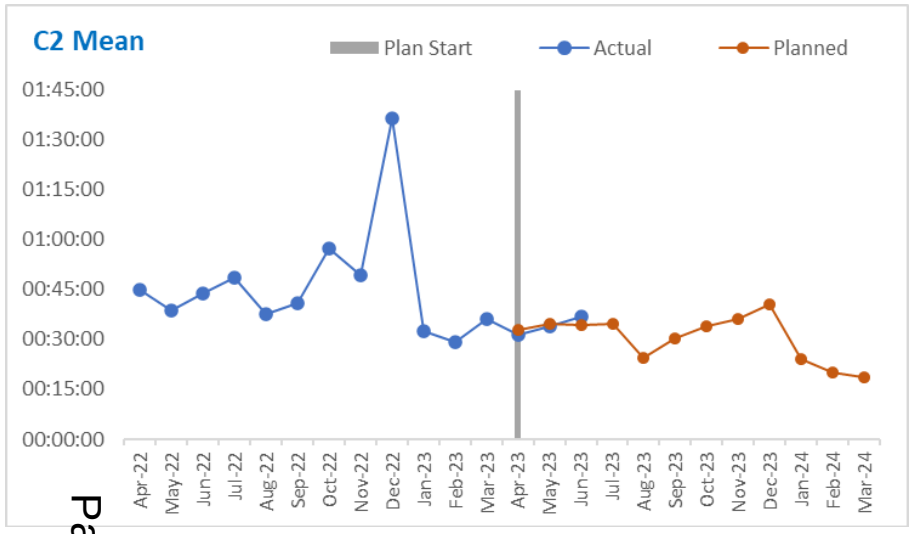


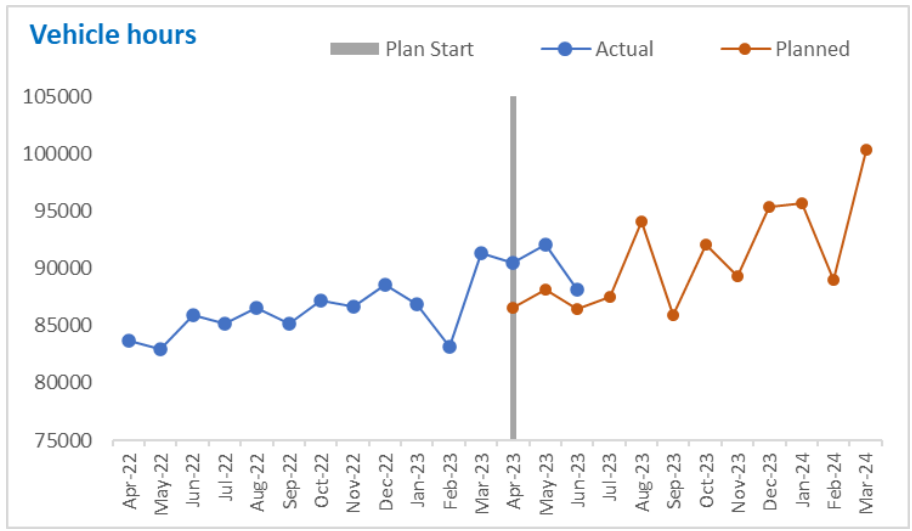


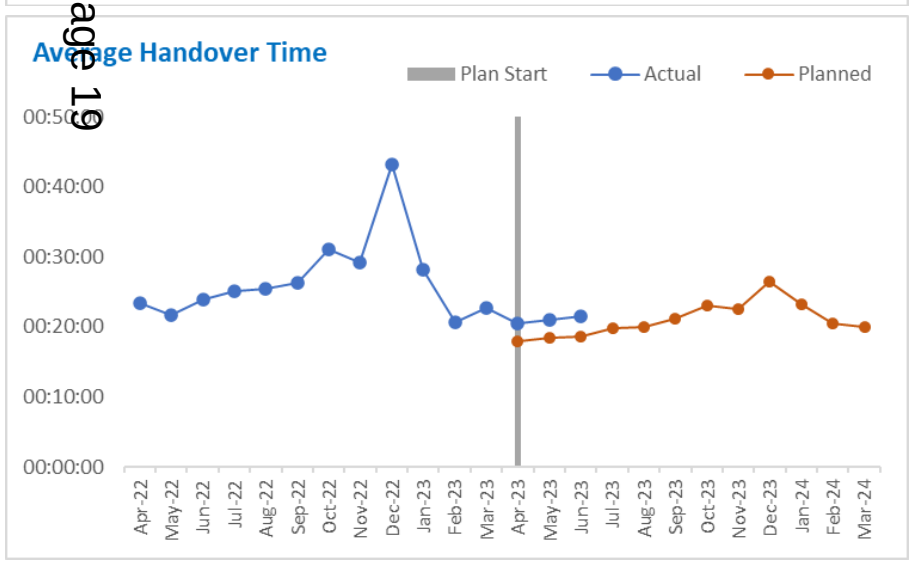


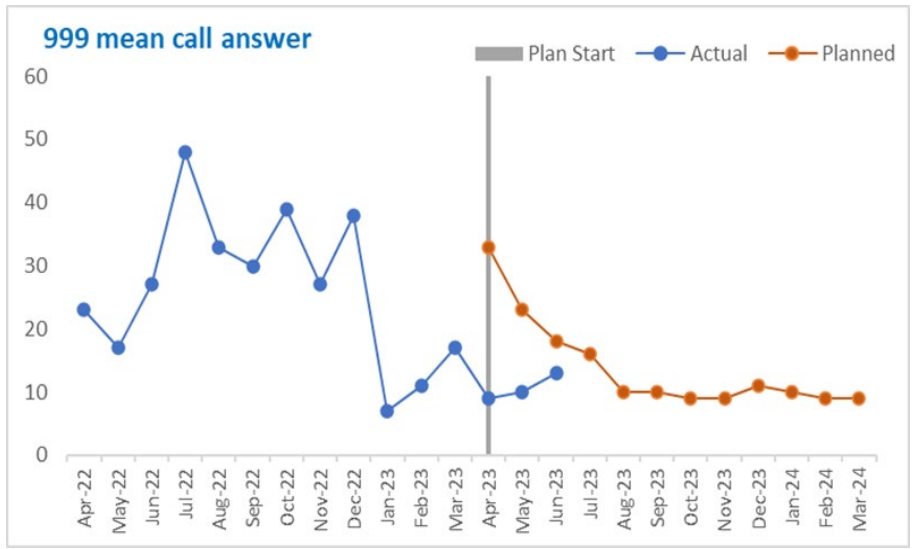


Draft June 2023 position









C2 Mean was 36min 53sec for June 2023 and above the plan position. The current annual forecast for C2 mean is 38m 42s, linked to higher than planned demand and handover times.

The capacity plan continues to be achieved. Vehicle hours in Q1 reports an increase of 7% compared to Q1 2022/23.

This has helped to mitigate higher than planned demand including HCP demand.

Average handover times have shown improvements from February 2023 onwards, however, remain higher than planned.

999 mean call answer increased slightly to 13 seconds in June 2023, but continues to achieve the plan position.

Independent Review

Independent Review – NEAS Assurance Statement

- NEAS Board have fully accepted the findings of the review and wholly commit to deliver on the improvements outlined in the recommendations
- We reiterate again our unreserved apology for the distress caused to the families who have lost loved ones.
- Recommendation 1 – unreserved apology to families
- Recommendation 2 – review of governance and SI management (underway / aligned to CQC)
- Recommendation 3 – ensure reports are not changed (complete – continuous focus)
- Recommendation 4 – training for call handlers to escalate to clinicians (complete – continuous focus)
- Recommendation 5 – coherence and confidence of Quality & Safety directorate (underway – new posts/team members, development, RPIWs etc)

Independent Review – NEAS Assurance Statement

- Recommendation 6 – Oversight Committee with family involvement – to be arranged by NHS England
- Recommendation 7 – senior doctor to support review of deaths
- Recommendation 8 – clear process for coroners team to liaise with HM Coroner (complete since Feb-21)
- Recommendation 9 – coroners team processes are separate to internal governance processes (complete – further enhanced in recent governance review)
- Recommendation 10 – settlement agreement process via Remuneration Committee to be followed (complete since Jul-22)
- Recommendation 11 – settlement agreements to be scrutinised to ensure best practice (in place via Remuneration Committee since Jul-22)

Independent Review – NEAS Assurance Statement

- Recommendation 12 – Remuneration Committee to consider requesting a report of settlement agreements prior to April 2020 (will be discussed at next meeting)
- Recommendation 13 – external support to be commissioned to support Board and new Directors (executive director development programmes commenced May-23 and Board development commenced July-23)
- Recommendation 14 – revised F2SU plans to be implemented ASAP (this commenced in Nov-22 – progress previously shared with QIG)
- Recommendation 15 – culture plan to be prioritised (underway / aligned to CQC)
- Recommendations 16 / 17 – commissioning framework and funding (links to ICB assurance statement)

Outcome of Assurance – independent review

17 actions identified in Independent Review:

- Nine are assured as amber, indicating that action has progressed but there is still progress to be made. Eight are assured as green which the Trust has robustly addressed

- A new combined action plan has been agreed by the Trust Improvement Group

NHS
North East
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Northern Cancer Alliance

NHS North East and North Cumbria

NHS England

Non-Surgical Oncology Out-patient Transformation

Joint ICT OSC Meeting

25 September 2023

Presented by:

Angela Wood – Clinical Director Norther Cancer Alliance

Welcome and Introductions

Representative Officers:

Angela Wood – Clinical Director, Northern Cancer Alliance

Alison Featherstone – Managing Director, Northern Cancer Alliance

Julie Turner – Head of Specialised Commissioning, NHS England

Sheila Alexander – Programme Manager, Northern Cancer Alliance

Background

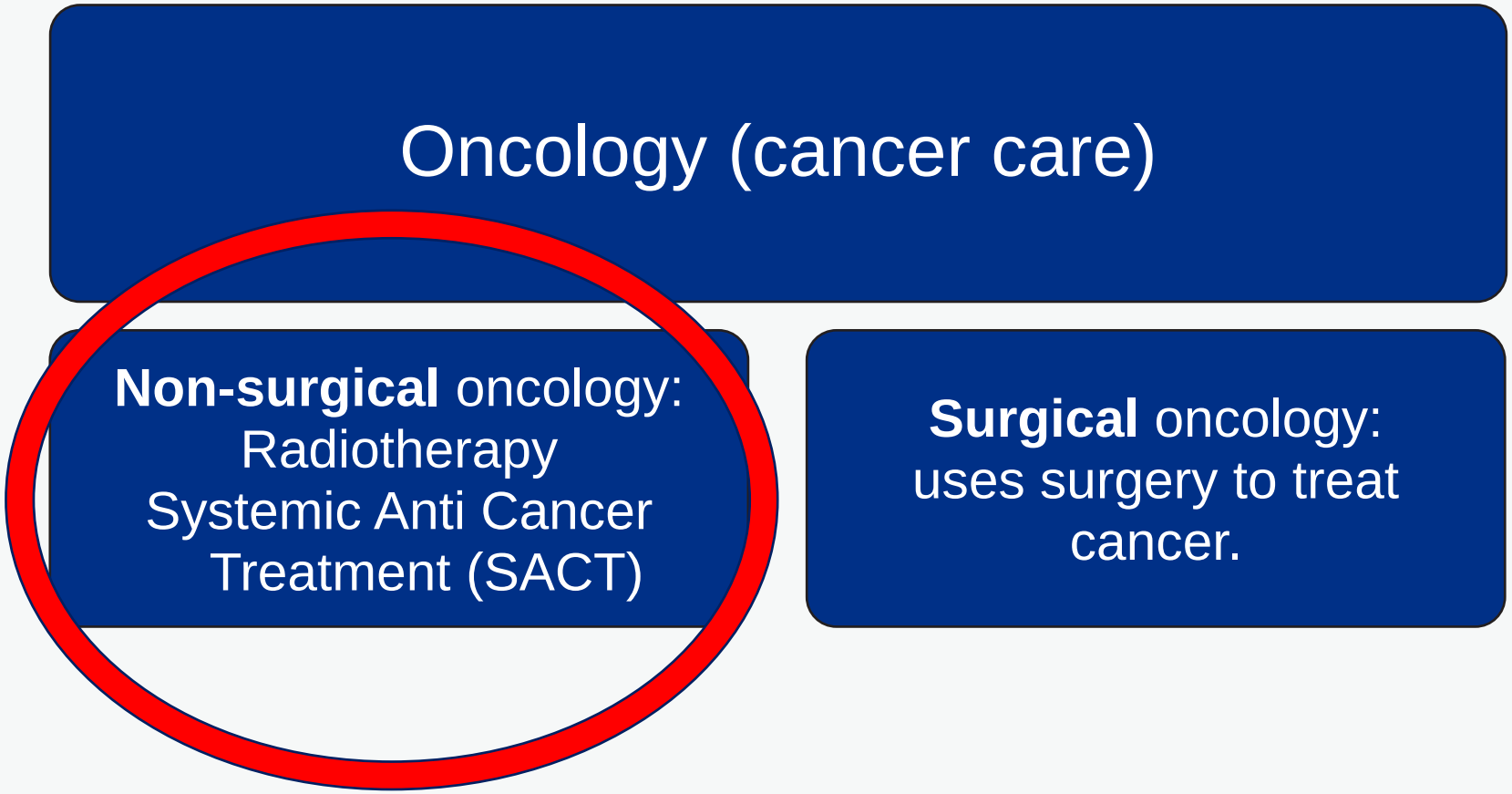
Timeline (previously shared with members January 2023)

Plan for 2023	Activity	Status
January	Update JHOSC on temporary changes	Complete
February	Finalise Strategic Option Planning	Complete
March	Continue Patient Engagement on strategic options	Continuous patient and public feedback in place
June	Clinical Check and Challenge Peer Review of model – South Yorkshire and North Yorkshire Cancer Alliance	Complete
August	Finalise plans	Complete Formal Governance now in place to make joint system decisions
September	Engage with JHOSC on Strategic Options Due diligence/governance	Slipped from July – JHOSC members to note preferred option and proposed way forward”
October	Commence Implementation	

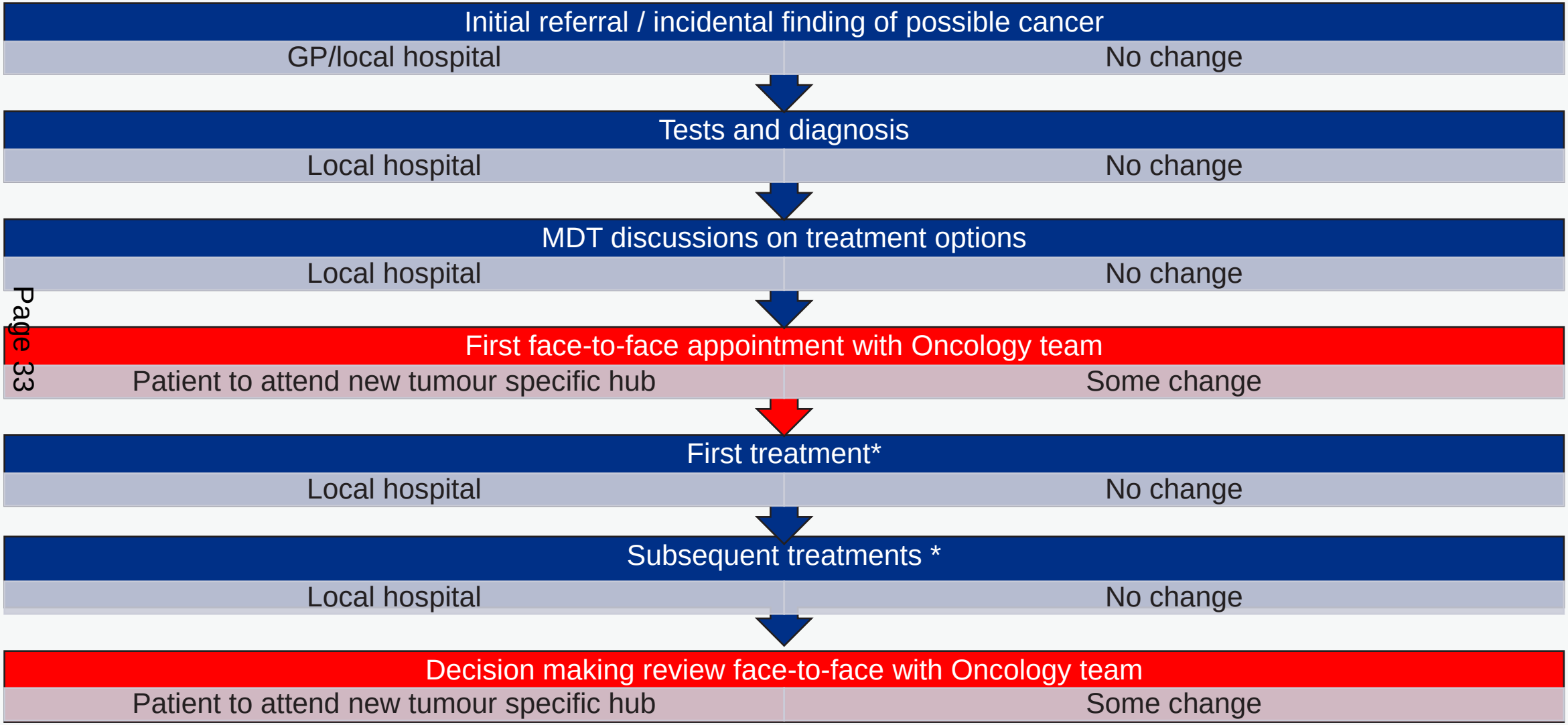
Why non-surgical services need to change

- Nationally recognised shortage in oncologist workforce – national predicted shortage of **28%** by 2025, regional prediction of **43%** reduction
- Regional variation in service provision and access
- New patient activity is up **9%**
- Demand for SACT (chemotherapy related services) is growing by **c10%**
- Additionally new NICE approved drugs are likely to become available within this pathway in the next 12 months
- The general increase in cancer incidences is circa **3%** to **5%** year on year
- All the above adds to extra demand and the pressure on services

Overview of oncology services



Example patient pathway



** NB Radiotherapy and surgical treatments will continue to take place at major cancer centres as they do now. Chemotherapy will continue to take place locally as it does now.*

Context

Within our North East and North Cumbria ICS we have:

- Two specialist cancer centres at Newcastle and South Tees which include Radiotherapy with some services also provided in North Cumbria by Newcastle.
- Chemotherapy delivery units at 19 sites
- This proposal does not change the sites for radiotherapy and chemotherapy services – they remain as close to home as possible
- Historical model of outpatient service delivery no longer fit for purpose:
  - Oncologists visiting multiple sites to deliver outpatient clinics around region. Inequity of access as model evolved over time with no strategic planning across whole region
- Capacity and Demand
  - Lack of resilience in workforce inability to recruit and retain enough staff
  - Increase in referrals and an increase in the complexity of treatment and the amount of treatment available
- Temporary measures
  - Newcastle implemented temporary measures from March 2022, and we have learned from them
- New service provision requires a new workforce model
  - Advanced Clinical Practitioners – 2 qualified, 11 in training – new curriculum developed
  - Role extension for several other posts Pharmacists , Nurses and Therapy Radiographers

Previous outpatient appointment sites

Oncologist from	Trust	Site Local Authority Population 2018	Oncology Tumour Sites
Newcastle upon Tyne Hospitals NHS FT	Newcastle upon Tyne Hospitals NHS FT	Freeman Hospital Cancer Centre (300,196)	All tumour specific service provided
	North Cumbria Integrated Care	Cumberland Infirmary (324,000)	All tumour sites
	Northumbria Healthcare NHS FT	Wansbeck General Hospital (320, 274)	Lung, breast, colorectal, upper gastrointestinal, cancer of unknown primary
		North Tyneside General Hospital (205,985)	Lung, breast, colorectal, upper gastrointestinal
	Gateshead Health NHS FT	Queen Elizabeth Hospital (202,508)	Lung, breast, colorectal, cancer of unknown primary, gynaecological
	South Tyneside and Sunderland NHS FT	Sunderland Royal Hospital (277,417)	Lung, breast, colorectal, upper gastrointestinal, cancer of unknown primary, head & neck, urology
		South Tyneside District Hospital (150,265)	Lung, breast, colorectal
South Tees Hospitals NHS FT	County Durham and Darlington NHS FT	Shotley Bridge Hospital	Breast
		University Hospital North Durham (526,980)	Lung, breast, colorectal, upper gastrointestinal, hepato-pancreato-biliary (Palliative Pancreatic)
		Bishop Auckland Hospital	Lung, breast, colorectal, urology
		Darlington Memorial Hospital (106,695)	Lung, breast, colorectal, urology, upper gastrointestinal, head & neck, hepato-pancreato-biliary
	North Tees and Hartlepool NHS FT	University Hospital Hartlepool (96,242)	Lung, breast, colorectal, urology, pancreas, hepato-pancreato-biliary
		University Hospital North Tees (197,213)	Lung, breast, colorectal
	South Tees Hospitals NHS FT	Friarage Hospital (91,134)	Lung, breast, colorectal, urology
		James Cook Cancer Centre (277,263)	All tumour specific service provided

Strategic Review

Principles for strategic review

- Any future model is patient focused, clinically led delivers care as close to home as possible with a view to reducing inequality in current service provision across the region
- The view of patients or patient representatives are integral to proposed options
- Oncologist time is used to maximum efficiency recognising that the gap between supply and demand for the regional oncologist workforce is forecast to widen further in the next five years
- A broad range of alternate workforce options is considered along with role allocation, considering the ‘at risk’ groups, as well as training needs and skills required
- Oncology teams’ working arrangements are designed in a way that ensures safe levels of specialised cover coupled with opportunities to enhance resilience through peer support and learning

**These principles have been adopted for future work too.*

Strategic model development

- 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

Options considered

1. **Current model -No change**
   - Hub and spoke working for individual oncologists not wider system need - 16 geographical sites, specific tumour group offered at each site developed on an ad hoc basis.
   - No system wide service and workforce planning
   - Inequity of patient care and unsustainable due to increasing demand and complexity

2. **Centralisation to the cancer centres with treatment as close to home as possible**
   - Not viable for patient travel and new estate required

3. **A decentralised model**
   - Not viable due to potential lone working and inequity of service development - current model evolved from this

4. **Clinical networks with tumour specific hubs and treatment as close to home as possible**
   - 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

Decision making

The strategic options were taken through the relevant NENC Boards:

- Northern Cancer Alliance board
- Provider Collaborative
- Combined CCG forum (now ICB)
- Newly established NHS England and ICB Joint Committee

This allowed an opportunity to model, travel, health inequality impact and co-dependencies.

Current phase of the project to further engage on and develop the agreed model in detail prior to final sign off by March 24 will need to also go through all the respective boards/groups

Preferred option (4)

Clinical Networks of tumour specific hubs with treatment as close to home as possible

- Tumour specific teams (multidisciplinary) across NENC ICS for the major tumour groups (Breast, Lung, Colorectal, Urology). Every trust has at least one hub – therefore visiting oncologists.
- Centralisation of intermediate tumour groups to the 2 cancer centres and more collaborative working to build resilience in the services especially for the rarer tumour groups, supporting services and workforce
- Hub sites chosen to reduce patient travel impact as much as possible, no changes to co-dependencies such as the Multidisciplinary Teams (MDT), surgery, diagnostic services
- Ensure all chemotherapy can be delivered locally – increased services required at some sites thus reducing patient travel
- Supports new ways of working, digital solutions, new workforce models
- Reduce inequity – waiting times, clinical trials access, supporting services
- Improve patient safety and quality – communication, wrap around tumour specific model of care, Acute Oncology Services and out of hours access to advice, guidance and support (professionals and patients)

Potential hub locations

Oncologist provision from Newcastle Hospitals		
Trust	**Hospital site**	**Tumour speciality**
Newcastle Hospitals NHS Foundation Trust (NuTH)	Freeman Hospital	All sites
	North Cumbria Integrated Healthcare NHS FT Cumberland Infirmary, Carlisle	Service provided by Newcastle and Carlisle Partnership
Northumbria Health Care NHS FT	Wansbeck General Hospital	Breast
	North Tyneside General Hospital	Lung, Colorectal
Gateshead NHS FT	Queen Elizabeth Hospital	Breast, gynaecology (lung when workforce allows)
South Tyneside and Sunderland NHS FT	Sunderland Royal Hospital	Colorectal, Urology, Head &Neck
	South Tyneside District Hospital	Lung
County Durham and Darlington NHS FT	University Hospital of North Durham	Lung, Colorectal

Oncologist provision from James Cook University Hospital		
Trust	**Hospital site**	**Tumour speciality**
County Durham and Darlington NHS FT	Darlington Memorial Hospital	Head &Neck, Lung
	Bishop Auckland Hospital	Breast
North Tees and Hartlepool NHS FT	North Tees University Hospital	Breast, lung, colorectal, Urology
South Tees Hospital NHS Foundation Trust	James Cook University Hospital	All sites
	Friarage Hospital	Part of JCUH service

Benefits of a tumour specific hub

Workforce

- No single-handed clinicians - minimum of 3 Clinical and Medical Oncology Consultants
- Improved cross cover and resilience
- Multidisciplinary support - Prescribing Pharmacists, Clinical Nurse Specialists, Care Coordinators and admin are all essential
- New roles - Advanced Clinical Practitioners

Standardisation of clinical ways of working

- More access to clinical trials
- Standardisation of clinical protocols and face to face appointments
- Agreed regional model for out of hours access to advice, guidance and support (professionals and patients)

Peer Review

Clinical model – Peer review Sept 2023

The **purpose** of the Peer Review was to:

- Provide a clinical peer review of the proposed model – to “check and challenge”
- Check we have considered safety, sustainability, co dependencies, quality standards, workforce, equity, and access
- Challenge any thinking to ensure all options have been considered and to ensure plans are in place to address any potential issues

The **method**:

- External peer review by two other systems, (South and North Yorkshire) with a senior external clinical chair to facilitate
- The panel members were peer experts in non-surgical oncology – including patient representatives
- Use of national criteria to evaluate service models

(The other systems do not have the same clinical models in place - to ensure a lack of any bias in this process

Clinical model peer review outcome

- Support in principle for model, more robust, removal of single-handed practitioners
- Understanding that pooling teams reduces risks of cancellations and more flexibility
- Broader skill mix and increased team numbers to enhance clinical safety and patient experience
- Acknowledgement and support for navigator/co-ordinator roles
- Acknowledgement of consistency in user feedback to date
- Acknowledged proposed model still provides choices – hubs based on postcode, but patient can choose another hub
- Support for treatment as close to home as possible

On going work required to address and mitigate for changes:

- Concern over consultant workforce gap and reality of recruitment
- Acknowledged the need for robust out of hours provision and access to acute oncology
- Adoption of technology to enhance remote access to care
- Programme of involvement and engagement

Supported the suggested future work planning – task and finish groups in place to address all potential issues identified

Engagement and Communications

Engagement and communication

3 years of listening

Engagement work

- ✓ Public engagement
- ✓ Clinical engagement
- ✓ Health impact assessment
- ✓ Travel assessment

Temporary measures (for Newcastle)

- ✓ Patient feedback
- ✓ Staff feedback
- ✓ System feedback

Continued public engagement

- ✓ Phased approach to listen to what matters to our patients
- ✓ Current questionnaires
- ✓ Planned focus groups

Pre- engagement work -What mattered to our patients

All Engagement conducted in line with the Cancer Alliance co-produced public engagement strategy

Initial work adopted a three staged approach to understand what matters most to oncology patients, their families and their carers as well as potential future patients. So that Steering Group could:

- Understand the potential impact of change on patient experience
- Address aspects of health inequalities and work towards improving equity of access for those members of the community who experience the greatest levels of disadvantage and health inequalities
- Ensure transparency and an open dialogue with patient and the public at all stages of the review process
- Demonstrate how engagement activities have informed the oncology service review and new delivery model

Stage one involved developing a framework for speaking to people with lived experience, members of the public and representatives from community organisations who understand the impact of health inequalities on people living in some of our most vulnerable communities.

Stage two of the engagement process involved holding three focus groups to explore the key themes identified in the data analysis along with the risks and benefits of the current service model and the pros and cons of any potential service changes.

Stage three work had commenced, planning for future communication and engagement activities, being coordinated by a regional communications and engagement steering group. However, we then had to begin the temporary measures which offered further opportunity for engagement.

Temporary measures - engagement and feedback

Patient experience

- Information leaflet produced to explain the changes
- Questionnaire sent to all patients
- Changes and adaptations of the service made based on feedback
- Questionnaire feedback informed next stage of the engagement work
- Importantly less patients moved than we had predicted

Clinical and System feedback experience

- Positive feedback from clinicians regarding peer support in clinic.
- Ability to cross cover when a member of hub is on annual leave or unwell.
- Support in clinics from clinical pharmacists and consultant nurses.
- Improved opportunities for trainees as able to attend clinic supported even when their own supervisor is not present.
- Clinic co-ordinators have been valuable in ensuring all capacity is used by discussing with patients
- Using different I.T systems in different locations is challenging.

Current and planned engagement for preferred model

The aims of the engagement strategy are as follows:

1. Continue to understand what matters most to oncology patients, their families, and their carers as well as potential patients in the future
2. Address health inequalities and ensure equity of access
3. Ensure transparency and an open dialogue with patients and the public at all stages of the review process
4. Demonstrate how engagement activities have informed the oncology service review and new delivery model

This will be achieved through the following objectives:

1. Engaging with people who have a lived experience of oncology services
2. Engaging with people who are more likely to experience the greatest level of health inequalities and inequity of access to health care services
3. Ensuring communication activities are accessible to the target audience
4. Development of appropriate feedback mechanisms to everyone involved in the engagement process

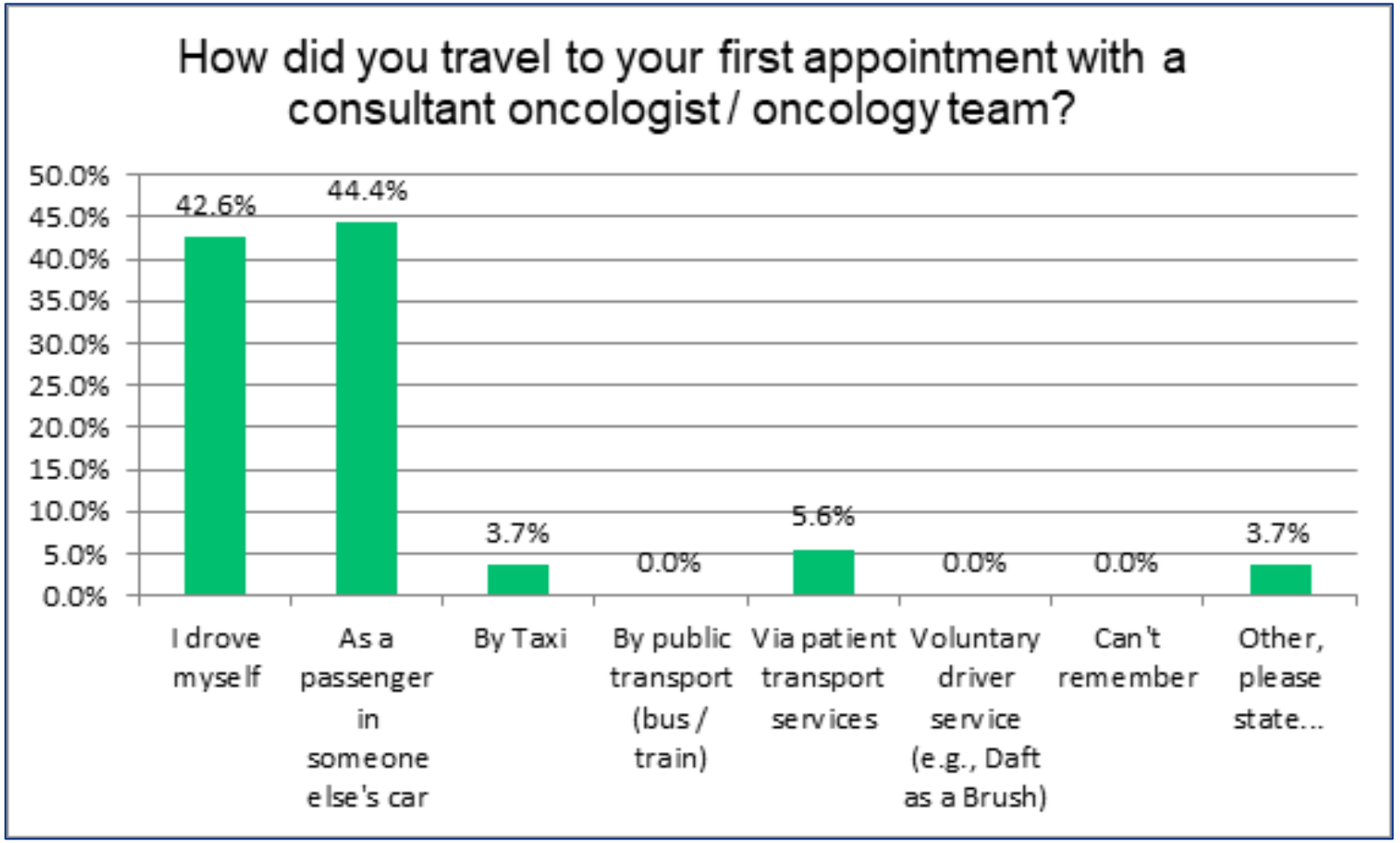
Current and planned engagement

Ongoing work:

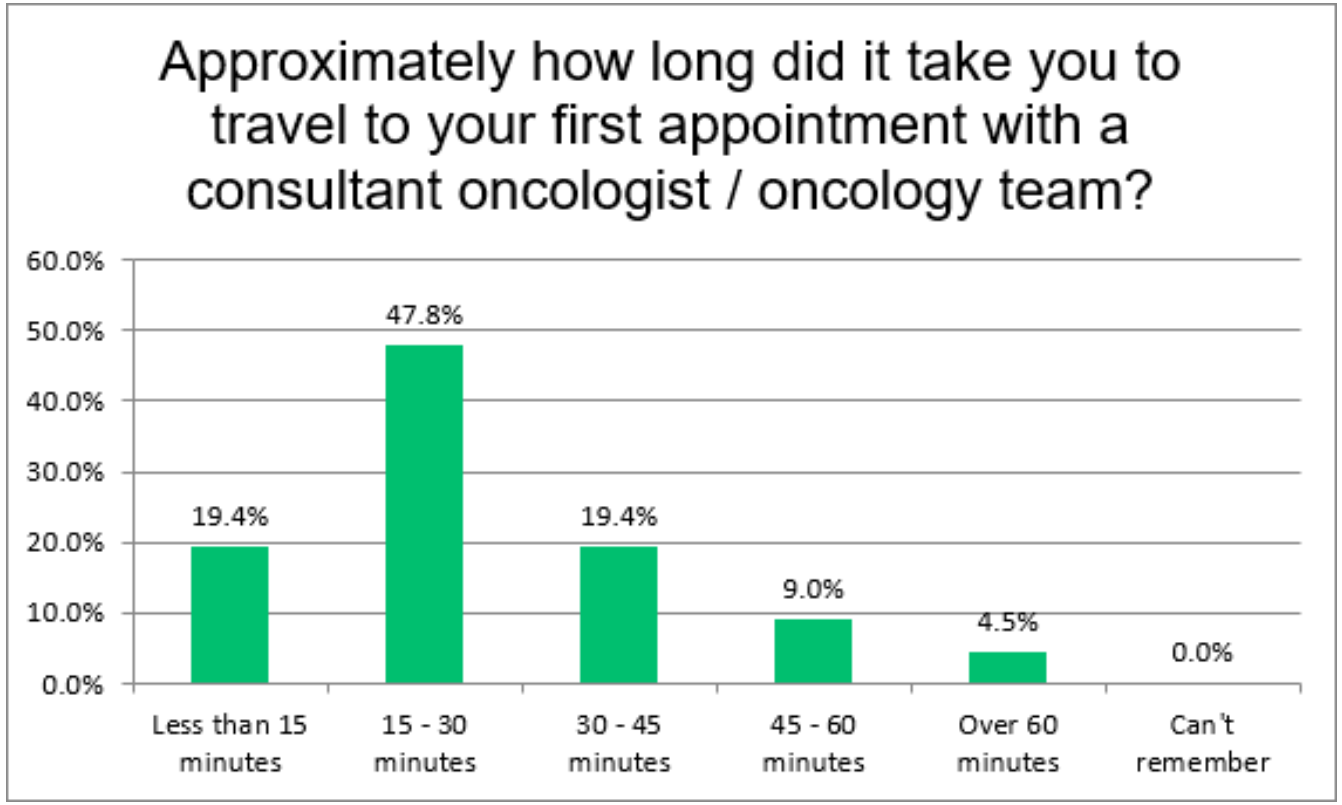
- All Engagement continues to be conducted in line with the Alliance co-produced public engagement strategy The NCA Framework for Public Involvement - Northern Cancer Alliance Northern Cancer Alliance
- Lay representative on all strategy groups and the Alliance Involvement Forum participation continues
- Task and finish group established – to consider the proposed model
- Current questionnaires and planned focus groups (based on learning from the questionnaires)

Feedback to date

Work in progress feedback based on existing journeys



Work in progress feedback based on existing journeys



For over half of respondents, their journey for their first appointment took on average about 15 to 30 mins.

Over 85% of respondents the journey took less than 45 minutes.

Virtual Appointments

47% of patients had a virtual appointment (by telephone or video call) with the oncology team

Of those who had virtual appointment:

- ✓83% were very satisfied/satisfied with their experience
- ✓Dissatisfaction/concerns related to:
  - ✓Not receiving the call on time
  - ✓Confusion about what would happen (in advance of appointment)
  - ✓Age of patient; computer literacy and hearing difficulties
  - ✓Communication difficulties (perceived as more of a ‘listening experience’)
- ✓10% received support from a family member / friend to access this

Of those who did not have a virtual appointment 15% would consider having a telephone appointment and 23% a video consultation

Impact assessments to date

Health Inequalities	Travel
• Potential impact – positive and negative • Multiple evidence sources • Results inform process • Results support improving access and outcomes • No evidence it improves (or worsens) discrimination	• Potential impact – positive and negative. Used adding an extra 15mins as a baseline. • Evidence sources (real time data) • Car and public transport • Hub positions informed by the travel assessments

Continuous review and monitor

Health impact assessment for preferred option

Completed to assess likely impacts of the proposed service change and provide further insight to reduce potential barriers/discrimination

The impact assessment outlines:

- What impact (or potential impact) service review outcomes will have on those within protected characteristics groups
- The main potential positive or adverse impact for people who experience health inequalities
- What engagement and consultation has taken place
- The key sources of evidence that have informed the impact assessment
- An understanding that this will need to be

updated throughout the course of development and continuously updated as the piece of work progresses

monitored regularly to ensure the intended outcomes are achieved

Health impact assessment findings

- ✓ Will support compliance with the Public Sector Equality Duty in
  - advancing equality of opportunity and
  - fostering good relations
- ✓ Unsure it will address
  - tackling discrimination
- ✓ Proposal will support reducing health inequalities faced by patients in
  - Reducing inequalities in access to health care
  - Reducing inequalities in health outcomes

Travel impact assessment

- Pre – engagement work “what matters to me" considered travel issues – distance and parking which informed the travel analysis
- The working group agreed that travel and parking became more of an issue when the other points were not delivered (Communication and information, the importance of coordinated, efficient and timely care, knowing who to contact, seamless transfers between hospitals/departments, feeling involved and listened to at all stages of care)
- Considered reducing number of journeys by using video consultations to reduce unnecessary travel if suitable for the individual and their clinical situation
- Have also considered mitigations particularly increasing the use of "daft as a brush"

Travel impact assessment for preferred model

Considered travel by car and by public transport

- Please note - most people travel by car for cancer treatment

The average travel time for patients is for the average amount of time it took patients to get to the site that they originally attended.

- For example, the average travel time for patients to get to the Friarage by car was 28 minutes and the average by public transport was 62 minutes
- Travel to attend oncology out-patient appointments was not uncommon in the original service model

The percentage of the cohort of patients who can travel to a specified hospital within no more than an extra 15 minutes

Decisions for hub locations considered travel as well as other factors such as services already at that site, estate and other service co-dependencies

Next steps – high level

Plan for 2023/24	Activity
September	JHOSC are asked to note the preferred option and the next stages of work
October	NHS England to undertake the 5 key test regional assurance process
November	Take through system governance i.e., joint commissioning committee and provider collaborative
December	Formalise the changes; contractual commissioning
March	Implementation of the new out-patient clinical model

Thank You and Questions

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NHS
North East and North Cumbria

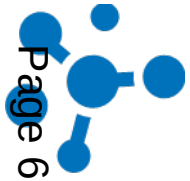
Digital Strategy Progress update

Professor Graham Evans

Executive Chief Digital and Information Officer/SIRO

Look back

- NECN ICS digital strategy published in 2019.
- Refreshed digital strategy published in 2020.



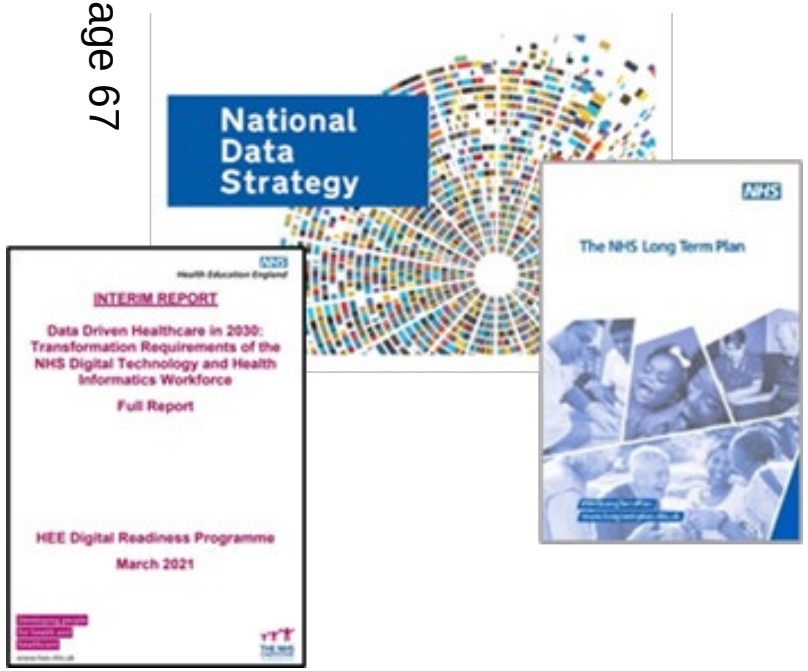
- Integrated Care Board (ICB) Established July 2022.

- Integrated Care Partnership (ICP) "*Better health & wellbeing for all*" strategy published in December 2022.
  - Joint Forward Plan (JFP) – DDaT input

- Enabling Digital Data and Technology (DDaT) strategy launch October 2023.

Drivers

Review of high performing Integrated Care Systems

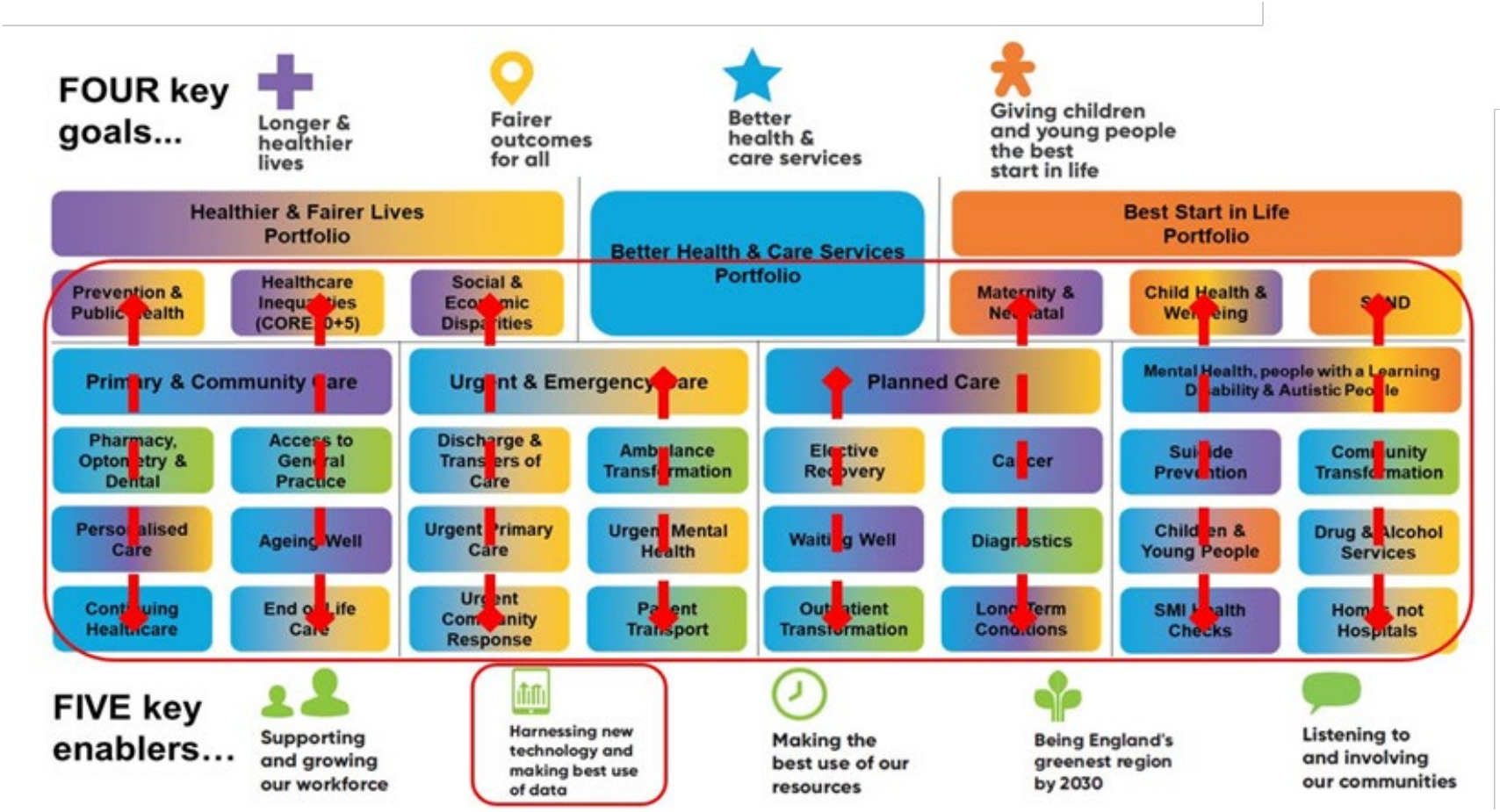


National policy drivers

Regional and local context

Strategic programme alignment

- NECN ICP Goals
- Portfolios
- Programmes/Projects
- Enablers
- DDaT enablers, themes and priorities

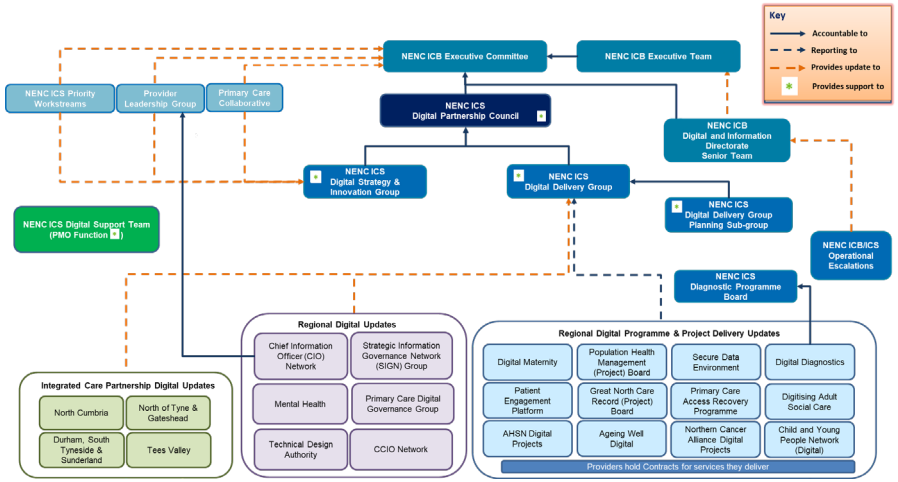


Engagement/approval

JFP

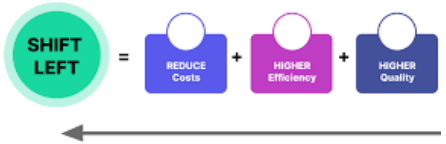
Vision

To enable the delivery of high quality, easily accessible and efficient health and care services, to people of the North East and North Cumbria through digital solutions.

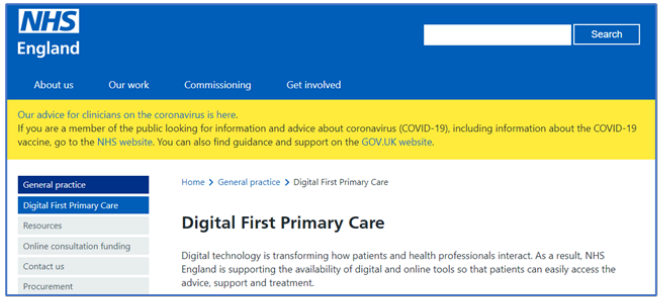


DDaT delivery themes (programmes/projects)

Page 70



Metrics linked to “JFP” delivery milestones

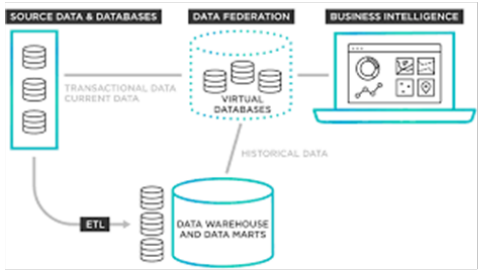


Digital First Primary Care

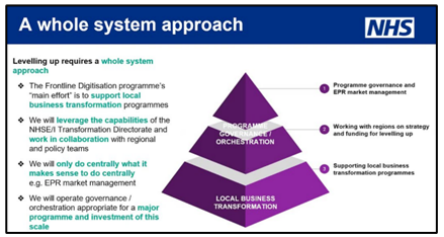
Metrics

Secure Data Environment

Metrics

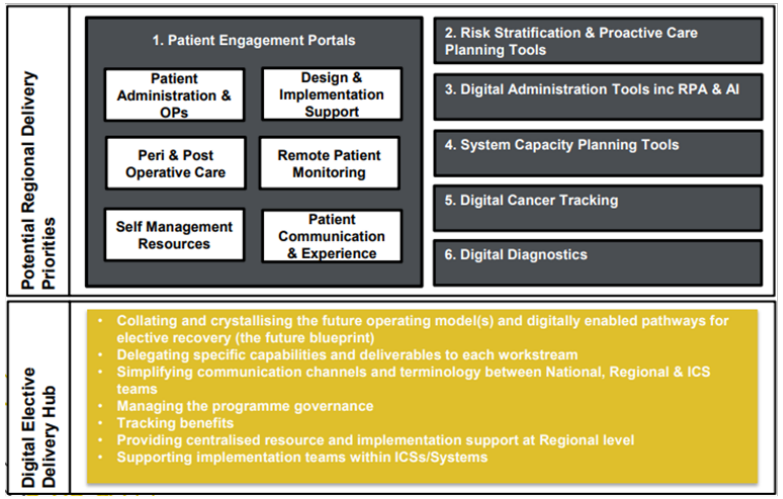


Federated Data Platform



Frontline Digitisation (*inc. Digital Convergence*)

Metrics



Elective Recovery

Metrics

Digital Social Care

Digitising Social Care

Metrics

Transforming Outpatients

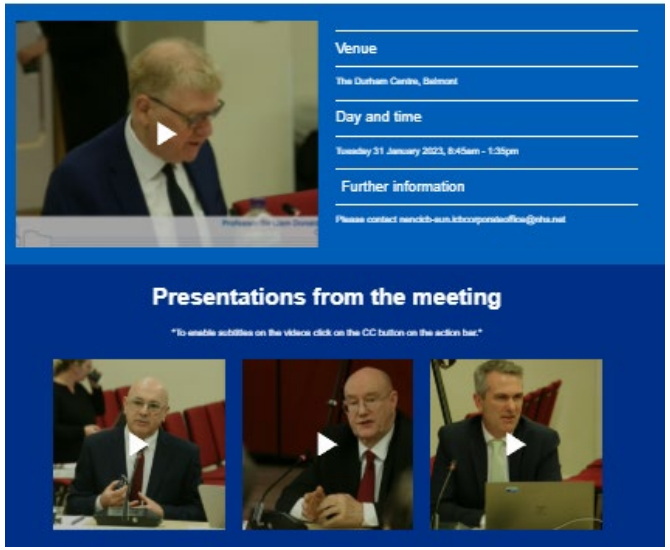
Metrics

“A system cannot be integrated without digital & data capability”

Data

- ICB ambition to implement data driven/evidence based decisions.

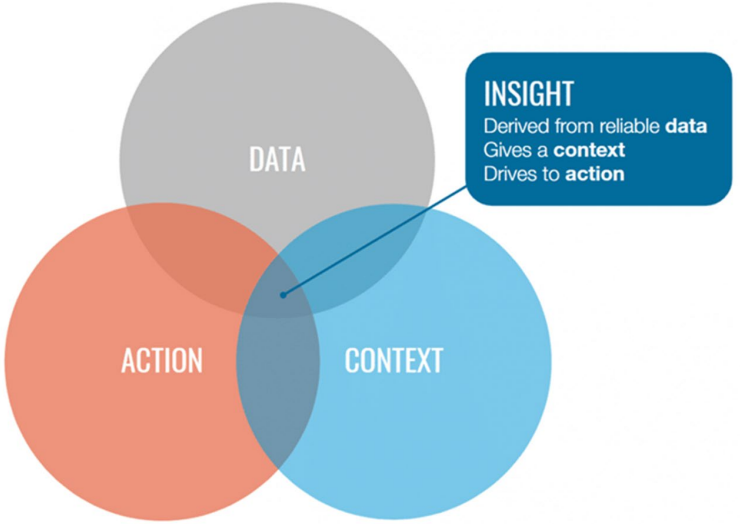
- Spotlight/Deep dive sessions on ICB data agenda - [Board meeting held in public - Tuesday 31st January 2023 | North East and North Cumbria NHS (northeastnorthcumbria.nhs.uk)]



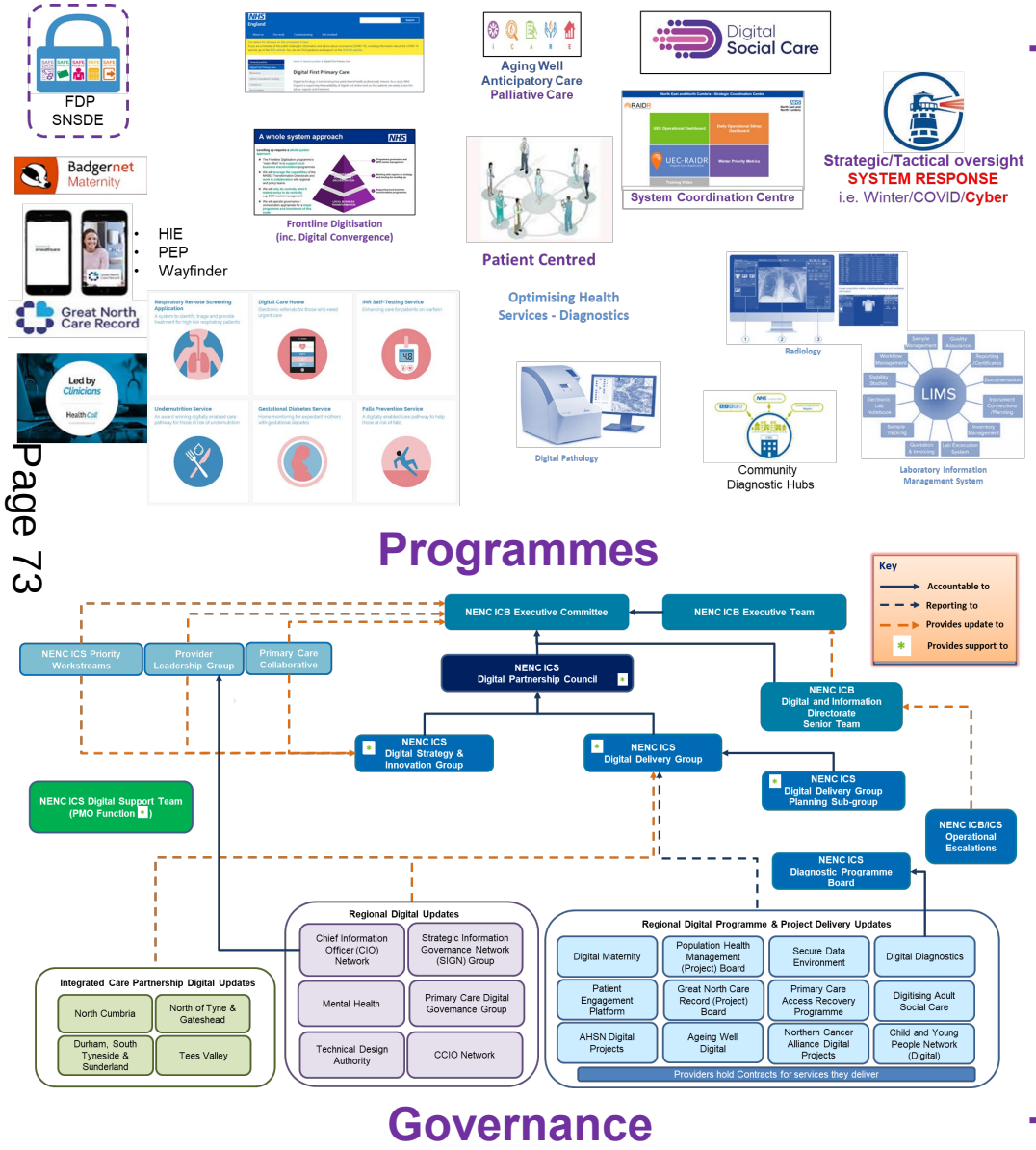
- ICB Business Intelligence and data services developments

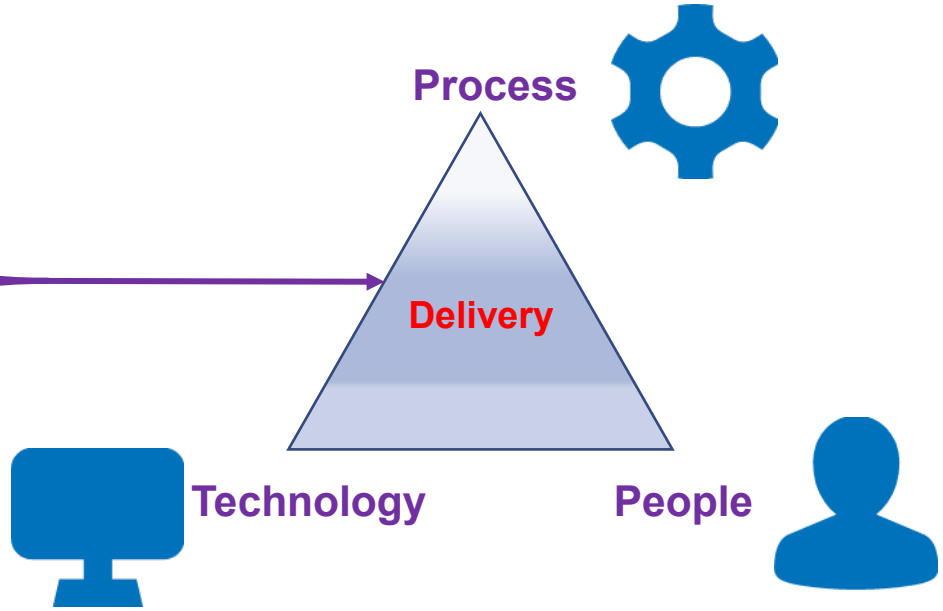
- Sub National Secure Data Environment (SN SDE) programmed ~ £8M funding into region

- Analytics Learning Programme



DDaT delivery programmes and governance





- DDaT Governance to include Digital Partnership Council (DPC).
- Joint ICB/LA chair role
- Strengthening our “purpose”

Digital delivery (GNCR - example)

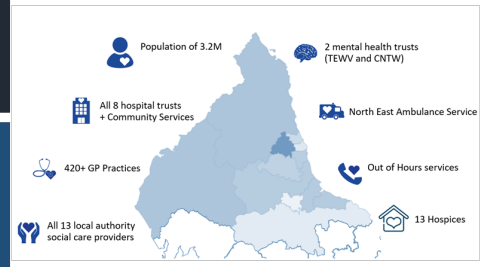
The Great North Care Record (GNCR) is a **shared care record** in the Northeast and North Cumbria region, bringing healthcare together.

GNCR allows for **collaboration** between trusts, local authorities, GP's, North East Ambulance Service, community and mental health.

Newcastle upon Tyne Hospitals deliver GNCR on behalf of the region.

GNCR has become a **vital tool** for health and social care professionals, viewing GNCR around **500k** times a month and over 12 million views since it was launched.

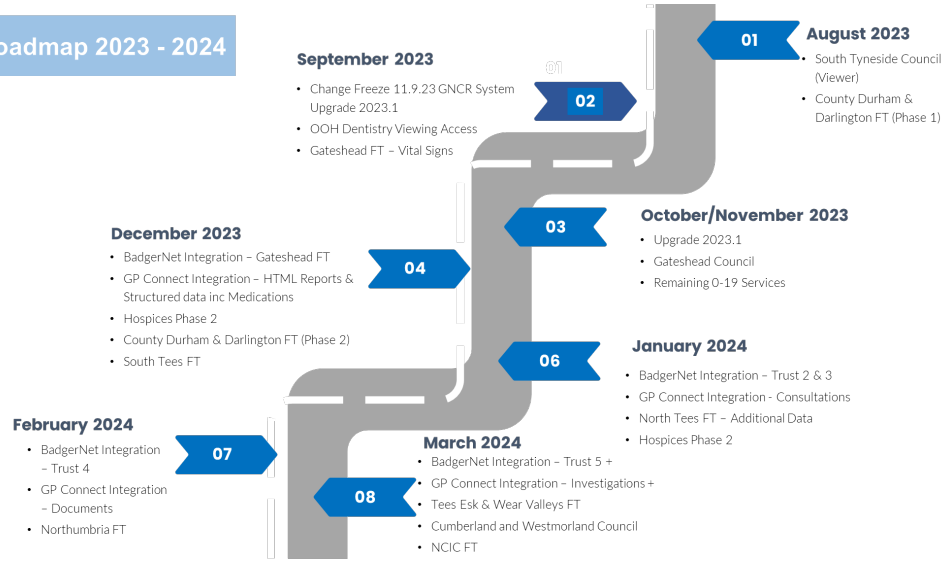
Great North Care Record Overview



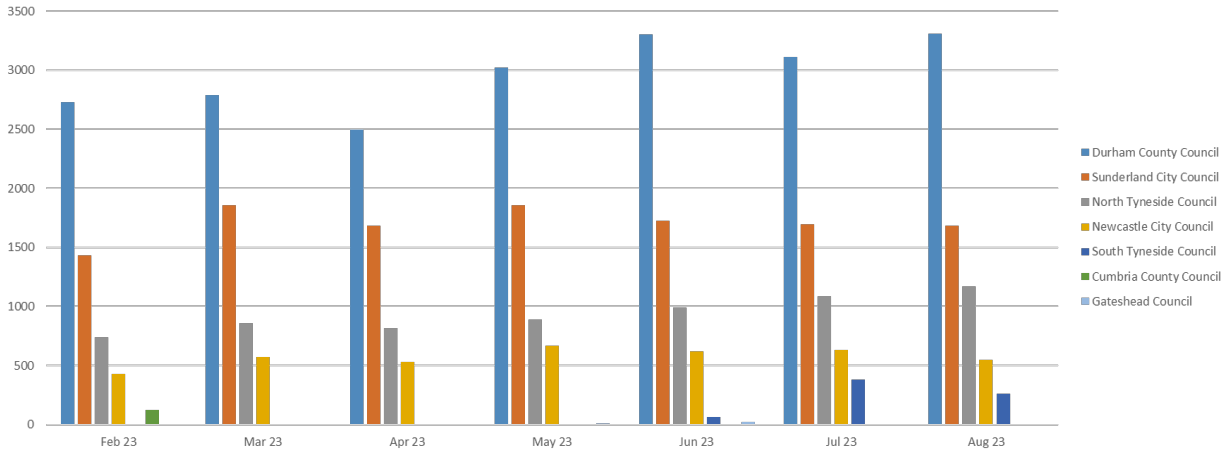
Key Information Visible:

- Problems and Diagnosis
- GP Records
- Allergies, Drug Risks and Warnings
- Medication
- Social Care
- Mental Health
- Community
- Encounters
- Blood Sciences

Roadmap 2023 - 2024



Latest Usage Stats by Local Authority



All GNCR usage statistics are available here for download.

https://www.greatnorthcarerecord.org.uk/?article=health-information-exchange-usage

Password: hiestats

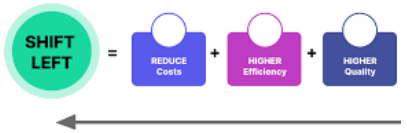
People

DDaT services fast becoming mission critical.

Digital Workforce – strategy/plan/delivery

All health and care staff need basic DDaT skill and capabilities.

Increased digital and data skills will aid increased "user" self-sufficiency



In the NENC we have;

- established an Informatics Skills Development Network (ISDN)
- created an accredited Analytics Learning Programme (ALP)
- implemented the Shuri Network and Fellowship programme

skills development network

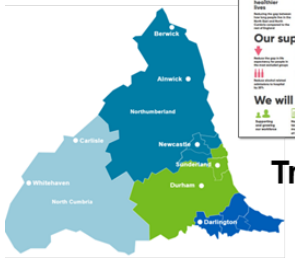
Shuri Network

DDaT strategy on a page

Blue Print

Policy

True North

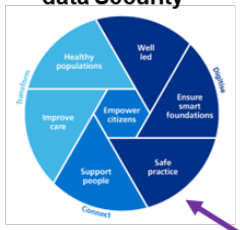


Digitise, Connect Transform

Frontline Digitisation

Cyber and data Security

Innovation & Improvement



What Good Looks Like

Vision

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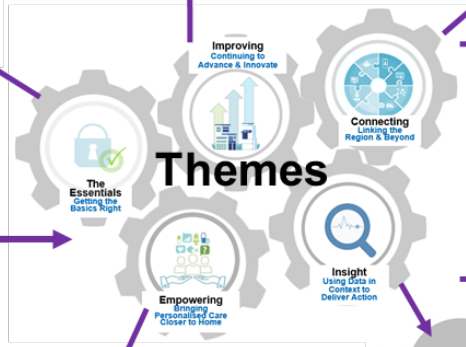
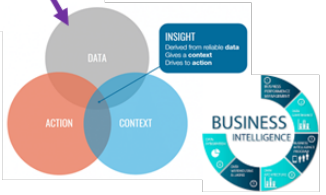


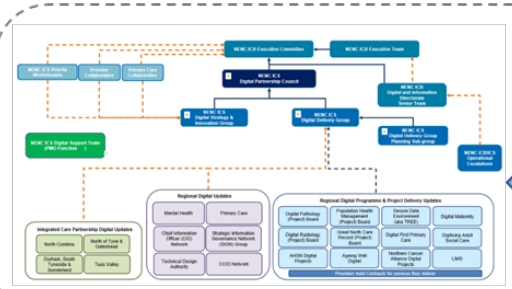
Virtual Wards

HEALTH CALL

Self-sufficiency / Self-management

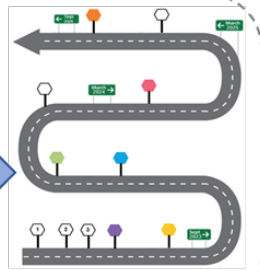


Data, Analytics, Insight



Governance

Delivery Oversight



Roadmap

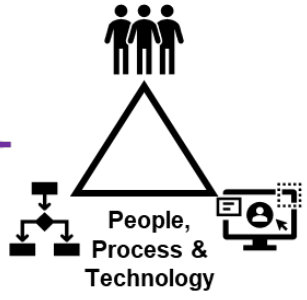
Digital Social Care

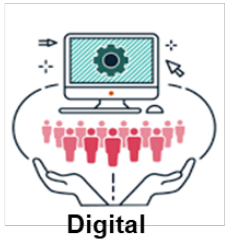
Great North Care Record

NHS App

Digital diagnostics

Transforming Primary care





Digital Inclusion

Stakeholders & Engagement

Next steps

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

NHS
North East and North Cumbria

Thank you

JOINT ICS OSC – WORK PROGRAMME 2023-24

Meeting Date / Time	*Items to be considered / Officer Responsible*
3 July 2023 **1.30pm**	• Appointment of Chair / Vice Chair • Terms of Reference (to note) • Neonatal work (central NENC ICB) • Integrated Care Strategy Implementation Plan • ~~NEAS CQC Inspection / Independent Review of NEAS~~
25 September 2023 **1.30pm**	• NEAS CQC Inspection / Independent Review of NEAS • Strategic Options for Non-Surgical Oncology Services • Progress of Digital Strategy Update
20 November 2023 **2.30pm**	• Role of the Area ICPs • Access to critical paediatric beds in the region and the step - down arrangements • Children's Mental Health Provision – update on current ICS performance and future provision
22 January 2024 **1.30pm**	• Dentistry Update – implementation of new NHS contracts and service implications • Neo Natal Update (26 week pathway update and regional/national comparators re survival rates • Health and Care Workforce – Recruitment, Retention and Development
18 March 2024 **2.30pm**	• Health inequalities – How the ICB strategy is addressing this / update on position across the North East

Issues to slot in:

Any other issues identified during 2023/24

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