GATESHEAD METROPOLITAN BOROUGH COUNCIL

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

Monday, 16 July 2018

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

Councillor(s): Clark and Spillard (substitute) (North Tyneside Council), Dixon, Leadbitter and Snowdon (Sunderland CC) Dodd (Substitute) (Northumberland CC), Flynn (South Tyneside Council), Hall and Maughan (Gateshead Council), Taylor and Mendelson (Newcastle CC),Stephenson (Durham)

36 APOLOGIES

Councillor (s) Schofield (Newcastle CC), Thirlaway and Craven (North Tyneside Council), Armstrong, Simpson and Watson (Northumberland CC), Hetherington and Huntley (South Tyneside Council), Robinson and Temple (Durham CC)

37 DECLARATIONS OF INTEREST

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

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

38 MINUTES

The minutes of the meetings of the Joint Committee held on 19 March and 25 June 2018 were approved as a correct record.

Matters Arising from Minutes of 19 March 2018

Pharmacy Update

Councillor Taylor requested that information regarding the outcome of the evaluation of the Community Pharmacy Referral Scheme be brought back to this Joint Committee at an appropriate point in the work programme.

Interim Update – Workforce Workstream
Councillor Taylor reiterated the earlier request for information to be provided on the numbers of migrant worker leaving the NHS as a result of the impact of Brexit. Councillor Taylor requested that this information was provided for the next meeting of the Joint Committee.

Matters Arising from Minutes of 25 June 2018

Response to Issues Arising from the last meeting
Councillor Mendelson noted the position set out at the last meeting but indicated that she would like a formal response from NEAS as to whether they had any involvement in the delivery of any part of the NHS 111 service provided in the region.

Workforce Workstream Progress Update
The Chair advised that at a recent meeting of NEREO involving all local authority employers and at the NE Provincial Council involving Trade Unions discussions took place relating to the integration of health and social care. NEREO was now going to organise an event to get the two sides together with health colleagues and it had been agreed that those involved would be invited to indicate if there were other relevant parties who should be involved in the event and give views on what the outcomes should be.

The Chair advised that information regarding the event would be circulated shortly and everyone should feed in views via NEREO representatives.

The Joint Committee also requested that as part of the next workforce progress update that information be provided on what work is taking place in relation to the recruitment and retention of ancilliary staff.

Integrated Care System Update
Reference had been made to the fact that a Green Paper was due to be published this summer setting out how Adult Social Care was to be funded and it was noted that the Green Paper had been delayed and it was queried when this was likely to come forward.

The Chair advised the Committee that further information would be sought.

39 EMPOWERING COMMUNITIES

Mary Bewley, Head of Communications and Engagement, North East Commissioning Support provided the Joint Committee and representatives from Healthwatch organisations across the patch with information on a proposed approach to communications and engagement in relation to integrated health and care and sought views.

Mary explained that in order to successfully deliver transformation and change, it was necessary to develop an approach based upon the needs of local patients,

carers and communities, and effectively engage health and care professionals. In addition, in order to manage demands on services, the public facing campaigns that needed to be delivered must be designed to result in patients / public using services more wisely and increasing self-care.

The aims of any strategy developed are therefore to:-

- Support communications and engagement teams across providers and commissioners to develop and share good practice through a network.
- Provide expertise and guidance at the right level to drive improvements for our population.
- Keep public and staff confidence in health and care services and leadership, supported by a consistent narrative.
- Ensure the voice of patients and our communities is heard at all levels of the system and at every step of change and improvement – this is most important.
- Deliver effective, evidence based behavioural change campaigns.
- Undertake robust engagement processes for transformation and change.

It was proposed that the strategy developed as a result would:-

- Embed a system-wide approach to communications, engagement and - where necessary - formal consultation activity across organisational boundaries.
- Develop a joint regional communications and engagement strategy and narrative to help create a better understanding amongst patients, staff and residents about what is happening.
- Deliver joint communications strategies and activities to support system and service change at place based level.

Mary explained that the strategy developed would not be top down in approach as whilst there would be some issues dealt with at a NE and Cumbria level 95% of the work would occur at placed based level as this is where the activity is.

Key challenges would be:-

- Maintaining public, staff and partner confidence in the system - we need a clear and compelling narrative for change
- Working from ‘places’ and communities upwards – need commitment and structures in place to do this as default is top down
- Working within our resources – we will ensure our delivery is proportionate to the resource available but aspires to the delivery of best practice and empowering communities
- Ensuring we have robust processes to demonstrate good governance and engagement through service transformation change

It would therefore be necessary to adopt a collaborative approach and

- Use consistent language to support a wider understanding of the rationale and evidence for service change – the narrative. This has been a key issue which has emerged as different terminology can mean different things to different people and this is an area where further work / progress needs to be made.

- Use agreed key messages and resources to support internal and external communications and engagement
- Co-ordinate timings where possible for briefings and papers and as part of this work mapping of organisations and meetings is taking place.
- Work through the communications network NHS communications leads - NHSE, providers, commissioners – and with local authority communicators

Mary outlined the progress so far

- NHS and local authority communications and engagement professionals network are starting to develop a shared work programme and are looking at how to tackle these areas/ share good practice.
- Regional workstream communications developing
- Design style agreed and narrative and tools. Mary explained that the "join our journey presentation was not owned by any one organisation but was a shared resource and represented a collaborative partnership approach.
- Democratic engagement i.e. system leaders engaging partners at local level to start this month – this would be an ongoing process and keen to map any concerns and questions.
- Starting dialogue with key partners e.g. Healthwatch as to how work can commence formally taking account of capacity/ resources issues etc.
- Public facing and workforce communications to follow – but still in phase of talking to partners at the moment.
- Engaging with Joint Scrutiny arrangements – it was reported that in terms of this Committee's work programme it would be more relevant to update the Committee on certain STP workstreams in the first instances eg Prevention and Mental Health. In addition, the aim was to ensure consistency in the provision of information to scrutiny arrangements across the region.

Mary outlined initial proposals for building a strategy and plan and indicated that the proposed focus would be around the following:-

- Communication – how we will share information about vision, thinking, planning, health and wellbeing challenges and developments with staff, stakeholders and communities.
- Engagement – how we share information with, listen to and feed-back from our communities and staff – mindful of our legal responsibilities and the commitments we have given to our communities.
- Communities – patients, families, carers, staff, clinicians, campaigners, community groups, elected representatives and the public.

Mary indicated that she would welcome feedback on the definitions and whether these were supported.

Mary stated that in terms of strategic approach it was planned to have a bottom up approach although there would be some behavioural change campaigns which would need to be done at a regional level as there was evidence that this was more value added in terms of impact and resources. Mary advised that it would be necessary to look at how they were mapping collaborative working and then service change planning would follow.

Mary advised that the bulk of work in relation to integration would be at a place based level and this would involve democratic processes with local authorities in terms of participation and co-production in relation to service and system design and engagement with public and staff.

Mary outlined the key actions which need to be undertaken

- There was a need to create a single communications and engagement strategy and plan following engagement with partners and stakeholders for which they could be held to account
- Engagement with LA communications and public health teams on approach and ongoing co-ordination – this has already started to happen but much more work is needed.
- Develop and support a network of communities that can plug into place based systems and share messages and learning in and across communities making use of existing networks, communities and groups – this was key but also a challenge and thought would need to be given to what works.
- System wide website in place - connecting people into engagement and participation opportunities with links from all organisation websites – work has been taking place to look at what other parts of the country have been doing in this regard and the approaches taken.
- Best-practice framework in place for communications, engagement and formal consultation activities, so we can meet statutory requirements and stakeholder needs around care redesign

Mary asked the Joint Committee to let her know if they considered that there was anything key missing so that it could be added in.

Mary gave the Joint Committee some examples of the groups it was planned to involve in the work in developing the strategy but advised that this was not an exhaustive list. Mary indicated that if members of the Joint Committee considered that there were groups missing who should be included she would be pleased to have this information. Mary also noted that it might be the case that the Joint Committee considered that there needed to be more explicit definitions in relation to voluntary and community groups and service user groups and she welcomed any feedback in relation to this.

Mary indicated that the work which needed to take place would start at a place based level and involve making sure that there was a shared understanding of the challenges facing the NHS. Mary indicated that if councillors on the Joint Committee were able to assist this would be very helpful.

Mary stated that it would also be important to find out about concerns felt by communities and be open minded so that these can be responded to and so that there can be shared problems solving. Key to this would be having honest conversations around the challenges of recruitment and finances.

Mary then outlined some key principles for good communications and good participation and asked the Joint Committee to consider these and provide feedback. Mary advised that in terms of formal engagement and consultation the rights and

pledges for public involvement are set out in the NHS constitution and there are specific legal duties around involvement and consultation in relation to major service changes which require public consultation. These duties have to be adhered to along with any case law and equality duties and there is also a robust NHS England assurance process which has to be followed. In addition, there is work with elected members through joint and local scrutiny arrangements.

Mary also outlined the potential areas for measuring impact

- Co-production – how we can demonstrate community involvement and show how input has changed and shaped development.
- Staff engagement and internal communication – how staff feel heard and see their input and influence as the system develops - becoming ambassadors for the health system.
- Media – change the balance of negative to positive stories, greater reach on social and alternative media platforms.
- Clinical engagement – clinical staff in involvement in coproduction, coming forward with ideas, and changing relationship with primary care.
- Stakeholder engagement – more partnership developments where stakeholders know what is happening because we talk to them – not because they read it in the paper or see it on TV.
- System engagement – better relationship and more partnership working across the health, care and third and voluntary sectors.
- Networks – number of people applying to take part, number of areas influenced, success of reporting back and feeding back into networks.

The Chair thanked Mary for the presentation and noted that this was a massive area for development and individuals' views would likely be coloured by their involvement in previous consultations. The Chair noted that work on the STP started two years ago and at that time reference was made to an engagement exercise and the Joint Committee had been critical of the timeframe and asked when there would be something that could be shared with the public. The Chair stated that the key questions uppermost in people's minds were who, how and when.

Councillor Flynn asked if it was possible when public consultation events were arranged that requirement to formally register for events was dropped as he considered that this acted as a barrier for some individuals in attending such events.

Mary noted that there may be health and safety issues in terms of needing to know numbers attending events but she would take this back and see what might be feasible. Mary stated that there was a wish to make events as open as possible particularly in situations where events were about having conversations with local people on issues rather than seeking views on service changes.

Councillor Mendelson welcomed the proposal for economies of scale on publicity across the wider region for issues such as prevention. However, Councillor Mendelson considered that there was a need for more engagement and consultation at a local level and whilst she recognised the important and valuable role of Healthwatch in engaging and involving communities she considered that there was

also a role for local councillors in engaging with local communities on health issues.

Councillor Mendelson stated that she would really welcome NHS colleagues exploring a framework as to how local councillors can get involved with communities at a practical level in having conversations around health and the types of materials that might be used.

Mary acknowledged that a lot of the work done so far had been in relation to specific service changes and closures of GP practices and there was a need for earlier engagement and there was a need to explore how this could be developed.

Councillor Taylor noted that most of the areas Mary had highlighted had related to principles and some of these were good. Councillor Taylor stated that she was glad to see that consultation and communication at an early stage had been highlighted and she was pleased to see reference to evidence based behavioural change campaigns. However, Councillor Taylor stated that she was concerned at the proposed list of people to be consulted as existing networks can be self-selecting and she considered that it was important that the views of the general public were sought. Councillor Taylor queried whether there were any areas of work where NHS colleagues would be in a position to talk to the public in the next few months.

Mary advised that there will be some acute service changes coming forward in relation to the workstream for optimising acute and phasing of vulnerable services. There would be options for public consultation such as road shows and use of methods such as market research /attitude surveys to target certain demographic groups and benchmark. In terms of creating specific resources/materials it was not yet known what would be deemed as good resources and if elected members were able to assist and provide some sort of steer/ help facilitate the information which could be developed this would be very helpful.

Councillor Dodd expressed concerns as to how social media might be manipulated by specific groups and skew information in relation to public consultations on health and he queried how NHS colleagues planned to deal with this.

Mary considered this to be a good point and she stated that she would include another slide in her presentation to address this. Mary noted that as part of a democratic society individuals have a right to campaign and it would be necessary for NHS colleagues to positively campaign and create a social movement themselves.

Iain Kitt from Healthwatch North Tyneside thanked the Joint Committee for inviting them to participate in the meeting. Iain stated that Healthwatch North Tyneside welcomed the commitment to engaging with Healthwatch. However, Iain noted that Mary had referenced the need for transparency when engaging and consulting with local groups / communities but for the last two years they had been asking for details of the STP workstreams and who is doing what and how they could be involved without success. In addition, Iain thought that there was an important area missing from the principles which was consistency. Iain stated that often the NHS has a burst of engagement with local communities and then tapers off. Iain noted that the reconfiguration of acute services seems well down the line at this point but pointed

out that there has been little engagement. Iain considered that there was a need to help communities to understand how issues are being dealt with and how they can help develop acceptable solutions. Iain considered that there was some way to go before this could be delivered. Iain also considered that there was a need to be clear about what resources were realistically available and he did not think that this was clear at the moment.

Mary apologised that Healthwatch NorthTyneside had not had the information it requested and stated that she would make sure that it was sent. Mary acknowledged that it was likely that information on the principles would have been shared previously. However, Mary considered that the plans for an integrated care system meant that the NHS was better placed to sustain the planned approach going forwards. Mary stated that there would however still be individual consultations on service changes. Mary advised that in terms of resources the NHS was having to manage on allocated funding.

Councillor Spillard queried how it was proposed to engage those hardest to reach of all ages in deprived areas. Councillor Spillard noted that there would be work with Healthwatch which was a good thing but there were also a number of other community and voluntary organisations able to engage and support such individuals.

Councillor Spillard also considered that the presentation Mary had delivered to the Joint Committee would need to be adapted and delivered to highlight how proposals are considered to benefit / meet the needs of local communities. Councillor Spillard also considered that if the main issue is finances and making savings and it will be important to be clear about this and why it is important that everyone works together and a range of options on how savings might be achieved should be shared and views sought. Councillor Spillard was concerned at how such issues would be shared with local communities so that they could give meaningful feedback. Councillor Spillard advised that she had raised this issue due to a recent situation in North Tyneside where there was a public consultation and the individuals who used the service in question most did not participate as the way information was presented did not facilitate their engagement and this led to the loss of the service.

Mary apologised and asked Councillor Spillard to provide further details after the meeting so that she could look into this and NECS could learn from it. Mary explained that the way NECS try and structure their approach is to go with known groups etc first and then look to see who else they might need to engage and they did not always manage to get this right. This was why the relationships with Healthwatch across the patch were so important as they can help to identify those who are missing and help to lead the process. Mary stated that, dependent on whether the consultation is local and relates to specific services or is in relation to a big campaign, research can be carried out to find out who is using local services so that they can tell from the responses whether they are reaching the right people.

Mary acknowledged that as some consultations had to be carried out quickly they had not always done these well and there were areas for improvement. Mary noted that they are held to account by NHS England which is an independent body who looks at these matters. Mary also acknowledged that there was a need to do more work to find out how local communities best receive messages.

Councillor Dixon considered that clear information on the potential impacts on local communities and how local people can engage in the process were essential to ensuring meaningful conversations with the public as part of any consultation.

Mary stated that this is something NECS always aim to do although it is not always achieved and NECS do try and learn from each consultation and improve going forwards.

Councillor Clark stated that she had real concerns about meaningful engagement with deprived communities and reiterated the need for consistent and sustained engagement as raised by Iain Kitt. Councillor Clark noted that there is a 641 million deficit and she queried to what extent / level people in local communities (ie the bottom up stage of consultation) could influence matters. Councillor Clark stated that the process already felt top down and she did not consider that local people would be able to have a massive impact on shaping matters. Councillor Clark considered that issues tended to arise in communities when they were told that they are able to shape matters / develop solutions and in reality the solutions are already in the top draw because of various constraints and this then rightly annoys local communities. Councillor Clark stated that where the ability to influence/shape matters as part of any engagement is limited then it is important to be really honest and explain that from the start.

Mary agreed that this was important and that local people are then helped to understand that their views will be considered so that organisations can try and mitigate the impacts where there is limited scope for the public to engage.

Mary noted that there have been areas where there have been opportunities for the public to provide feedback which has been compelling and this has led to some options being changed but there have also been situations where this has not been the case.

Mary asked that if councillors become aware of consultations where there are issues and they are not working it would be appreciated if this is fed back to NECS.

Councillor Hall noted that all the talk about engagement had focused on involving only NHS organisations and external and future partners would be involved in helping to make future savings eg Domiciliary Care workers in the adult social care workforce.

Mary agreed that this was a good point and the approach to consultation needed to be widened to take this into account.

Kate Israel from Healtwatch Newcastle welcomed the proposal to involve Healthwatch but noted that NHS colleagues had been saying this for the last two years and Healthwatch Newcastle had made an offer around assisting in developing a strategy last summer. Kate hoped that today marked a fresh start and meant that matters could now move forward and she welcomed the principles around communication in particular. Kate also stressed that it was important to begin starting communications with local communities as soon as possible, then follow

with engagement and formal consultation and co-production which is something they would like to see more of.

Kate agreed with Councillor Clark about being honest with local communities in cases where their ability to influence consultations is limited and the situation is more about how the impact of changes can be mitigated. Kate considered that this should be the foundation for future work and Kate stated that Healthwatch was keen to work with NHS colleagues and NECS.

Kate also stated that what would be important going forwards was NHS colleagues sustaining the approach to communication / engagement and consultation and she noted that this would require a lot of intensive work and a building of trust over a long period. Kate stated that she would like to submit a formal response to the presentation from Healthwatch Newcastle.

A representative of Keep Our NHS Public indicated that she also agreed with Councillor Clark about the importance of being honest about the public's ability to influence consultations. It was considered that this had not happened in relation to a consultation which had occurred in South Tyneside and there was now a situation where a referral to the Secretary of State was being made.

The representative of Keep Our NHS Public also noted that a presentation had been made by Mark Adams to Newcastle's Health and Wellbeing Board about an Integrated Care System rather than an STP and it was queried why this was not on the agendas for an up and coming Health and Wellbeing Board in September and for this Joint Committee. The representative from Keep Our NHS Public considered that the current approach to communications on this issue lacked clarity and this was why they were campaigning as hospital services were precious to communities and some proposals meant the poorest having to travel further.

Mark indicated that the presentation to Newcastle Health and Wellbeing Board had been very recent and was a response to changes as a result of new money and it will be going to other Health and Wellbeing Boards. Mark stated it was not on the agenda for this meeting as this had been organised to consider a specific issue.

The Chair indicated that the Joint Committee and Health and Wellbeing Boards all have work plans. The Chair stated that in Gateshead there had been lengthy discussions with Mark regarding the current financial pressures and Gateshead's Health and Wellbeing Board had condemned this and asked MPs to lobby government. Mark would be updating a future meeting of Gateshead's Health and Wellbeing Board.

Mary thanked everyone for the really helpful feedback and noted that there were a number of actions to follow up and indicated that further development would be needed to bring the proposed principles to life.

The Chair noted that if an action plan was being developed that this should not just involve health colleagues but others and the Chair indicated that this Joint Committee would like to be involved along with Healthwatch organisations.

Mary indicated that she would like to come back to the Joint Committee to share progress and the presentation today was just the start of the process which would have to be time limited.

Stephen Gwillym advised the Joint Committee that the Joint Health STP OSC covering South Durham, Tees and North Yorkshire would also be considering the same presentation Mary had delivered today at its meeting in mid to late September.

The Chair thanked Mary for a very helpful presentation and discussion and noted that Mary 's willingness to explore how a framework / materials might be developed which councillors could use to engage with communities on health issues was reassuring. The Joint Committee would be particularly interested to hear more about this issue and about how resources would be used to facilitate appropriate levels of communication/consultation and engagement going forwards.

40 DRAFT WORK PROGRAMME FOR 2018 - 19

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

Meeting Date	**Issue**
24 September 2018 at 2pm	• Workforce Communications Update
26 November 2018 at 2pm	
21 January 2019 at 2pm	• Workforce Workstream Update
25 March 2019 at 2pm	

The Joint Committee noted that health colleagues proposed to update the Joint Committee on the following areas during the course of the work programme and timings for respective updates would be confirmed following consultation with respective workstream leads.

- Optimising acute and phasing of vulnerable services
- Care Closer to Home
- Prevention
- Mental Health

In addition to the above, the Joint Committee also requested updates on the following areas during the course of the work programme and again timings for the respective updates would be confirmed following consultation with relevant health colleagues:-

- Community Pharmacy Referral Scheme – Outcome of Evaluation (scheme committed to run until September 2018)
- ICS Progress Updates – regular updates as appropriate.
- Smoking Cessation – Progress Update

The Joint Committee also requested that details of the up to date position in relation to the workstreams / the areas they were covering and the lead officers for these

workstreams were provided to the Joint Committee.

41 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 24 September 2018 at 2pm
- Monday 26 November 2018 at 2pm
- Monday 21 January 2019 at 2pm
- Monday 25 March 2019 at 2pm

Chair……..