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## GATESHEAD METROPOLITAN BOROUGH COUNCIL

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

Monday, 25 November 2019

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

Councillor(s): Hall and Wallace (substitute) (Gateshead Council), Taylor and Mendelson (Newcastle CC), Mulvenna (North Tyneside Council) Nisbet and Watson (Northumberland CC) Flynn and Kilgour (South Tyneside Council) Dixon (Sunderland CC) and Simmons and Stephenson (Durham CC)

#### 98 APOLOGIES

Apologies were received from Councillors Beadle (Gateshead Council), Schofield (Newcastle CC), Armstrong and Dodds (Northumberland CC) Clark and Mole (North Tyneside Council) Hetherington (South Tyneside Council) Robinson (Durham CC), Macknight and Leadbitter (Sunderland CC)

#### 99 DECLARATIONS OF INTEREST

Councillor Taylor of Newcastle City Council declared an interest as an employee of Newcastle Hospitals Foundation Trust.

Councillor Mendelson (Newcastle CC) and Councillor Hall (Gateshead) declared an interest as members of NTW NHS FT Council of Governors

#### 100 MINUTES

The minutes of the meeting of the Joint Committee held on 23 September 2019 were approved as a correct record.

#### 101 MATTERS ARISING

The Chair of the Joint Committee noted that following the last meeting of the OSC in September, a letter had been sent to relevant parties sharing the Committee's concerns around the potential risks / impact Brexit might have on the NHS workforce and seeking reassurances that appropriate action was being taken to protect the

sustainability of NHS services in our area.

The letter was sent to the Rt Honourable Matt Hancock MP, Secretary of State for Health and Social Care; Richard Barker, NHS England/Improvement; Alex Glover Health Education England; Mark Adams, Chief Officer, NHS Newcastle Gateshead, North Tyneside and Northumberland CCG and Alan Foster, Executive Lead, North East and North Cumbria ICS.

A copy of the letter and the response received from the Director of Workforce Transformation for the NE & NC ICS had been circulated to the Joint Committee.

The Chair considered that this was a disappointing response on behalf of the ICS system as it only referenced EU nationals and the letter from the Joint OSC had also referenced non - EU nationals.

The Chair advised that a further response had also been received from Matt Hancock's office. However, this had simply advised that they were unable to comment on this matter as it was an issue for the incoming government

Councillor Mulvenna requested that in future if MPs are being copied into correspondence then this should include all MPs covering the NE & NC ICS.

The Chair stated that this was a good point and agreed with Councillor Mulvenna that future correspondence from the Joint Committee should be either copied to all MPs or none at all.

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## **DEVELOPMENT OF ICS - PROGRESS UPDATE**

Mark Adams, Chief Officer, NewcastleGateshead, North Tyneside and Northumberland CCGs noted that there had been an expectation from the Joint Committee that NE ICS plan (outlining the ICS proposals for implementing the NHS Long Term Plan) would have been brought to this Committee. However, as a result of the forthcoming general election this had to be delayed until January 2020.

Mark highlighted that other items on the agenda would be setting out progress in particular areas of work within the ICS.

Mark also indicated that as the ICS was moving into winter it was becoming very busy for both health and social care and the ICS was helping to co-ordinate activity and there were active conversations in relation to workforce and this was leading to benefits.

The Chair of the Joint Committee noted that Gateshead had been fortunate enough to have had sight of a draft of the ICS Plan and shared comments and highlighted the importance of having a focus on partnership work with local authorities and the role of the voluntary and third sector in the delivery of the ICS.

## NENC MENTAL HEALTH ICS PROGRAMME - PROGRESS UPDATE

Gail Kay, Project Director/Mental Health Programme Lead, NE & NC ICS provided the Joint Committee with a presentation on the above.

Gail outlined the rationale for change; the work that had taken place to inform the ICS mental health programme; the key ambitions for the programme from 2020 until 2028 and the seven priority workstreams as follows:-

- Child health
- Zero suicide ambition
- Employment
- Optimising Health Services
- Long term conditions and persistent physical symptoms
- Older people
- Improving the physical health of people in receipt of treatment for a mental health or learning disability condition.

Gail stated that work in relation to the seven workstreams had been moving at pace, dependent on the level of investment, and as a result of four regional engagement events which had been well attended there had been a lot of co-production in relation to delivery.

Gail outlined the achievements so far for each of the workstreams as follows:-

### Child health

- Work has progressed to implement a regional ICS governance structure for child health
- The Child Health Steering group is now in place and has a shared vision
- Plans are informed by active engagement with people who use services
- There has been a focus on multi-agency membership and this now better reflects local authorities and other key partners relating to the ICS from across the system
- Joint working arrangements have supported successful locality trailblazer bids and action is ongoing to share learning as the roles embed

### Zero suicide ambition

- A multi-agency working group is in place to collaboratively implement North East and North Cumbria ICS region Zero Suicide Ambition reinforcing that;
  - Every Life Matters
  - Suicide Prevention is everyone's Business
- Successful transformation funding bids: bids have been co-ordinated through the joint working arrangements and informed by opportunities to share best practice
- Locally needs led work is occurring at a sub-regional level that will align to the Integrated Care Pathways as they evolve.

## **Employment**

- The work stream had prioritised activity to enable the expansion of IPS in line with evidence demonstrating a positive impact on health, wellbeing and society, this has been enabled through successful transformation bids
- Collaboration with relevant stakeholders ensures the local model builds on and integrates with existing employment resources
- Engagement with Chamber of Commerce has also been initiated to progress a shared learning culture with employers across the North East and North Cumbria in order to reduce stigma and promote healthy, inclusive working environments

## **Long term conditions and persistent physical symptoms**

- The development of a model for the management of people with persistent physical symptoms
- Development of an evidence base to inform local systems to develop the case for change based on good practice examples and evaluation of a range of services
- Inform an understanding of the education and training requirements to support staff to improve management of people with persistent physical symptoms
- Identified efficiency opportunity both in terms of finance costs and deployment of scarce workforce resources if an integrated approach to the management of persistent physical symptoms is embedded

## **Improving the physical health of people in receipt of treatment for a mental health or learning disability condition**

Key areas of action include:

- Weight off your mind work
- Medicines optimisation
- Improve information sharing between primary and secondary care and improve medication management and safe prescribing practice
- Health promotion and increasing the awareness of the need to improve physical health and progress a zero-mortality gap ambition

## **Older people**

- In order to respond to the identified issues the Clinical Network, with its ICS partners, have established an Older Person's Mental Health Work Group
- The group have agreed three focus areas –depression, crisis and dementia
- As well as the three work areas there is a clear synergy with the ICS frailty group and plans are underway to ensure that a person's physical and mental health do not remain separated

## **Optimising Health Services**

- The focus is on increasing access to mental health expertise to improve parity of esteem across care pathways through liaison and crisis provision, reducing the impact of, and improving outcomes for, high intensity service users in acute services and ambulance services
- The optimising acute services (OAS) Mental Health work stream also

- oversees the maternity and perinatal activity
- The ongoing development of Perinatal Services are streamlined with mental health as an embedded part of service provision
- Jointly prepared transformation funding bids have been successful

The Chair of the Joint Committee indicated that Healthwatch Northumberland had advised that they had directly raised a number of queries with Gail and considered that this OSC would be interested in receiving information on some of the areas raised. For example, it was considered the OSC would benefit from understanding the situation around the capital investment inherent in some of the proposals and receiving further information on resources related to workforce as well as further information around what is meant by co-production and design and clarity on how any proposed evaluation is going to be progressed.

Gail advised that currently she had not received the queries mentioned by the Chair of the Joint Committee. However, a first meeting had recently taken place to discuss staff resources and bespoke work was being taken place to look at providing flexible roles within the workforce to maximise opportunities.

Gail advised that at this stage she was unable to respond to the query in relation to capital investment as the position on this issue had not yet been confirmed.

Councillor Watson noted that Gail had highlighted that only 8% of people on Care Programme Approach are in employment and he queried whether that was 8% of the working population or 8% of the 13 to 19 age group. Gail clarified that it was 8% of working age adults who are on the Care Programme Approach with serious mental health issues.

Councillor Watson indicated that this seemed low and he queried whether there were a large proportion who were also physically sick. Gail advised that it is important that physical and mental health issues are addressed together. It is therefore important to look at employment opportunities and see what reasonable adjustments can be made to support these individuals and packages of support tailored to these individuals.

Councillor Watson advised that it was his experience that if employment can be provided for individuals then their mental health seems to improve.

Gail advised that the ICS programme looks at individual capabilities when providing support and is having some good successes and outcomes.

Councillor Taylor thanked Gail for the presentation and report and stated that there seemed to be a lot of good ideas coming forward. However, Councillor Taylor considered that it wasn't clear from the information provided what difference the work is making to patients on the ground and she considered that it would be helpful to have greater clarity on this in future reports as well as information on how patient's views are being taken into account.

Gail thanked Councillor Taylor for the feedback and advised that different priority areas are at different stages. However, in terms of outcomes there is some really

good work in the area of employment where individuals are being moved into employment, education and training. However, Gail advised that there are some areas where outcomes are more difficult to quantify. For example, in relation to the Zero Suicide work lots of local campaigns have been taking place but this is an area where only negative outcomes are measured so it is not possible to know if lives are being saved as a result.

Gail stated that positive work has taken place in relation to child health as a result of mental health workers in schools and considered that there is some evidence that work around de-stigmatisation in relation to mental health is starting to make progress. Long term conditions were also a key area of progress.

Councillor Dixon noted that when multi-speciality care works there can be some great outcomes. However, Councillor Dixon noted that where problems arise these are usually as a result of communication issues. Councillor Dixon sought clarification as to who manages the individual care plans and ensures appropriate communication and control is taking place in relation to financial aspects and evaluates whether the plan is working effectively.

Gail advised that they are moving towards a position where care plans are being owned by the individuals involved but indicated that it was too early to indicate the position in relation to finances.

Councillor Dixon expressed concern as to how this approach can work effectively in practice whilst at the same time protecting and supporting vulnerable individuals. Councillor Dixon stated that he looked forward to the Joint Committee receiving further detailed information going forwards.

Gail advised that this direction of travel is being progressed as patients are saying that they would like more management of their conditions and recent legislation has given more rights back to patients.

Councillor Kilgour expressed concern at the long waiting times for mental health services that some LAC children are experiencing and queried how it was possible to measure that the work taking place is starting to address this and make a difference.

Gail stated that this work would be able to be measured through compliance trajectories with the Long -Term Plan but also through more qualitative measures related to work with whole families and systems and how those working with the child / family are communicating. Gail also reported that one of the areas that they had achieved some success was in relation to gaining funding to tackle waiting lists for children waiting for services.

The Chair of the Joint Committee noted that Gateshead's Health and Wellbeing Board and Families OSC had recently received information setting out how well the new structures were working in Gateshead.

Councillor Kilgour acknowledged the good work taking place but considered that it had taken a long time to get to this position and progress seemed to be slow.

Councillor Hall queried the position as to what support mechanisms are in place for individuals with mental health issues when they have been moved into work. Councillor Hall queried whether a mapping exercise had been carried out to see if organisations such as CAB have the capacity to help such individuals.

Gail stated that when individuals are moving to employment appropriate support would be provided as part of their care package which is managed.

Councillor Hall queried whether anything was taking place in relation to assistive technology and was informed that within the Digital workstream there is a lot of work taking place in relation to developing Apps for self-care and self-help.

Councillor Mendelson noted that this is a huge area of work and queried how liaison was being progressed with the community and voluntary sector.

Gail advised that work is being progressed at locality level to make sure work is joined up. However, whilst there is a joined-up approach workstreams under the ICS have different structures so for example the Zero Suicide workstream operates on a north / south basis whilst the Child Health is more local authority led in terms of its locality structures and is working to align more with the ICS.

Councillor Mulvenna expressed concern that the figures provided suggest that within the region there appears to have been a deterioration in resident's mental health and wellbeing.

Councillor Dixon considered that this should provide even more impetus for listening to and responding to the needs of individuals and he queried whether this would be part of a new ethos for the ICS and whether this would be monitored.

Gail explained that the ICS focus is on supporting improvement across the region and that it was important to remember that the ICS is not an organisation but a way of working which is focused on achieving the best outcomes for its population and the only way that this can be achieved is by listening to patients.

Councillor Mulvenna queried whether this was feasible. Gail highlighted that significant engagement has already taken place through a range of engagement events and new work is now starting for year 2 of the programme.

Councillor Mulvenna considered that the amounts of funding bid for appeared small given the size of the programme. Gail advised that the amounts referred to related to bids for additional resources but overall £17 million had been allocated to tackle mental health and wellbeing within the ICS which was a significant investment to ensure that the ICS moves in the right direction.

Councillor Mulvenna queried how many years the funding covered and was advised that some pieces of funding were for two years and some were for three years. Some of this funding is already in the system for example funding workers in schools and is starting to make a difference.

Councillor Mulvenna asked for confirmation that this was not a rebranding of earlier pilot schemes and Gail confirmed that it was not.

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## **OPTIMISING HEALTH SERVICES AND CHILD HEALTH AND WELLBEING NENC ICS - UPDATE**

Ken Bremner, Chief Executive South Tyneside and Sunderland NHS Foundation Trust and Heather Corlett, Programme Manager, Optimising Health Services and Child Health and Wellbeing, NENC ICS provided the OSC with a presentation on the above.

Ken provided an overview of the background and benefits provided by the overarching Optimising Health Services Programme.

Ken noted that the previous update provided to the Joint Committee in June had highlighted some broad areas of work but now 9 formal transformation workstreams had been established covering child health and wellbeing; respiratory; maternity; neurosciences; radiology; breast cancer services; cardiology; pathology and neonatal services.

Ken advised that each of the areas has some complex and challenging issues to deal with and although the focus of the update to the Joint Committee today was on Child Health he was happy to provide updates on progress for other areas at future meetings.

Heather outlined the vision/ work being progressed via the ICS Child Health and Wellbeing Network and the key priority areas of focus which were Childhood Illness; Mental Health; Poverty; Additional Needs and Vulnerability; Inequalities and Access; Strong Start in Life and Health Promotion.

Heather explained that the highest priority was viewed as mental health and this had been identified by children and young people themselves along with professionals. Poverty was rated as the second highest priority overall and again this had been flagged as a key area by professionals (rated 2) and children and young people (rated 3).

Heather outlined the engagement work carried out so far with children and young people and professionals and indicated that the Network was now about to progress an initiative for each priority area and would be developing action plans. There would also be core work on engagement and co-production with children, young people and their families.

Ken noted that initially work had taken some time to get off the ground but now it was in the planning phase and they were starting to see some progress / outcomes as follows:-

- Sir Peter Carr Award – shortlisted– Regional Winners NE and Yorkshire
- £125k Joint perinatal bid– interactive film – School commissioning
- £30k Workforce bid for Youth MH first aid – successful

Ken noted that the other 8 workstreams were still in the engagement phase and some were further ahead than others.

The Chair of the Joint Committee noted that the co-production model progressed for the Child Health workstream was a very good model and was one other partners' strive to achieve.

Ken noted that the model had been very well received so far and the next phase would be involving other partners to help the NHS drive work forward.

Councillor Kilgour noted that the work outlined was excellent but queried where end of life and palliative care was being progressed as this was not highlighted in the overarching programme. Councillor Kilgour considered that end of life and palliative care was also a very important area and advised that in South Tyneside there had been a very successful co-produced event on this issue.

Ken acknowledged that end of life and palliative care was an important area but explained that this area is being dealt with at a local level, as this was considered the most appropriate level, rather than at the ICS level. This is due to the fact that the work being progressed in South Tyneside in relation to end of life and palliative care is looking at what is needed in local communities and so it is key that it has a local focus as it will be different to work progressed in Northumberland where the geography is different.

Councillor Taylor queried what the Network was doing to gather information on the work taking place in schools to support child health and wellbeing and Heather advised that this was an area they were working on through a range of connections such as two networks for teachers and via connections with Children NE but any other suggestions in relation to other connections would be welcome.

Councillor Hall queried what was happening in relation to patient experience as she noted that this did not appear to be highlighted within some workstreams. Councillor Hall indicated that she was particularly interested in understanding what was happening in relation to integrating individual health trust policies for the benefit of patients. Councillor Hall noted that currently there are situations where a patient in one trust area attends another and is offered a treatment that fits with that trust policy but not the policy of the trust where the patient is resident.

Ken indicated that, as a starting point, individual clinicians are able to make decisions in the best interests of their patients. Over time, it is likely that variations will be identified within the ICS and work will take place to achieve greater consistency. However, Ken indicated that there will always need to be some variability in the best interests of patients.

The Chair thanked Ken and Heather for the information provided and considered that it was clear that work was moving in the right direction and good progress had been made since the last update provided to the Joint Committee.

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**WORK PROGRAMME**

The provisional work programme for the Joint Committee as set out below was agreed.

<b>Meeting Date</b>	<b>Issue</b>
20 Jan 2020 – 1.30pm	<ul style="list-style-type: none"><li>• Development of ICS / ICS Plan – Progress Update</li><li>• Workforce Progress Update</li><li>• Digital Care</li><li>• <b><i>Urgent and Emergency Care – Interim Written Update</i></b></li></ul>
23 March 2020 – 1.30pm	<ul style="list-style-type: none"><li>• Development of ICS – Progress Update</li><li>• Population Health Management</li><li>• Primary Care Networks Update</li><li>• Urgent and Emergency Care Update</li></ul>

**Issues to Slot In**

Community Pharmacies

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**DATES AND TIMES OF FUTURE MEETINGS**

Future meetings of the Joint OSC for the NE & NC ICS & North & Central ICPs will be held at Gateshead Civic Centre on the following dates and times:-

20 January 2020 – 1.30pm

23 March 2020 – 1.30pm

**Chair.....**