**Informal meeting of NE& NC Joint ICS OSC**

**24 January 2022 at 1.30pm**

**Present**

Councillor Taylor (Newcastle CC) – Vice Chair in the Chair

Councillors Hall and Wallace (Gateshead Council), Mendelson (Newcastle CC), Mulvenna and Kirwin (North Tyneside Council), Jopling and Robson (Durham CC) Kilgour and Berkley (South Tyneside Council), Nisbet and Jones (Northumberland CC) D McKnight (Sunderland CC).

**Apologies**: Councillor Caffrey, Chair (Gateshead Council), Councillor Charlton-Laine (Durham CC), Councillors N Mcknight and McDonough (Sunderland CC)

**Clinical Winter Pressures**

Dr Neil Halford, Interim Medical Director, NE&NC ICS informed members of the Joint OSC that :-

- All Primary Care Services remain open and accessible to patients
- Increased pressure being felt across Primary Care combined to result in increasing patient demand and workforce pressures due to increase staff sickness / Covid isolation.
- General Practice and Community Pharmacy services were continuing to be delivered whilst also delivering the Covid and flu vaccination programmes. In addition, waiting times for secondary care procedures/diagnostics were increasing pressure within the primary care system.
- In November 2021, £250m additional national funding was announced to support increased access in Primary Medical Care. Through this funding and other initiatives, Clinical Commissioning Groups (CCGs), NHS England, Primary Care Networks (PCNs), GP Practices and Community Pharmacies were jointly working together to increase resilience and access in Primary Care.

Winter Access Fund initiatives developed across the system included:-

- Increasing capacity across all current clinical workforce staff, including development of a digital flexible pool/locum bank.
- Additional support for admin staff, including schemes to improve telephone access and create an admin bank of staff.
- In addition to in hours capacity, local systems were working with partners to increase extended hours capacity within general practice, UTCs, extended access services and GP Improved Access services.

- A number of proposed schemes provide support to ensure resilience within the urgent care system, e.g increasing home visiting service capacity both in hours and out of hours and extending Urgent Treatment Centres.
- Primary Care hubs have been working well across NENC and further proposals are in place to create or extend existing hub capacity.

Dr Halford stated that the winter access fund had been having some impact in terms of increasing access for patients to GPs.

As far as pharmacies were concerned Dr Halford advised that

- To both accommodate the acceleration of the Covid vaccination programme or as a consequence of workforce Covid isolation, a small number of pharmacies have reduced their hours under Emergency Regulation 27 but due to small numbers and spread across the system these closures were not impacting on access to services.
- The overall profile of Community Pharmacy's capacity to deliver was extremely good and had been throughout Covid and this winter. There had been a small number of unplanned closures due to the availability of locums etc.

Dr Halford explained that they had put in place additional referral pathways which included:-

- Community Pharmacy Referral Service (CPCS) - patients being directed to pharmacies from 111 and some GP practices for minor low acuity conditions
- A Pilot referring patients from A&E and Urgent Treatment Centres to Community Pharmacy for minor conditions. Currently work was focused on the RVI referral system to Community Pharmacy, though over the coming months the programme will extend across UTC's.
- Schemes under the Winter Access Fund - Delivery of a walk - in service for patients to access emergency medication, a 'Think Pharmacy First' minor ailment programme and further work currently taking place to develop a new service for access to medication for UTIs

In terms of dental practices Dr Halford confirmed that the situation has been challenging.

However, all practices were open and prioritising patients based on clinical need/urgency

There had been an impact on activity due to the on-going requirement to comply with national IPC guidance

There was a minimum expectation of delivering 85% of commissioned Units of Dental Activity (UDAs) for Q4 (increase from 65% in Q3, 60% in Q1/2), with the expectation of moving to 100% in 2022/23.

A lot of work was being done to try and catch up on the backlog of waiting lists and this included:-

- an incentive scheme open to all NHS dental practice to prioritise patients not seen in the practice within the previous 24 months (adults and 12 months (children) who require urgent care extended until end of March 2022.
- increased investment into the new Dental Out of hours Services to ensure sustainable capacity available to treat 'clinical confirmed' urgent and emergency patients presenting via NHS 111.
- investment in additional clinical triage capacity within the out of hours integrated NHS 111 NENC Dental Clinical Assessment Service until end of March 2022. This had allowed DCAs to support NHS111 CAS with the significant volumes of calls over the Christmas period.
- A spine of dedicated in-hours urgent/ unscheduled dental care hubs in place provide reliable access to urgent care for patients directed by NHS 111, supplemented by a small number of urgent dental care services.

Dr Halford advised that in terms of elective recovery in secondary care the focus had been on waiting times and those patients who had been waiting the longest and returning waiting times for cancer diagnostics and interventions back to normal.

Dr Halford set out the position in relation to elective recovery deliverables for 2021-22

Dr Halford advised that some of the work had been derailed by the Omicrom variant but Dr Halford indicated that there were now positive signs that matters were moving in the right direction with waiting times.

Dr Halford noted that the patients with the longest waits were in the areas of orthopaedics and ophthalmologyalomology and work was taking place to address the situation in these areas.

Dr Halford indicated that there were currently issues around discharge due to the pressures of demand which remained high. Dr Halford advised that there had been some difficult periods but these had not been significantly different to the situation in the last couple of years. However, Dr Halford advised that Covid had been adding additional complications.

Dr Halford set out the position in relation to urgent and emergency care activity for the week ending 16 January 2022 and advised the Joint OSC that they were working hard to minimise ambulance handover delays. Dr Halford stated that compared to other parts of the country the figures outlined were favourable. Dr Halford advised

that A&E weekly performance was currently above the national average although it was not at the 95% level that they wanted it to be.

The Chair thanked Dr Halford for the presentation and invited comments/ questions.

Councillor Kilgour noted that pharmacists were being used as a resource to carry out extra work in relation to vaccines and queried whether they were being further stretched. Councillor Kilgour also stated that the ambulance service was a real concern for her as was the issue of discharges and bed blocking in South Tyneside and she queried whether the reasons for the bed blocking were known.

Dr Halford stated that Councillor Kilgour was right and a lot of pharmacy staff had been involved in delivering vaccines. However, Dr Halford stated that the situation was now at a tipping point whereby there was a need to look and see if these staff could now be redeployed to different parts of the system to other programmes to try and ensure the best outcomes for patients.

Dr Halford stated that in terms of discharge the raw data showed that there were a mix of patients who were waiting to be discharged and in the majority of cases they were waiting for a package of care. This was a situation occurring across the whole of NE & NC although there were one or two hotspots. Dr Halford stated that the pressure was mostly related to the delivery of homecare - based packages of care.

Dr Halford indicated that the areas which were struggling most were those where staffing was an issue.

Councillor Mendelson queried whether in terms of pharmacy staff there was a way of building capacity and whether capacity issues in primary care were short term or long term.

Dr Halford advised that in terms of pharmacy it was right to try and work through the opportunities for vaccinations and uptake and reduce activity in certain areas and redeploy staff elsewhere. In terms of primary care there had been redeployment of existing staff and deployment of additional locum staff to try and meet need however the situation had been challenging. Dr Halford advised that the pool of staff they had been drawing from had not expanded so there had been a mismatch.

Councillor Jopling noted that in Dr Halford's presentation there had been reference to pharmacies and urinary tract infection work and she asked how this work was progressed via pharmacies.

Dr Halford stated that this was a project they were trying to establish. At the moment patients go via their GP's or 111 and have a telephone triage consultation and then in most cases have to go to a practice to provide a urine sample. However, this could be done in one visit at a pharmacy with one consultation and antibiotics provided. Dr Halford stated that the work was being piloted in Sunderland and South Tyneside

and in urgent treatment centres in Newcastle and affected a not insignificant amount of people.

Councillor Jopling considered that this work would be particularly beneficial to patients.

Councillor Jopling advised that in relation to the issue of bed blocking Council staff had been finding it difficult to process safeguarding matters and care plans as a result of Covid.

Councillor McKnight provided details of a specific case where she had been led to believe delays in ambulances attending a 999 call may have contributed to the death of a patient.

Councillor Taylor considered that the matter was very concerning.

Councillor McKnight stated that she had heard that a few people had been told to go to hospital via their car and she understood that last month there were six complaints in relation to cases involving individuals with heart attacks.

Councillor Taylor asked if Dr Halford could follow up and update the Committee.

Dr Halford outlined the standard approach adopted by NEAS in relation to 999 calls and advised that based on information he had received recently from NEAS there were no incidents in our area which had led to such an outcome. However, Dr Halford indicated he would look into this matter and update councillors outside of this meeting.

Councillor Berkley advised that she had heard that NHS staffing was in crisis due to absenteeism as a result of Covid and she queried whether absenteeism was comparable with this time last year or whether it had been exacerbated.

Dr Halford advised that the situation had been particularly difficult about 10 days ago but it had now improved significantly. Currently there was approximately between 8 and 10% staff absenteeism and they were not far off where they would normally be for this time of year. Dr Halford stated that there were certain services / provision which had been particularly affected eg ambulance service and mental health providers but measures had been put in place to mitigate this as far as possible. Dr Halford noted that an Ambulance Service level 4 incident had been logged so that this would facilitate redeployment of staff.

Councillor Berkley noted that there had been an increase in the number of threats and violence from anti-vaxers to NHS staff which she found abhorrent and she wanted to place on record her support for NHS staff.

Councillor Taylor stated that Councillor Berkley had made a very good point and such behaviour should not be tolerated.

Councillor Mulvenna thanked Dr Halford for the presentation and noted that he had referred to £250 million additional funding nationally and queried how much this ICS had received. Councillor Mulvenna also noted that dentistry had been mentioned and queried what the position was in terms of recruiting dentists, given that there had been mention in the press about significant numbers of dentists leaving the NHS. Councillor Mulvenna asked if there was a campaign underway similar to that for recruiting GP's. Councillor Mulvenna also noted that there had been no mention of lateral flow testing. Councillor Mulvenna stated that in his area it was very difficult to get lateral flow tests from pharmacies and he queried whether there were any plans to improve this.

Dr Halford stated that he did not have the figures for the Winter Fund to hand but he thought this ICS had received around 6 million pounds. Dr Halford acknowledged that there continued to be issues in relation to workforce recruitment in dentistry but there was a great deal of work going on to address this although he did not have the specifics but he would seek further information on this. As far as lateral flow tests were concerned there had been a difficult period when demand had outstripped supply and so they had been advising people to use the government website to access these tests. Dr Halford accepted that the position had been very challenging.

Councillor Mulvenna queried whether it was possible to have a copy of Dr Halford' s presentation and he was advised that this would be circulated to everyone after the meeting.

Stephen Gwillym advised that in terms of the regional funding allocation County Durham Health and Wellbeing Board had met recently and been advised by one of the CCG representatives that the ICS was receiving 13.7million and that County Durham would receive £850,000.

Councillor Taylor noted that Dr Halford had mentioned a crisis response for local communities and asked for further information. Dr Halford stated that for individuals experiencing a mental health crisis they were working towards a two - hour response time.

Councillor Taylor queried whether there was any system in place to get people into hospital quickly where cancellations might free up potential slots for others to have operations. Dr Halford explained that hospitals needed patients to come in at the right time which was after they had been tested for Covid. As such Dr Halford stated that it was difficult to have a ready reserve list in place if a gap was to occur. Dr Halford stated that another issue was that surgical teams may be unable to carry out particular procedures due to losing a member of staff due to Covid.

The Chair noted that there were no further questions and thanked Dr Halford for his presentation.

**ICS Development Update**

Dan Jackson, Director of Governance and Partnerships NE&NC ICS, advised that the main news was the delay in the implementation of the statutory status of the ICS by three months so that this would now take effect from 1 July 2022.

Dan also advised that the ICS Chair and new ICS Chief Executive had been appointed with significant local authority involvement. The Chair had held a significant number of meetings with local authority leaders and executives and Joint Management Executive meetings had been held throughout October-November to develop proposals on ICS governance and the operating model.

Engagement had also been carried out in relation to the ICS Constitution and this had been submitted to NHS England before Christmas

There was also ongoing engagement with local and regional scrutiny meetings.

Dan set out the proposed membership of the ICB and indicated that the minimum expectation for such Boards was that in terms of partner members there would be one local authority executive partner at Director level or above. However, Dan stated that due to the size of the NE &NC ICS it had been agreed that four partner members would be appropriate to reflect the size and geography of the ICS and ensure appropriate expertise from Adult and Children's Social Care and at Chief Executive level.

Dan advised that there would be three Executive Directors of Place Based Delivery which would cover the North/Central/ South and these positions would be taken up by the current CCG Accountable Officers.

Dan stated that in terms of non – voting participants they would be seeking a representative from the NE & NC Voluntary Sector Partnership and a representative from the NE and NC ICS Healthwatch Network.

Dan highlighted that the Health and Care Bill states that partner members are to be 'nominated jointly' by their respective sector and he outlined the proposed process to be followed.

As far as the Integrated Care Partnership was concerned Dan advised that its main role would be to set some priorities for the ICS and develop a strategy integrated care strategy for the area.

Dan advised that there would be thirteen local authority core members of the ICP plus one core member who would represent the ICB and this core membership could be supplemented by a range of potential members from partner agencies.

Dan advised that the ICP would need to mutually agree terms of reference, membership, ways of operating and administration.

Dan indicated that the Chair would be jointly selected by the NHS and local authorities and this could be same chair as for the ICB and the approach to this would be determined locally.

Dan advised that the members must include all local authorities and the local NHS represented at least by the ICB. Representatives should draw on a wide range of partners working to improve health and care in their communities, including the views of patients and the social care sector.

Dan noted that there had been a meeting of the Joint Management Executive Group of senior NHS and LA executives to consider ICP arrangements. Dan stated that as a result it was proposed to have one system wide Integrated Care Partnership which would meet once or twice a year and this would be supported by four sub – ICPs which would meet more frequently which would consider the needs of the sub regions which would then feed into Integrated Care Strategy setting process. Dan highlighted the geographies covered by these sub regions.

Dan advised that he had spoken to Councillor Caffrey, the Chair of the Joint ICS OSC prior to this meeting and she had indicated that the Joint ICS OSC may wish to consider its own footprint in light of the above and he stated that he would be guided by members of the Joint ICS OSC in this regard.

Dan noted that members of the ICS Joint OSC had requested information on the set up costs for the ICS and he advised that each of the 42 ICSs were given core funding from NHS England to meet transition and setup costs

The NE and Cumbria had received £750k and this had helped to cover the costs of:

- Appointment and remuneration of the NENC ICS chair
- Secondment costs for the ICS Executive Lead and other interim ICS director posts
- Programme Management infrastructure to support ICS development and manage ICS transition workstreams
- Stakeholder engagement activities, including comms campaigns
- Other ICS programme costs including Diagnostics and Digital workstreams

Dan noted that the intention was for the ICB to meet in Shadow form before the 1 July once appointments had been made to the specific posts. It was planned that recruitment would take place in February and local authorities would be invited to participate in the interview panels for the posts.

Councillor Taylor queried whether in light of the information received in relation to the geographies of the sub ICPs members of the Joint OSC felt there was a need to change the makeup of the Joint OSC and whether Durham, Sunderland, South Tyneside wished to be separate.

Stephen Gwillym, Scrutiny Officer for Durham noted that the current arrangements for the Joint ICS OSC covered both the northern and southern geographies and were reflective of NHS and local authority boundaries. Stephen also noted that patient flows in Durham cut across all three areas. Stephen considered that there was a need for councillors to consider what arrangements should be in place given these boundaries.

Councillor Taylor considered that this was a good point and if the Joint OSC wished to stay as it was due to issues such as patient flows she did not think this would be a problem.

Councillor Taylor thanked everyone for their attendance and noted that the next meeting was due to be held on 21 March 2021.