GATESHEAD METROPOLITAN BOROUGH COUNCIL

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

Monday, 20 March 2023

PRESENT: Councillor M Hall (Chair)

Councillor(s): Taylor (Vice Chair – Newcastle CC), Chisnall (Sunderland CC), Ezhilchelvan (Northumberland CC), J Green (Gateshead Council), Haney (Durham CC), Jopling (Durham CC), Kilgour (South Tyneside Council), Mulvenna (North Tyneside Council) and O'Shea (North Tyneside Council)

187 APOLOGIES

Apologies for absence were received from Councillors Pretswell (Newcastle City Council), McCabe and Malcolm (South Tyneside Council), Butler (Sunderland City Council) and Kirwin (North Tyneside Council).

188 DECLARATIONS OF INTEREST

Councillor Hall (Gateshead Council) declared an interest as a Director of Prism Care NECIC and as a member of CNTW FT's Council of Governors.

Councillor Taylor (Newcastle City Council) declared an interest as an Honorary Consultant at the Freeman Cancer Centre.

Councillor Haney (Durham County Council) declared an interest as a Governor of Tees Esk and Wear Valley NHS Foundation Trust.

189 MINUTES

The minutes of the meeting held on 21 November 2022 were approved as a correct record.

190 DRAFT REVISED ICS-ICP JOINT OSC TOR & PROTOCOL

The Committee received the draft revised Terms of Reference. Changes to the quorum were proposed to ensure the continued efficient and smooth running of the Joint OSC.

RESOLVED - That the revised Protocol and Terms of Reference be adopted.

191 NEXT STEPS FOR ICS

Dan Jackson, Director of Policy, Public and Stakeholder Affairs, NHS North East and North Cumbria ICB, provided an update on the proposed Place-Based Partnership and governance arrangements.

The Committee was reminded that the functions of eight CCG's transferred to NENC Integrated Care Board (ICB) from July 2022. The preservation of well-established place-based working arrangements has always been recommended. While ICS's focus on strategic system enablers, place is the level where work to join up budgets, planning and pathways for health and social care services will need to happen.

Committee was advised that ICB's can delegate some of its functions to local committees which can form part of Place-Based Partnerships. The priorities of each place will vary depending on the vision and goals agreed locally through Health and Wellbeing Boards, while Place-Based Partnerships will be responsible for overseeing the delivery of local strategies.

It is proposed that rather than separate partnerships and committees, the elements are combined into one streamlined meeting but with three parts;

- Place-Based Partnerships (Part A)
- Place Based Delivery Groups (Part B)
- Joint governance arrangements between ICB and local authority (Part C)

National guidance on ICB Place Committees states that members from Partner organisations can be included, and committees can have delegated authority from the ICB to make decisions in respect of ICB matters while remaining accountable to the ICB. The Committee would make decisions around the allocation of ICB resources at place in relation to the delegated functions. National guidance also states that the ICB must approve terms of reference and membership of the Place Committee. The Committee can only make decisions on ICB matters.

Joint Committee was advised that ICB functions and resources delegated to Place includes budgets and associated expenditure in relation to;

- Community / out of the hospital system
- Continuing healthcare
- Primary care
- Prescribing
- Mental health, learning difficulties and autism (community based budgets)
- Service development funding (approved for place based allocation)
- Local safeguarding teams
- Better Care Fund arrangements with Local Authorities

The key principle for the ICB is to ensure the model of financial delegation empowers all Place-based Partnerships whilst ensuring accountability to the ICB for how its money is spent. It was noted that the ICB needs to manage a 30% running cost reduction by 2025/26, tackling unnecessary spend and generating efficiencies through economies of scale.

The next steps from April 2023 include the ICB supporting the formation of ICB

Place Committees (Part B element of the Place-Based Partnerships). This part will involve the ICB, Local Authorities, NHS Trust, Primary Care and Voluntary and Community Sector. This ICB Place Committee (Part B) would remain accountable to the ICB and ICB officers would retain majority voting rights for that part of the meeting. Workshop sessions are planned around managing financial delegations locally.

It was noted that further ongoing development will take place around governance in terms of setting Terms of Reference, membership and quorum requirements for each meeting part. This will ensure appropriate decision making with an inclusive approach with all partners. It was acknowledged that terms of reference for each Place Based Partnership will need to reflect their relationship with their local Health and Wellbeing Board, which will retain responsibility for local needs assessments and strategy development.

Cllr O'Shea questioned whether there would be flexibility in terms of governance arrangements to take account of the differing demographic across the patch. It was confirmed that this would be the case, it was recognised that urban areas would have different needs to the more rural areas. Although there would be a degree of consistency required, in terms of the broader Partnerships that already exist they will be built on.

Cllr Taylor questioned whether the Place-Based Partnerships meetings would be open to the public. It was noted that this is currently being explored, although Health and Wellbeing Boards are required to be public, Place-Based Partnerships are not required to be.

Cllr Hall questioned whether the Better Care Fund and Section 75 agreements were a standard framework or a postcode lottery. It was confirmed that there will be harmonisation in terms of the ICB element and there is no proposal to change the funding formula.

Cllr Hall asked whether issues such as the situation in terms of recruitment and retention into Social Care would be looked at by Place arrangements. It was confirmed that the ICS allows the development of strategic responses to shared challenges such as workforce pressures.

Dan confirmed that the first meetings of the Place Based Partnerships will take place from April 2023 onwards.

192 WINTER PLAN EVALUATION AND LEARNINGS

Siobhan Brown, Transformation Director System Wide, NE & NC ICB, provided the Joint OSC with a presentation on the early learnings from the Winter Plan. It was noted that at its meeting in November the Joint OSC were informed of the national priority themes that were asked to be delivered and Siobhan gave an update on delivery and performance across the ICS.

It was reported that cases of cold and flu, including respiratory illness, spiked in December 2022 and January 2023. This led to huge peaks of demand and pressure

in the system. Following the Streptococcus A outbreak there was a peak in demand on the 111 system and Primary Care. It was reported that the 111 Online Service received almost three times the rate of activity than predicted in December as a result.

It was also noted that Covid remains within the care system which impacts on the number of beds available due to the need for infection control measures. Although mortality from Covid is now low, it still remains a challenge in the system.

In terms of achievements over the last four months it was noted that there are an additional 300 beds, with opportunities to open intermediary beds. There has been 21 Acute Respiratory Infection Hubs opened, offering same day access for patients dealing with Covid, Flu, Strep A and other respiratory infections. 320 beds have been created through Virtual Wards, this is a multi-disciplinary team wrapped around patients but managed at home. These cases have been for mainly respiratory issues but also for Frailty. It was also reported that there has been extra clinical capacity placed within the Ambulance call centre, this is to help with mental health crisis which takes up a lot of time. There is also now a whole system commitment to no Ambulance Handover delays of over 59 minutes at any hospital.

Members were advised that there are 1.4 million appointments per month delivered by Primary Care therefore work is underway to look at better integration and leadership of the primary care workforce within the Urgent Treatment Centre delivery. Development is also underway for the 2 hour urgent community response services to join to 24/7 falls response service across the system.

In terms of vaccination rates it was reported that 63.02% of the eligible population have received the Flu vaccine, and 64.2% of the eligible population have received the Covid vaccine.

It was reported that £37 million has been invested into the NENC ICS geography for Discharge Schemes, which will be tailored by place.

In order to tackle winter pressures a 7 days a week Strategic Co-Ordination Centre was established.

Siobhan then gave an overview on the impact these actions have had on patients and communities. It was noted that bed occupancy remains higher than hoped for and this impacts on the ability to flow patients through the system. This figure is now starting to plateau at 92%. It was noted that performance is good alongside the Yorkshire ICBs, with the overall lowest bed occupancy over a sustained period of time; and the second best since January 2023.

In terms of discharges, this is measured on those patients who are medically fit and ready to be discharged. This figure is around 8% currently and should ideally be as low as possible. In comparison to the Yorkshire ICB's there is more work to be done to lower this, however a lot of extra Discharge schemes are now in place to tackle this.

It was reported that the ICB has funded all hospitals to support the commitment to

have no Ambulance Handover delays over 59 minutes. It was noted that the NE&NC ICB is currently the best performing across the North East and Yorkshire in this aspect.

The North East Ambulance Service (NEAS) is performing strongly in relation to 111 and 999 call performance. This is measured by the number of 111 calls abandoned and the 999 call answering time. For 111 calls the standard is to have an abandonment rate of under 3% and for 999 calls to be answered in less than 20 seconds. It was reported that current performance for 111 call abandonment is 7% and the mean answering time for 999 calls is 7.4 seconds.

Members were advised that Ambulance service response to Category 2 patients (life and limb conditions) is an indicator for how responsive the system is able to be. The current standard to meet is an 18 minute average response time, however very few Ambulance services have been able to meet this. The current position for NEAS response is 29 minutes, this is similar to that of the Yorkshire Ambulance Service.

In terms of A&E delivery performance against the four hour standard, it was reported that NENC ICB is the highest performing ICB in the North East and Yorkshire region. However, it was acknowledged that there is still work to do and development of Urgent Treatment Centres is an important component in doing this.

Cllr O'Shea questioned why Covid cases remained high and whether there was any learning to be taken from this. It was confirmed that it is being looked at as to why Covid is still highly prevalent in the LA7 authorities. However, it is not thought to be because of poor vaccine take-up. Cllr Hall raised the point that many of our hospital estates are not set out for good infection prevention control and many patients are getting Covid when in hospital. It was acknowledged that work is underway to look at cause and affect reasons.

Cllr Taylor requested further information regarding virtual wards. Siobhan confirmed that most of these are respiratory wards, however utilisation rates are not high enough at present. It was noted that these virtual wards can offer assistance when patients move into frailty wards. Cllr Taylor also questioned whether there are cases of patients being discharged into Care Homes because they need to be discharged quickly, when they could be at home under the care of a virtual ward. It was acknowledged that this is an unintended consequence of discharging quicker and this is trying to be avoided.

Cllr Ezhilchelvan questioned whether demand on the system has reduced or if there is now a systematically different approach. It was acknowledged that this needs to be unpicked further; as so much has been thrown at winter planning a more complex system analysis is required. Cllr Ezhilchelvan also questioned whether outbreaks such as Strep A undermined winter planning. It was confirmed that because the national message was that every child with a temperature should present to A&E it was extremely difficult to plan for that pressure. This was an unintended consequence nationally.

Cllr Hall questioned whether there was enough critical beds for children and young people. It was confirmed that children were moved between sites but not out of the

North East area. This was managed by the Critical Care Network.

Cllr Jopling questioned what mitigation will be taken for next year to cope with further bad strains for Covid and Flu. It was acknowledged that as part of winter preparation, prevention needs to be considered, with the biggest prevention being to increase the vaccination rates for Flu and Covid. The World Health Organisation has recognised the Flu vaccine as a priority, therefore work will be ongoing to encourage take up of the vaccine over next year. Members were advised that Care Home outbreaks of Flu were prevalent this year and that the hospital bed stock struggles to meet demand when there are Flu and Covid outbreaks. Learning from this winter has identified that communication is vital, the system needs to be proactive in its messaging around what behaviours should be encouraged.

Cllr Hall queried where we are in terms of catching up on elective surgery. It was confirmed that all Trusts have plans in place and are in better positions than the rest of the country.

Cllr Hall raised the point that there is no longer a requirement to report Covid testing and people are no longer supported to stay away from work, therefore people who may be infected are still going to work. This is exacerbated as a result of the cost of living crisis as many people cannot afford to stay off work. It was confirmed that the Covid Inquiry is ongoing, this will look at outcomes and results. There is still more work to be done on this and how ED's and GPs use point of care testing. This work is being guided nationally and there is constant feedback to national colleagues.

Cllr Mulvenna queried if missed GP appointments are monitored and if awareness is being raised around people attending pharmacies before seeing GPs. Siobhan confirmed that missed appointments are monitored and work is underway to prevent missed appointments, for example through texting reminder services. Siobhan also acknowledged that community pharmacies are also being promoted. Through the Minor Ailment Scheme, Pharmacists can flag cases to GPs which can create earlier appointments.

Cllr Kilgour questioned whether there were any known deaths because of Ambulance Handover delays. Siobhan confirmed that analysis of excess death rates for December 2022 to January 2023 shows 500 excess deaths due to handover delays, however the figure in terms of this ICS patch are unknown.

Cllr Kilgour queried whether the pharmacies within hospitals could do more to triage minor ailments rather than this being done in A&E. It was confirmed that work is underway to make pharmacies more 24/7 so in effect this would prevent some patients going to A&E. It was acknowledged that this will improve with further communication strategies.

193 EMERGENCY PLANNING

Marc Hopkinson, Director of System Resilience, NE&NC ICB, and Tom Knox, Strategic Head of Emergency Planning, Resilience and Response, NE&NC ICB, provided a presentation on System Resilience.

Marc advised the Committee that the ICB is responsible for ensuring high quality and safe health services are accessible to all communities at all times. Due to changing demographics and patient behaviour there is further need to prepare for and transform services, to effectively manage pressures as well as any major unexpected disruptions to ensure system resilience. The key role for the ICB is to ensure good provider relationships across the system and outside of the ICB, for example with LRF's on cross boundary plans and responses and with out of area Ambulance Services.

It was confirmed that within the North East and North Cumbria ICS the key stakeholders include;

- 3 Ambulance Services
- Great North Air Ambulance Service
- 11 Foundation Trusts
- Urgent Care
- Community Services
- Urgent Primary Care Services / GP Out of Hours Services
- Clinical Networks
- Independent Contractors; GPs (351 practices and 64 Primary Care Networks), Community Pharmacies, Dentistry and Optometry.

The three priority areas for system resilience were outlined as;

- planning for and being able to respond to a wide range of incidents and emergencies (EPRR)
- planning, identifying and assessing the impact of operational/surge pressures then setting strategy for ICS, ICP and/or Place
- planning, preparing and then responding to outbreaks of infectious disease

Tom confirmed that ICBs are designated as Category 1 responders, whereas CCGs were previously Category 2 responders. The responsibilities of the ICB as a Category 1 responder are subject to the full range of civil protection duties. The ICB must set the strategic direction for EPRR, develop emergency plans and business continuity management arrangements including cross borders and respond to incidents, emergencies and operational pressures. The ICB will also share information with other local responders. It was noted that industrial action and winter pressures remain a constant challenge and there is a strategic framework in place to ensure there is engagement with all stakeholders.

There has been a move away from a reactive approach of managing operational problems to more proactive planning for and responding to system pressures. This was following learning from experiences, de-briefing after every incident.

Over the last few months, in order to maintain system resilience throughout the winter period, there has been a focus on; improving resilience in 111 and 999 services, provision of alternative community options, enhancing ambulance response times and reducing handover delays. There has also been a focus on reducing crowding in A&E, reducing hospital occupancy and ensuring patients are discharged when clinically appropriate. It was noted that providers shared learning around pressures and risks because any blockage in one area impacts on all areas. A number of improvement events were held to focus planning on key areas or to

rapidly implement key actions across the ICS.

Committee was informed about the System Coordination Centre (SCC) which provides system coordination, oversight and leadership. The SCC manages this in hours (8am-8pm) to alleviate out of hours pressure. The SCC provides situational awareness, real time view of data and visibility of operational pressures and risks across the system. This ensures immediate actions to mitigate pressures and assesses their impact. The Radar app monitors pressures across the ICS, it can look at individual providers and allows advice and support to be offered when required. It also allows for early dialogue if there are anticipated problems later on in the day and enables resources to be moved if any mutual aid is required. The information contained on the Radar app is available to all providers and all hospitals, this currently works well in secondary provision and work is ongoing to roll it out to all primary provision.

Marc gave an update on communicable disease outbreaks, those diseases transmissible from one person, or animal, to another, which can cause ill health, for example Measles, Mumps, Rubella, Hepatitis, Scarlet Fever and Influenza. Infectious disease generates significant costs financially, socially and on health and wellbeing. An outbreak is defined as;

- an incident in which two or more people experience a similar illness are linked in time or place
- a greater than expected rate of infection
- a single case for certain rare diseases, i.e. polio, monkeypox
- a suspected, anticipated or actual event involving microbial or chemical contamination of food or water

The role of the ICB is complementary in the public health system, it collaborates with a number of other agencies. The ICB commissions preventative programmes, such as vaccinations, and monitors uptake.

During incidents, the ICB provides overall leadership of the local NHS through the SCC. Incidents managed recently include; severe weather, pandemic influenza, communicable disease / outbreaks (seasonal influenza, avian influenza, Strep A, monkeypox), cyber attack, flooding, significant events and operational pressures and industrial action.

It was reported that a number of industrial actions have affected the Ambulance Service, Foundation Trusts, Junior Doctors, Nurses and Physiotherapists. In terms of the NEAS industrial action, this effected emergency crews, call handlers, passenger transport, 111 clinical advisory service and HART Team. The impact of this action meant 36% of the 3129 planned hours lost. Third sector and military support was available during this time, although there was a significant decrease in contacts and decreased incidents, which meant handover time was around 14-15 minutes. This was because patients had listened to the key messages prior to the strikes. In terms of the Royal College of Nursing industrial actions, derogations were agreed which enabled hospitals to function with ‘safe’ staffing levels, elective procedures were cancelled and there were more staff reporting for work than expected.

In terms of the BMA industrial actions, significant levels of members withdrew labour. Consultants and Senior Clinicians covered rotas but there were delays and processes were slow as a result of staff working on different systems, this impacted upon patient flow. There was also significant impact on activity with over 3000 outpatient clinics cancelled, over 200 inpatient procedures cancelled as well as long delays and waits in Emergency Departments.

It was reported that system coordination worked effectively during recent pressures and periods of industrial action, with positive feedback from all system partners. Work is now underway to plan for future winter periods in collaboration.

Cllr Haney questioned whether the Radar app would be rolled out to GPs. It was confirmed that this has been deployed but there is not a consistent approach yet as GPs are effectively a business. It was also suggested that the app should be available for the general public to see. It was confirmed that there is a public facing app which would be good to be utilised alongside 111 services on the app, work is underway with NHS Digital to explore this. Cllr Hall asked how accurate the information on the app was and it was confirmed that the information is refreshed every five minutes.

Cllr Taylor questioned whether there were any plans to involve local Councillors in future communications work. It was acknowledged that the ICB has to work with local authorities and in terms of resilience this could be improved and part of that could be through soft intelligence on the ground from local Councillors.

194 WORKFORCE INTERIM UPDATE

Leanne Furnell, Director of Workforce, NE&NC ICB, gave a summary update on the workforce.

Committee was advised that an updated offer was made to nurses last week and Trade Unions are speaking to members around this offer. It is hoped that this will be moved to Junior Doctors soon.

ICB working groups are currently looking at running cost reductions which are required to be made across the ICB.

The Integrated Care System People Group had its first meeting on 11 January 2023. Attendance was from across the system, voluntary and community sector, education and DWP. Work of that Committee is ongoing to look at how to formulate a strategy around workforce health and system leadership.

A Retention Lead has been appointed and work is ongoing to look at the gap between health and social care. Good work has been carried out in terms of the NHS and this needs to be rolled out to local authorities.

It was noted that the ICB is keen for the voice of local authorities to be part of developing the workforce strategy.

Cllr Hall asked how Social Care Providers are represented within the ICB. It was

acknowledged that this issue has been raised and slots are being awaited in order to speak to providers.

Cllr Hall asked whether there were trigger points at which to look at agency costs. It was confirmed that a scoping exercise is being carried out to look at data as all employers will know what they are spending on agency staff. It was acknowledged that agency staff are necessary when there are shortages but when this becomes a key feature it affects the quality of the service. It was also acknowledged that it is in the interests of everyone to have a more robust staffing model. It was noted that this issue is system wide and there needs to be an ethos of working as a whole system.

195 WORK PROGRAMME

The Joint Committee agreed its work programme for the next meeting should now include a presentation from NEAS on the CQC inspection and findings from the NHS Independent Review.

Meeting Date	Issues
3 July 2023	- Next Steps for the ICS - Strategic Options for Non-Surgical Oncology Services - Integrated Care Strategy Implementation Plan - NEAS CQC Inspection / Independent Review of NEAS

Issues to slot in (dates to be confirmed);

- Progress of Digital Strategy
- Children's Mental Health Provision – Update on Current Performance and Future Provision

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

Cllr Jopling requested an update on new contracts in Dentistry to be included on the work programme for the new year.

196 ANY OTHER BUSINESS

The Chair, on behalf of the Joint Committee, thanked Angela Frisby for all the hard work and years of service to overview and scrutiny arrangements, both locally and regionally, and wished her well in her retirement.

197 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 3 July 2023 at 1.30pm
- 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