# Caring Sub-Committee

## Thursday, 26 September 2024

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| Present: | Councillor J Shaw (Chair)<br>Councillors J Webster, A Holdsworth, J Kirwin,<br>C McGinty, T Neira, K Nott, I Grayson and I McAlpine |
| In attendance: | Councillors K Clark and J Hunter<br>P Jones, Healthwatch NT |
| Apologies: | Councillors P Bunyan, S Burtenshaw, L Marshall,<br>O Scargill and A Spowart |

### C7/24 Appointment of Substitute Members

Pursuant to the Council's constitution the appointment of the folowing substitute members were made:

Councillor I Grayson for Councillor L Marshall
Councillor I McAlpine for Councillor O Scargill

### C8/24 Declarations of Interest or Dispensations

Councillor J Kirwin declared a non-registerable personal interest in agenda Item 5: Overview of the Integrated Care Board, as his wife is employed by the Newcastle Hospital Trust

Councillor C McGinty declared a non-registerable personal interest in agenda Item 5: Overview of the Integrated Care Board, as she is employed by the Newcastle Hospital Trust

### C9/24 Minutes

**Resolved:** that the minutes of the meeting held on 26 September 2024 were agreed as a correct record.

## C10/24 Overview of the Integrated Care Board

Rachel Mitcheson, Director of Delivery for Northumberland and North Tyneside ICB attended the meeting to provide an overview of the organisational structure of the Integrated Care Board (ICB) and how the local team operates within that structure.

The Committee were informed that the North East and North Cumbria Integrated Care Board (NENC ICB) was established on 1 July 2022 following a change to the Health and Social Care Act.

It was also a statutory requirement of the ICB to have an Integrated Care Partnership (ICP), enabling all 14 local authorities and other partners to develop an integrated care strategy and oversee progress.

It was noted that on establishment of the ICB, most employees of the predecessor clinical commissioning groups transferred to the NENC ICB and an initial operating model was developed to ensure clarity of governance and reporting across the 14 places and the corporate elements of the NENC ICB.

The Committee were informed that during the ICB's first year the 'better health and wellbeing for all' strategy was produced. The strategy sets out the overall strategic aims set by government as being:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

It was highlighted that within the first year of ICB's development of the strategy, NHS England instructed that all ICB's had to deliver a 30% reduction in running costs by 2025/26, with at least 20% to be delivered by 2024/5. It was explained that the ICB is a strategic organisation working across a large geographical area, the largest in England, and has a key role to drive efficiency and reduce both variation and duplication. To meet the reductions required by NHS England, the new structure of the ICB contains more centralised functions and this will help to prevent duplication, where possible.

It was noted that the significant changes from the new structure included:

- Merging eight organisations into one (restructure at the time for formation)
- Taking on additional responsibilities at the start
- Further delegations from April 2023, including pharmacy / optometry and dental
- 30% running cost reductions
- The expectation of more delegations

To ensure that the NENC ICB maintains close links to partner organisations, six Local Delivery Teams were created and mapped to 14 local authority partners, to cover:

- North Cumbria (2 local authorities)
- Northumberland and North Tyneside (2 local authorities)
- Newcastle and Gateshead (2 local authorities)
- County Durham (1 local authority)
- Sunderland and South Tyneside (2 local authorities)
- Tees Valley (5 local authorities)

The dedicated teams focus on population health, integration, primary care, development, out-of-hospital services, transformation, partnerships stakeholder engagement, local intelligence escalation, maintaining a patient-centred approach with a focus on the place arrangements.

The structure for the Northumberland and North Tyneside Local Delivery Team was presented along with the key priorities of the two teams:

<u>Primary care priorities</u>

Integrated Neighbourhood Teams:

- Mapping of current integrated working
- Implement and share good practice
- Facilitate continuous growth and development of PCNs
- Continue to support populational health work, analysing data and share learning

General Practice Access:

- Continue to support General Practice to improve access
- Maximise provision and utilisation of additional appointments in enhanced hours of service – including Sundays and Bank Holidays

- Continue to support pathways / ways of working between primary and secondary care
- support practices to become veteran friendly
- support practices around continuity of care

Digital, Estates and Workforce:

- Support online consultations through telephony/ websites etc
- Development of estates plans and support premises improvements
- Oversight of capital funding
- Support PCN's with workforce data
- GP career start programme /management of fellowships
- Delivery professional learning time sessions
- Continue to support flexible work pools across sites

<u>Community Priorities:</u>

Urgent and Emergency Care:

- Partnership approach in system pressures
- Collaborative working and joint commissioning through the Better Care Fund / discharge with adult social care
- General practice contract update for out of hours care
- Continued support in the implementation of virtual wards

Primary and Community Services:

- Joint commissioning and collaboration with children social care around special educational needs and disabilities
- Living and aging well, supporting falls, are homes and end of life care
- Close working across providers to ensure a best start in life for children and young people

Planned Care:

- Support across wider ICB on long term conditions
- Review service pathways in line with the strategy or following outcomes of transformation work
- Continue to support outpatient pathways like digital dermatology

Mental Health, Learning Disabilities and Neurodiversity

- Continue to deliver the community transformation work
- Review and deliver a ‘safe haven’
- Continue to work with providers on neurodevelopmental pathways and improve waiting times

Prevention and Inequalities

- Promote and develop social prescribing
- Support Primary Care with population health initiatives

The committee considered the information presented. It was suggested that, despite the changes implemented, residents may have certain expectations around continuity of services. With budget savings to be made and reductions/changes in the way services can be delivered, it was queried what services may have stopped.

The Committee were informed that the ICB recognised this as a challenge and assurances were given that it is committed to local delivery. Provision of services can be dependent on several factors including formulas and population for funding allocated to a particular area. The challenges include having one team commissioning services across two local authority areas. The ICB is committed to working with all local authorities and this is reflected in delivery which is primarily focussed on community care.

A further query was raised around service delivery and whether assurances could be given in respect of staffing and if we are attracting the best for the region.

The Committee were advised that whilst the ICB as the commissioner provides funding for service, individual Trusts and organisations are responsible as to how they allocate money to deliver the care they are contracted to deliver. The ICB works with all providers on a range of topics to ensure good practice but all organisations may have different ways of working in terms of teams and management structures, support staff and training opportunities to support future roles.

A query was raised relating to support pathways and dermatology and how any backlog for access to services has been addressed. The Committee were informed there had been an awareness of the number of patients waiting for

services and this is what had driven the change in delivery. It was clarified that there has been an improvement and an increased confidence in how this has been addressed which has reduced demand.

A query was made in respect of virtual wards and it was clarified that that the purpose was to allow people to receive care at home instead of being in hospital. The use of virtual wards is being introduced to support people at the place they call home, including care homes. They will help to speed up the patient recovery while freeing up hospital beds for patients that need them most.

Assurances were given that those on a virtual ward are cared for by a multidisciplinary team and are reviewed daily, which could include a home visit or take place through the use of video technology.

A query was made regarding the 30% reduction in running costs and what changes may have happened. The committee were informed that services do still exist but working in different ways. Duplication had been identified therefore there has been a closer look at working more efficiently which has involved a lot of sharing and learning with colleagues.

**RESOLVED –** That the information provided be noted.

**C11/24 Work Programme**

The Committee considered the work programme report and the outline work programme topics for 2024/25.

Discussion took place regarding the topics and the most appropriate meeting dates for which they should come forward

RESOLVED – That the work programme be updated to reflect the dates in which the agreed topics will be presented to future meetings of the sub-committee.