

Proposed Changes to Regional Health Scrutiny Arrangements

Scrutiny officers from across the NE met recently to review the regional / sub regional scrutiny arrangements in place across the patch to see if what is currently in place is still fit for purpose given the evolving picture in relation to the Integrated Care System (ICS) and regional scrutiny generally.

Current Arrangements

Currently, across the region we have two OSCs which were originally set up to scrutinise the STP (now ICS) – one in the North (covering LAs in Northumberland, Tyne and Wear and North Durham) and the other in the south covering South Durham, LAs in Tees Valley and N. Yorks.

Alongside this there has also been in place the NE Regional Health Joint OSC. This OSC meets a couple of times a year and covers all 12 LAs in NE but not Cumbria and was set up to consider any substantial variations and developments affecting the region and provide the opportunity for the LAs to carry out any policy reviews they considered would be beneficial to progress across the region. This OSC has also been used to scrutinise services where there has been specialised commissioning across the region and NEAS performance. However, specialised commissioning now falls under the ICS.

In addition, there is also a Tees Valley Joint Health OSC which considers health issues affecting the local authority areas in the Tees Valley area and Darlington.

Background and Case for Change

It has previously been raised at the NT&W&ND Jt Health STP OSC (ie the North STP OSC) that we might need to consider modifying the Cttee's terms of reference etc as these were initially based on the STP and its footprint and change these to reflect the importance of scrutinising the ICS as it applies to the area within the OSCs remit and relevant Integrated Care Partnerships and the various workstreams being activated.

Up to now we have not made any changes as whilst we understood that NHS colleagues were working towards having an emerging ICS in place for April 2019 there was nothing formal in place which would have led us to alter structures up to now.

However, the issue of whether there needs to be changes to our OSC remits has come to the fore again a) as we believed that we might need to change our terms of reference imminently given that we understood that there was going to be a submission to NHS England from NE and Cumbria that put in place a Shadow ICS from 1 April b) councillors on the NE Joint Health Scrutiny OSC asked officers to clarify arrangements across the patch so it is clear what falls within the remit of each OSC.

Our current thinking has been that we feel it important to retain both the OSCs in North and South set up to scrutinise STPs (now ICS) rather than change the remit etc of the NE Joint Health OSC covering all 12 LAs in NE but not Cumbria.

The reason for this is that it is our understanding that a number of ICP arrangements for the NE and Cumbria are being put in place sitting underneath the overarching ICS which will be developing their own plans for progressing work. We also understand that any service changes going forwards are most likely to occur at ICS / Integrated Care Partnership (ICP) level. We have therefore looked at how these arrangements fit with the OSC structures that are already in place in the North and South and what we might need to change going forwards (the geographies for these partnerships are set out in the attached document).

Having had regard to the ICP geographies we noted that the NT&W&ND Jt Health STP OSC (ie the North STP OSC) currently has representation from all the local authorities covered by the ICP North and ICP Central geographies and the South STP OSC covers all the local authorities in the ICP South, with the exception of Durham, which currently has representation on both STP OSCs. However, commissioning arrangements and patient flows mean that it is important that Durham continues to be a member of the South STP OSC.

In addition to the above, we noted that, apart from the ability to carry out any policy reviews considered beneficial to progress across the region, the issues previously considered by the NE Health Jt OSC (covering 12 NE LAs but not Cumbria) now appear to have been subsumed by the work of the ICS. We considered that given current capacity and resources across the region that there would be little impetus for a regional health policy review to be carried out in the near future.

We have sought the views of senior health colleagues involved in the work of the ICS and ICP North on the above and they have indicated their agreement and support for the proposals outlined below on the understanding that we would work with them to facilitate further changes if it became clear going forwards that the above was no longer appropriate. However, they have also suggested that LAs involved with the arrangements for the South STP OSC may wish to discuss these and obtain a view from senior health colleagues in their area:-

Recommendations

As a result, we are recommending that, subject to the views of senior health colleagues in the south of the region and the views of the twelve local authorities across the NE, the following changes to scrutiny arrangements in the region should involve:-

- Amending, as necessary, the remits of the two “STP” OSCs in the North and the South to include scrutiny of ICS and relevant ICPs and organisational arrangements as appropriate.

- That the NE Joint Health OSC is put into abeyance so that should there be a time when there is a need for the 12 NE LAs to come together to scrutinise a health issue then we would already have a structure in place to allow this.
- That officers in the South of the Region further examine/clarify the roles of the Tees Valley Joint Health OSC and the “STP OSC” for the South to avoid any duplication going forwards.
- That we will work with you to facilitate further changes if it becomes clear that the above is no longer appropriate.