

Public Document Pack
**JOINT OSC FOR THE NE & NORTH CUMBRIA ICS & NORTH &
CENTRAL ICPS**



Meeting on Monday, 18 March 2024 at 2.30 pm in the Bridges Room - Civic Centre

Agenda

- 5 NENC Forward Plan Refresh**
Peter Rooney, Director of Strategy and Planning, NENC ICB, will provide the Joint Committee with an update on the joint forward plan.

- 6 Access to Pharmacy Services**
Ken Youngman, NENC ICB, and Geraint Morris, Chief Officer, North of Tyne Local Pharmaceutical Committee, will deliver a presentation in relation to access to pharmacy services.

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Public Document Pack Agenda Item 2

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

MONDAY, 22ND JANUARY, 2024

Present: Councillor Maria Hall in the Chair

Councillors Taylor (Vice-Chair), Andrews, J Usher,
R Dodd, Ezhilchelvan, O'Shea and Shaw

Apologies: Haney, Jopling, S Dean, Kilgour and Cllr B Jones

26 **Minutes**

RESOLVED that the minutes of the meeting held on 20 November 2023 be agreed subject to the following amendments:

- The inclusion of Councillor J Shaw in the attendance list
- Councillor J Shaw's Declaration of Interest to read 'Governor of CNTW Trust'
- In relation to item Role of the Area ICPs, replace 'enabled investment into **online** services' with 'enabled investment into **frontline** services'
- In relation to item Access to critical paediatric beds in the region, the name of the charity working out of the Great North Children's Hospital read **Team Evie**

Following concerns that had been raised about the prevalence of measles, it was requested that an update on the situation be circulated to the Committee.

27 **Declarations of Interest**

The following declaration of interest was made:

Councillor M Hall – Director of Prism Care and CNTW Governor

28 **Neonatal Update**

The Committee received a presentation from Dr Sundeep Harigopal, Clinical Lead Northern Neonatal Network and Consultant Neonatologist at Newcastle Hospitals, which provided an update on the 26 week pathway and regional and national comparators on survival rates and outcomes for babies.

The Northern Neonatal Network comprises Neonatal Intensive Care Units (NICU), Local Neonatal Units (LNU) and Special Care Baby Units (SCBU). The update provided information relating to the NICUs at the RVI Newcastle, Sunderland Royal Hospital and James Cook, Middlesbrough.

The Committee was informed that in 2015 the Royal College of Paediatrics and Child Health reviewed neonatal services across the region. This resulted in the following 5 recommendations:

- Re-designation of the NICU at North Tees to a Special Care Unit (SCU)
- Increased capacity at South Tees to cater for the re-designation at North Tees
- Development of a standalone neonatal transport service for the Northern Neonatal Network
- Expansion of the NICU at RVI
- Changes to service provision in Neonatal Intensive Care in Sunderland

All 5 of the recommendations were now complete. The Committee had received an update on neonatal care at its meeting in July 2023. At that time, the recommendation in relation to the 26 week pathway and access to provision in Sunderland was ready for implementation. The presentation focussed on the impact of this change.

It was noted that prior to the pathway change, all pre-term babies born from 22 weeks gestation needing intensive care would go to one of the NICUs at RVI, Sunderland Royal or James Cook. The patient flow after 26 week pathway change set out that babies from 22 weeks will still go to RVI or James Cook. Pre-term babies from 26 weeks gestation from Durham, Carlisle, Gateshead and Northumbria now go to Sunderland. It was noted that this would change in the future to babies from 27 weeks.

The change was implemented on 1 August 2023 and it was noted that there had been no ex-utero transfers from Sunderland and 4 in utero transfers from Sunderland to RVI.

The Committee heard that parental feedback from families transferred from Cumbrian units to North East NICU was on the whole positive. All parents were offered accommodation and financial support for meals and parking. Families did not feel there could have been anything done to improve their experience but one family did request that there be more communication about what each different hospital is like before transferring. It was noted that videos providing virtual tours of hospitals had been made available to help families prepare.

The Committee was presented with data in relation to neonatal mortality rates. The mortality rate for Newcastle (RVI) was 1.65, for Sunderland 1.52 and for Middlesborough (James Cook) 1.35. The rate was per 1000 live births. The data captured was from 2021 and was published in the MBRRACE UK 2023 report. It was explained the data represented deaths up to 28 days from birth and does not take into account the complexity of cases. It was highlighted that Newcastle is a fetal medicine and surgical centre taking care of sicker babies.

In relation to morbidity, specifically lung disease, it was noted that there is a higher level across the region than at a national level, particularly in Newcastle. Data in relation to this was measured by infants delivered at less than 32 weeks needing oxygen. It was explained that there is no clear reason as to why the rates of lung disease in infants are higher but that survival rates are also higher in Newcastle. It was noted that babies needing oxygen early in life does not translate to future lung diseases. Whilst Newcastle is an outlier in lung disease, it was explained that it is not an outlier in general morbidity figures and that data on neurodevelopmental outcomes for babies demonstrates that the North East does well in this area.

The Committee discussed the patient flow for those families living towards the west of the region, with intensive care treatment for infants located in the east. It was also noted that the closure local units like South Tyneside meant more travelling for families to get the required treatment. It was explained that historically the population has been higher in the east and there has not been enough activity in the west in order to double up provision. Strong transport links are in place and the North East performs well in transferring mothers before their babies are born and making sure they get the care in the correct place. Bigger units are better equipped to treat patients than small units dealing with very small numbers per year and therefore provide better outcomes. Families were receiving support with transport and associated financial costs and whilst patient engagement suggested patient satisfaction was positive, feedback would be continuous to identify potential issues.

Dr Harigopal explained that the next steps for neonatal care in the region are the implementation of the national report published in 2019 called the Neonatal Critical Review. The report aimed to facilitate the transformation of Neonatal Critical Care further by 2025 through aligning capacity, developing the expert neonatal workforce and enhancing the experience of families. Work has already taken place around developing the workforce including funding for neonatal nurses, allied health professionals and neonatal quality roles. In relation to enhancing the experience of families, the Northern Neonatal Network established

the first neonatal care coordination team in the UK in April 2021. Work was currently being undertaken by the network in relation to scoping the aligning capacity theme.

The Chair thanked Dr Harigopal for the presentation.

RESOLVED

- i. That the presentation be noted
- ii. An update be provided to a future meeting of the Committee

29 Dentistry Update

The Committee received a presentation from David Gallagher, Executive Area Director (Tees Valley & Central) and Primary Care SRO. The presentation covered the challenges currently facing dentistry provision, progress made so far in recovering access to services, workforce resilience, improving oral health and information relating to a current consultation on fluoridation of tap water.

A number of challenges were highlighted in relation to the provision of dentistry services, including a national dental contract that has not been revised since 2006, the impact of covid on causing delays to treatment and routine appointments, a number of practitioners handing back contracts and a loss of time and resources through around 2.5k missed appointments. It was noted that issues with dentistry access is a national problem and that, unlike being registered with a GP surgery, individuals do not have the same right of access to a NHS dentist list.

The Committee was advised that work was ongoing to tackle the challenges in dentistry in three phases: immediate action to stabilise services; a more strategic approach to workforce strategy and delivery; and developing an oral health strategy to improve oral health and reduce pressure on dentistry. It was noted that there was no quick fix to improving access to dentistry. A significant amount of time had been spent on stabilising services, but this was challenging with contracts being handed back.

The progress made so far in relation to recovering access to services included around £3.8m non-recurrent investment being available for 2023-24 and £7.5m recurrent funding earmarked for new dental contracts. In relation to appointments, 15k additional appointment slots had been commissioned and 48.2k secured from existing practice capacity for patients in greatest clinical need. Over 800 additional sessions had also been commissioned from dental out of hours providers until the end of March 2024. Additional treatment capacity had also been commissioned, with 39,080 additional units of dental activity in 2023-24 and 53,537 additional units for 2024-25.

In relation to building practice and workforce resilience, there was a flexible commissioning scheme in place to provide a training grant to support employment of overseas dentists. It was noted that this scheme represented a small part of addressing the overall staffing and retention of dentists. Work was ongoing with local dental networks and committees to improve workforce recruitment and retention overall.

The Committee was informed that each local authority and its health and well-being board is responsible for their oral health strategy. Key elements to improving oral health include supervised tooth brushing within schools and pre-schools, oral health training to health and social care staff and fluoride varnishing. It was noted that there was a regional consultation currently being undertaken by government on expanding water fluoridation across the North East to reach an additional 1.6 million people. It was noted that some areas in the North East are already covered by water fluoridation and the proposed scheme would cover Northumberland, County Durham, Sunderland, South Tyneside and Teesside, including

Monday, 22nd January, 2024

Redcar and Cleveland, Stockton-on-Tees, Middlesbrough and Darlington. It was explained that water fluoridation is an effective and safe public health measure and can reduce the likelihood of dental decay and minimise its severity. The consultation was on track to commence in early 2024 and would last for a minimum of 12 weeks.

Following the presentation Members were invited to ask questions or make comments on the information provided. The following issues were raised and clarified:

- It is currently challenging to find a dentist that is taking on NHS patients. Information online in relation to practices with availability is not always up-to-date. The recruitment of overseas dentists will help with accessibility but that is a small part of the overall recruitment and retention drive. Identifying incentives to keep people working for the NHS is a priority, along with training a higher number of dentists to help the current shortfall.
- In relation to the water fluoridation consultation, it was noted that the scheme would be funded nationally and not by local authorities. It was discussed whether there were any harmful effects of water fluoridation and if a cost/benefit exercise had been undertaken. It was noted that there is a cost/benefit element to everything but that there would be no impact on water quality and that the amount of fluoride that would be put into the water is under the maximum amount recommended by the World Health Organisation.
- It was highlighted that dentists/dental nurses used to attend schools to demonstrate to children effective brushing of teeth. It was noted that current workforce retention meant this was difficult to achieve but that knowing how to brush teeth properly was important. It was also commented that the pandemic, and the backlog created as a result, had impacted on young children being routinely taken to the dentist.
- It will be important to ensure that the needs of vulnerable groups in particular (including many elderly people) are addressed in securing access to routine dental treatment and that appropriate support is provided to such groups to do so.

The Chair thanked David for the information presented.

RESOLVED

- i. The presentation be noted
- ii. The Committee receive a further update on dentistry during the 2024/25 municipal year.

30 Health and Care Workforce

The Committee received a presentation from Leanne Furnell, North East and North Cumbria (NENC) Integrated Care Board's Director of Workforce, in relation to the North East and North Cumbria People and Culture Plan (the Plan). It was explained that amidst the background of significant reductions to funding, a change is required to the operating model and workforce structure in order to tackle significant workforce issues across the integrated care system, including recruitment and retention, which poses a risk to improving provision.

The Plan aimed to outline a shared vision towards a 'one workforce' model, focused on greater integration and recognising the role of culture in developing people. It was highlighted that delivery of the Plan requires commitment and collaboration from all partners, led by NENC People and Culture Directorate, working with system partners, trade unions and delivery teams. It was noted that services across health and care already have detailed workforce programmes specific to their needs and priorities, which would continue following the priorities outlined in the Plan.

A core theme of the Plan is 'being the best at getting better'. People are at the heart of health and care services, with a highly skilled and dedicated workforce across the regional system. However, the workforce is stretched and there are challenges to be addressed with the support of system partners.

The NENC People and Culture Plan was drafted in March 2023, with an engagement event taking place in June 2023. Input from existing People Workstreams was sought in developing the Plan. The NHS Long Term Workforce Plan was developed with the themes train (growing the workforce through increased education and training), retain (improving culture and leadership to better support staff) and reform (improving productivity through new technologies).

The Committee was informed that the Plan has 6 pillars:

- Workforce supply across the system
- Workforce retention across the system
- Workforce health and wellbeing across the system
- System Leadership and Talent
- Health Equity, Inclusion and Belonging
- Reform

It was noted that the feedback received so far on the draft plan had been positive and constructive. It had been highlighted that the plans were ambitious and that capacity to deliver could be an issue. Language and terminology in the Plan had also been raised as some terms and phrases lacked clarity of meaning. Going forward, it was explained that consideration was needed in relation to the governance arrangements to ensure accountability and delivery of the plan. It was highlighted that consideration needed to be given to how Social Care Workforce Plans could be captured as part of the work.

In commenting on the Plan, members of the Committee reiterated the need for less jargon and clearer terminology. It was highlighted that morale within the NHS is currently low and that cultural issues around bullying and management practices needed to be addressed as a priority to support the six pillars of the Plan.

The Chair thanked Leanne for the presentation.

RESOLVED

- i. To note the presentation
- ii. For an update on the NENC People and Culture Plan to be provided at a future meeting.

31 **Work Programme**

A report was received on the 2023/24 work programme for the Joint OSC.

RESOLVED

- i. The information be noted
- ii. The Committee receive a report on Access to Pharmacy Services at its next meeting in March 2024.

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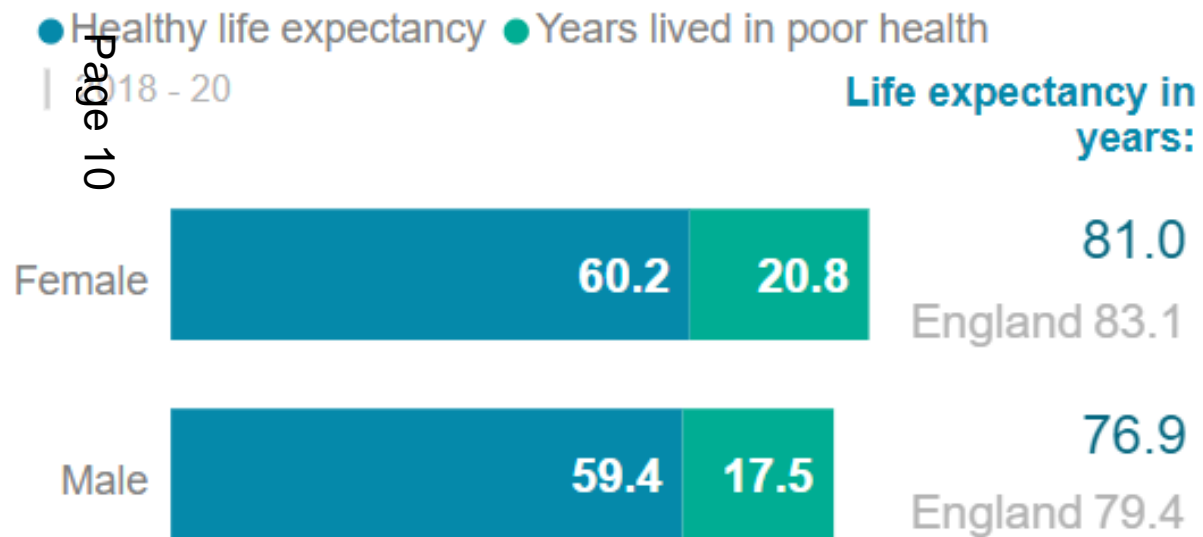


NENC Healthy & Fairer Programme

North East North Cumbria Health & Care Partnership



Healthy life expectancy and years lived in poor health



Life expectancy gap by deprivation

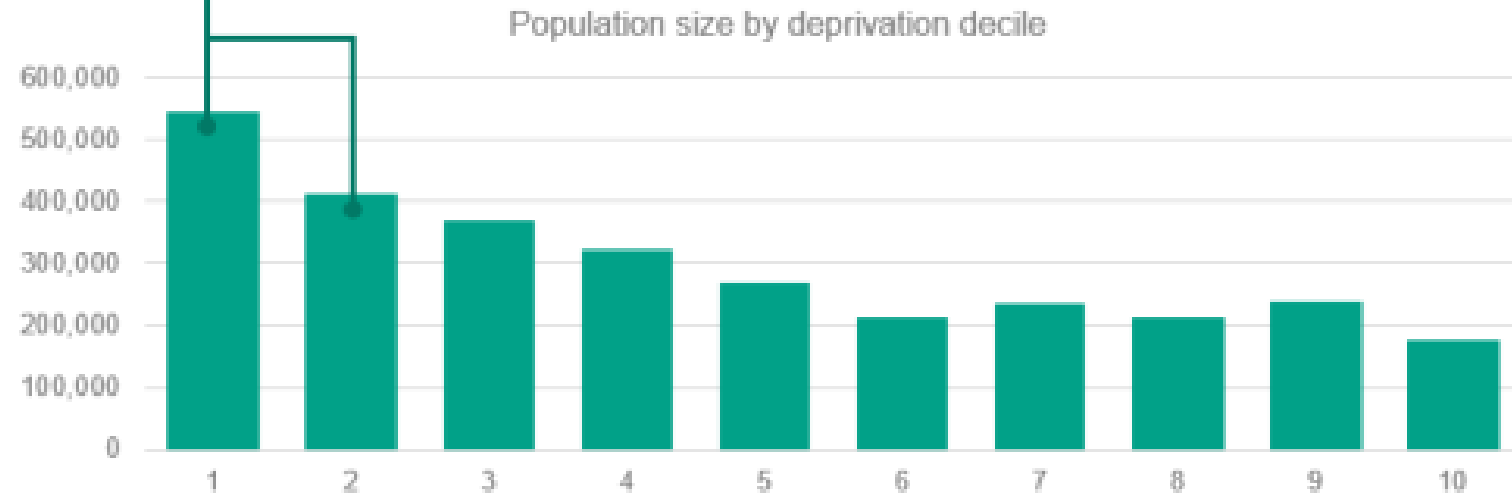
Inequality in life expectancy at birth by deprivation:
Life expectancy gap in years (slope index of inequality)

2018 - 20

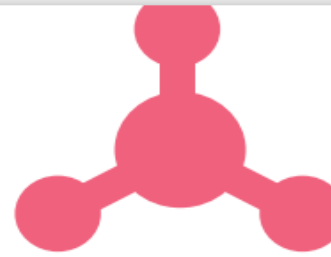




32% of the NENC population are estimated to live in the two most deprived neighbourhoods¹



Source: ONS mid 2020 population estimates and index of multiple deprivation



Better health & wellbeing for all...

Our integrated care strategy for the North East and North Cumbria

Our four key goals...



Longer & healthier lives

Reducing the gap between how long people live in the North East and North Cumbria compared to the rest of England



Fairer outcomes for all

As not everyone has the same opportunities to be healthy because of where they live, their income, education and employment



Better health & care services

Not just high-quality services but the same quality no matter where you live and who you are



Giving children and young people the best start in life

Enabling them to thrive, have great futures and improve lives for generations to come

Our supporting goals...



Reduce the gap in life expectancy for people in the most excluded groups



Reduce alcohol related admissions to hospital by 20%



Halve the difference in the suicide rate in our region compared to England



Reduce drug related deaths by at least 15% by 2030



Reduce smoking rates from 13% of adults in 2020 to 5% or below by 2030



Reduce social isolation, especially for older and vulnerable people



Increase the number of children, young people and adults with a healthy weight



Increase the percentage of cancers diagnosed at the early stages

We will do this by...



Supporting and growing our workforce



Harnessing new technology and making best use of data



Making the best use of our resources



Being England's greenest region by 2030



Listening to and involving our communities

This is a summary of our strategy - the full document is on our website:
www.northeastnorthcumbria.nhs.uk/ICP



NENC ICB Exec Committee

**Healthier & Fairer Advisory
Group**
Dr N O'Brien / Amanda Healy (DPH)

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Prevention
Dr G Pilkington / Alice Wiseman
(DPH)

Healthcare Inequalities
Dr R Hudson / Gerry Taylor (DPH)

**Broader Social & Economic
Determinants**
Dr D Slowie / Mark Adams (DPH)

Alcohol

Tobacco

Obesity

CVD

Maternity

C20+5 CYP

C20+5

DeepEnd

**Inclusion
Health**

Waiting Well

**Anchor
Network**

**Poverty
Proofing**

**Digital
inclusion**

**Health
Literacy**



NENC ICB Exec Committee

**Healthier & Fairer Advisory
Group**
Dr N O'Brien / Amanda Healy (DPH)

**Population Health
Management**
Prof. Edward Kunonga

**Community Asset Based
Approach**
Richard Boggie (VONNE)

Workforce
Hamid Motraghi

Prevention Workstream:

Alcohol

Needs led, population health management approach informed by data

- NENC Alcohol Health Care Needs Assessment (2022)
- Development of NENC Alcohol Dashboard
- Project Evaluation and contribution to evidence base

Partnership and Collaboration

- At every level: development, governance, operational project groups
- Creating and supporting improved systemwide pathways
- Work with NHS acute and mental health trusts, primary care, Local Authority, Third Sector, Patient and Public engagement, OHID, Balance, Academic Institutions, NHSE, etc.

Building a social movement to reduce alcohol harm

- Strategic approach across all of prevention
 - Increase awareness of alcohol risk and support for action
 - Identify those at risk and support for action
 - Support for those with problematic alcohol use and dependence
- Workforce strategy: comms and engagement, education, support, and promoting pathways



Prevention Workstream: Alcohol

Balance is the North East based programme focused on population level action to reduce the harms of alcohol, launched in 2009 and unique in the UK.

Balance, as a sister programme to Fresh, takes an approach of addressing alcohol as a commercial determinant of health and follows the tobacco control experience, recognises the need to regulate industry and have tougher restrictions on price, promotion, packing, access and availability.

Balance has a multi-strand focus and take a lead role to advocate for evidence-based policies such as Minimum Unit Price and is a leading member of the Alcohol Health Alliance.

The Public have a right to know the harms, for example alcohol causes 7 types of cancer and balance is delivering world leading evidence-led powerful campaigns on this, including #alcoholistoxic.

The Balance programme sits with Fresh as one programme and hosted by County Durham and Darlington Foundation Trust and covers the North East Local Authority 7 (LA7) footprint, and support the wider NENC ICB Alcohol Programme



Prevention Workstream: Tobacco

Fresh takes a population approach across 8 key strands designed to work synergistically to motivate smokers to stop, reduce uptake of smoking, and protect from tobacco related harms.

It is the longest standing regional programme, collaborating with key partners such as ASH, GMHSCP, and NHYICB, advocating for bold action to help reduce smoking to 5% or less by 2030.

Fresh provides year-round media and communications generating between £1.5-2m coverage per annum on a range of tobacco issues, including delivering award winning media campaigns such as 16 Cancers, Every Breath, Don't Be The One, and #SmokingSurvivors.

Fresh is a national leader on effective advocacy, focused on “Stopping the Start”

Overall adult smoking rates have reduced 54% since 2005 in the NENC, which is the biggest reduction of any region and has consistently the highest public support for more action.

As per the Balance project, Fresh is hosted within County Durham and Darlington Foundation Trust and works as one programme over the 12 NENC Local Authorities



Prevention Workstream: Healthy Weight & Treating Obesity

The Healthy Weight and Treating Obesity (HWTO) project is working with partners in supporting the whole system to tackle obesity, to reduce the complications linked to being overweight and obesity, along with working towards the classification of obesity as a disease.

The project is data driven and uses insight & intelligence to understand the needs of the population in relation to healthier weight in the context of both prevention and treatment;

- Understanding the percentage demand for Digital Weight Management, Tier 2 and Tier 3 services.
- Understanding the increasing demand for services, supporting a contribution to a reduction in the proportion of people in NENC reported as obese or morbidly obese.

Health Inequalities funding has been utilised to increase access to Tier 3 services from the 20% most deprived communities.

The NENC is participating the national pilot for Wegovy to develop prescribing models.

The project continues to develop in understanding its strategic approach to primary and secondary prevention.



Prevention Workstream: Cardiovascular Disease Prevention

The NENC CVD Prevention Network coordinates the ICBs work to deliver NHSE national priorities, led by an SRO.

Data driven approaches to identify individual practices and PCNs with sub-optimal performance in the detection and management of CVD are used, ensuring that targeted improvement work is undertaken. This includes education and engagement with practices to identify barriers and develop individual actions plans to improve performance.

The network holds whole system events to increase awareness of CVD Prevention and advocate for the importance of this work across all partners, and has supported the development of a Lipids Network to support optimisation across the full patient pathway.

Health Innovation NENC (formerly the Academic Health Science Network) is leading the CVD InHIP project, working with deprived and hidden communities across the Tees Valley in collaboration with Middlesbrough Football Club, undertaking outreach work to identify previously hidden risks and reducing harm.

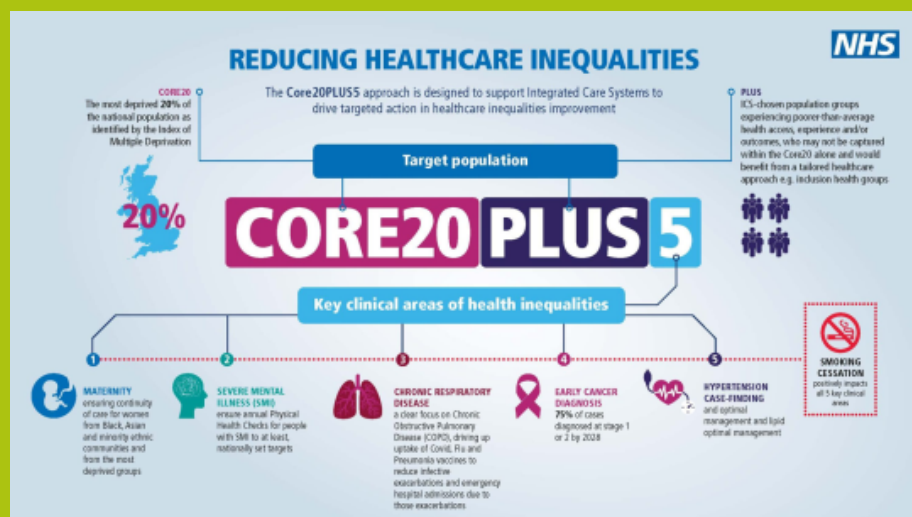


Healthcare Inequalities Workstream



Our work across the 10 clinical pathways is led by our Clinical Networks, including the Child Health and Wellbeing Network, the LMNS, and the NHSE Immunisation and Vaccination Team.

We have developed a performance framework aligned with the CORE20PLUS5 to ensure progress against each of the aims; this required significant work in agreeing measurable metrics which could be tracked against high-level aims, most notably against the framework for Children and Young People.



The CORE20PLUS5 frameworks have supported a system-wide understanding of the needs to identify our most deprived communities and those from Inclusion Health Groups, and is informing our ICB Clinical Strategy to ensure that services are re-designed through an inequality lens.

Healthcare Inequalities Workstream

Workforce

- Opioid reviews
- Embedding Clinical Psychology
- Immunisation Catch-up Team
- Social Determinants Link Workers

Education

- Undergraduate and Post-graduate training
- CPD sessions
- Training Practices

Advocacy

- Network events for member practices
- Advocacy of Deep End within the system

Research

- Strategic relationship with Newcastle University
- All projects subject to researcher-led

Deep End



Healthcare Inequalities Workstream

Newly established to consider the healthcare inequalities experienced by people who experience multiple, complex, and overlapping needs due to being members of socially excluded groups

Principles

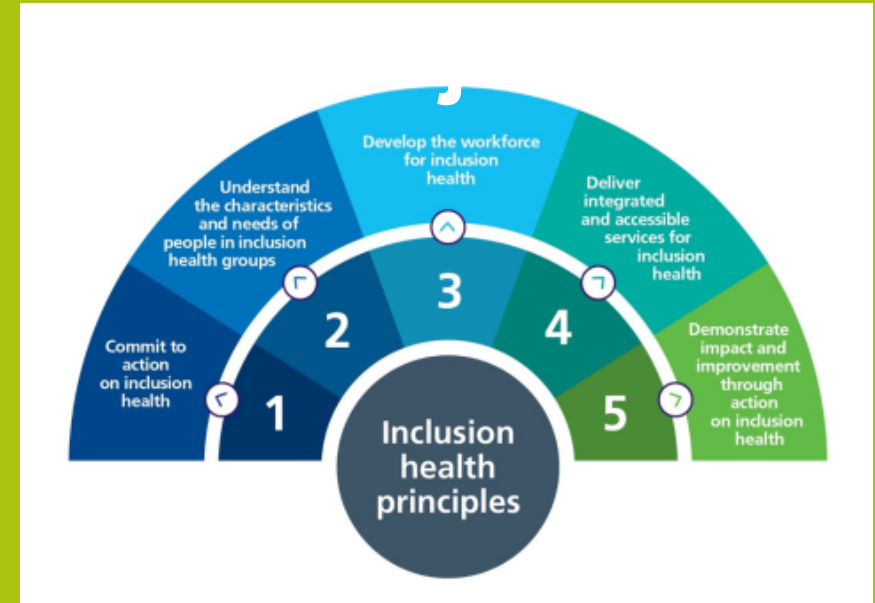
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- Trauma informed
- Research led
- Data driven
- With people who have lived experience

Key aims

- Gain an understanding of the prevalence and needs of inclusion health groups within NENC
- Mapping of specialist services (pockets of excellence) to inform system-wide provision
- Working with Universal healthcare services to understand how to apply reasonable adjustments

Inclusion Health



Healthcare Inequalities Workstream

A project to support people on a P4 elective surgical waiting list.

People on the P4 waiting list are risk stratified to identify those most likely to have the poorest outcomes; people who live in deciles 1 & 2 (17,700), people with a learning disability, and people with uncontrolled diabetes.

People are contacted and offered

- a universal offer of signposting to existing resources and the Get Set For Surgery website
- a personalised care assessments to develop plans based on what matters to individuals
- Provision of a tiered support offer delivered through the combination of

Waiting Well.

To date, 5428 patients have been contacted by the service, with 2235 patients accepting an offer of support. Of these, 4105 contacted and 1447 accepted were in IMD Deciles 1&2

Healthcare Inequalities Workstream

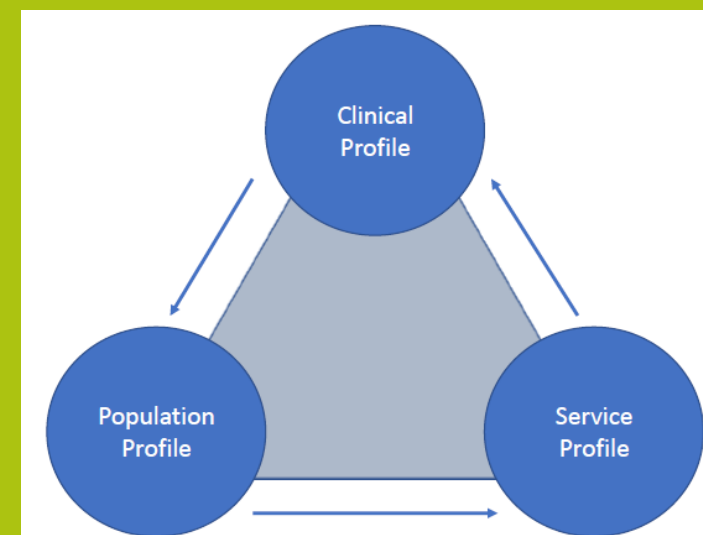
We have produced a Healthcare Inequalities Toolkit developed from work undertaken post pandemic with colleagues from OHID based upon the FAIRSTEPS study, to ask (and answer) the following questions:

“Do the people who access my service reflect the community that I serve, including hidden communities?”

“Do all people who access my service have a similar and positive experience of my service?”

“Do all people who access my service achieve similar outcomes, regardless of which part of the community they come from?”

where healthcare inequalities exist in terms of access, uptake, experience and outcome the toolkit supports providers to undertake a triangulation exercise using clinical, population, and service profiles



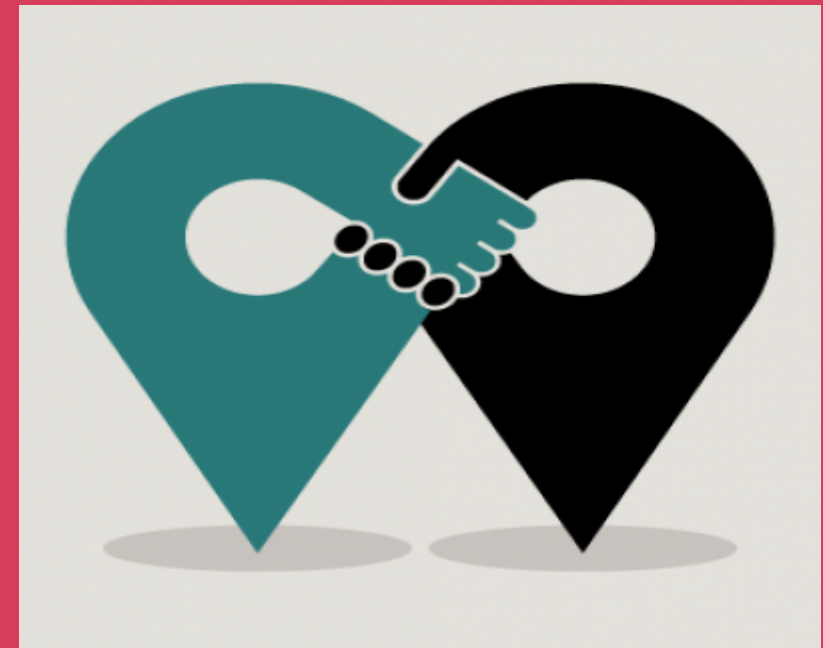
Broader Social & Economic Determinants Workstream

Newly established to consider how the NHS within the North East and North Cumbria can maximise the opportunities afforded by working with its Anchor Institutions at scale.

Through the development of a North East and North Cumbria Anchor Framework and network opportunities to work at scale across the 5 pillars of anchor are being explored:

- employment,
- procurement
- land and buildings
- environmental sustainability, and
- partnership work

Developing An Anchor Institutions Network



Broader Social & Economic Determinants Workstream

Poverty Proofing® is a powerful tool for identifying the barriers people living in poverty face to engaging fully with healthcare.

Focused on listening to the voices and experiences of patients and participants, it offers a pathway for healthcare settings to address often unseen inequalities within their activities, helping them reduce stigma and break the link between health outcomes and financial background.

Implementation of a work plan focused on:

- Leadership of exemplar pathways
- Collaboration with organisations to support the development of a poverty-proofing culture, through producing/directing the building of various approaches and tools, providing opportunities to learn and share and measuring the impact of this
- Advocating by preparing position statements on new policies and strategies, and awareness raising in a variety of forums using a range of media



Since January 2023 8 poverty-proofing interventions have been delivered in healthcare settings with 368 healthcare staff trained and 520 individual patients and their families involved in consultation. Themes identified are currently being discussed to ensure challenges are being addressed at the appropriate level

Broader Social & Economic Determinants Workstream

Digital Inclusion

Digital inclusion covers digital skills (being able to use digital devices such as computers or smartphones and the internet), connectivity (access to the internet through broadband, wi-fi, and mobile) and accessibility (services need to be designed to meet all users' needs, including those dependent on assistive technology to access digital services).

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In the North East and North Cumbria we want to ensure that all people and employees have equitable access and understanding of digital technologies, allowing for a more accessible, efficient, and effective health and care system



The workstream is working in partnership with Thrive By Design to develop a strategy and workplan focused on the domains of:

- Place
- Data
- Relationships
- Workforce
- Digital Health Literacy
- People

Broader Social & Economic Determinants Workstream

Health literacy is about being able to access, understand, check, and use the information to make choices about health

The North East and North Cumbria have some of the lowest health literacy levels in England (*Rowlands et al, 2015*). In order to address this, a workstream focused on making sure that the information we provide to people is understandable has been developed:

Implementation of a work plan focused on:

- Leadership of exemplar pathways
- Collaboration with organisations to support the development of a health literate culture, through producing/directing the building of various approaches and tools, providing opportunities to learn and share, and measuring the impact of this
- Advocating by preparing position statements on new policies and strategies, and awareness raising in a variety of forums using a range of media



Workforce Enabling Workstream

The newly established workstream aims to ensure the North East and North Cumbria workforce is equipped to support achieving the aims and objectives of the Healthier Lives, Fairer Outcomes programme. As an enabling workstream, it will:

- Develop a Healthier and Fairer academy approach to ensure that staff are equipped with the right skills, information, and networking opportunities to affect real change
- Create an approach to appropriate, relevant, and timely intelligence and insights through the creation of a North East and North Cumbria performance dashboard for workforce health inequalities
- Support the development of an approach to workforce priorities within the Anchor Institutions space
 - Widening workforce participation
 - Targeting employment opportunities for local people
 - Understanding the local workforce, broader demographics, and opportunities
 - Targeting populations and/or geographies within a local area
 - Developing pre-employment programmes, work placements, and volunteer work experience



Healthy Communities and Social Prescribing Enabling Workstream

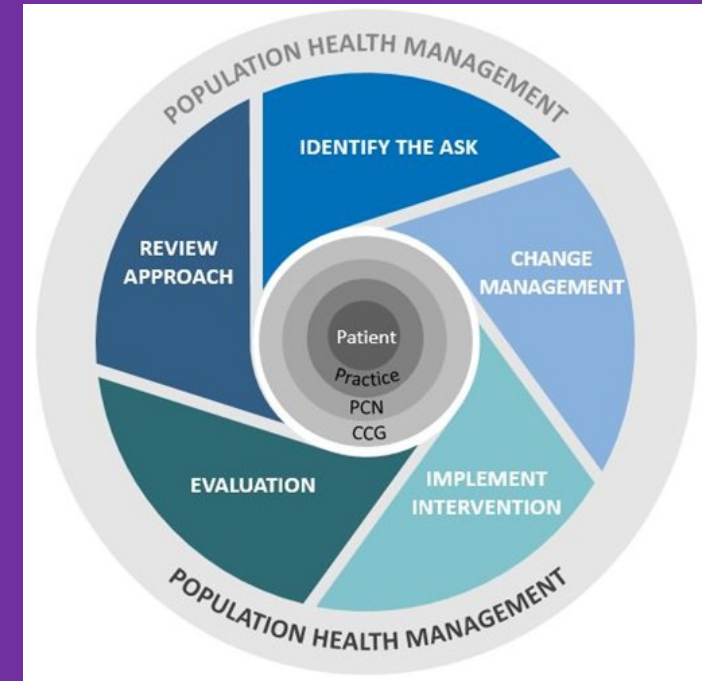
The **workstream** aims build sustainable and effective community-centred approaches to support tackling the prevention and health inequalities agenda within the NENC ICB by:

- **Embedding of asset-based approaches to social prescribing in NENC** & capacity-building with VCSE and communities to build asset-based infrastructure to support social prescribing
- **Promoting connections, collaboration & co-production** across health, care & VCSE sectors at neighbourhood, place & ICB level
- **Developing sustainable VCSE sector** and strengthening communities through Commissioning, Funding & Investment
- **Supporting development and implementation of a NENC Core20plus5Connector Pilot** – a community champion programme to support the Core20Plus5 programme with initial focus on developing Cancer champions in priority areas of health inequalities



Population Health Management Enabling Workstream

- A system-wide approach to embed PHM approaches at all levels is at the heart of programme delivery, within Healthier and Fairer and other ICB workstreams
- The Clinical Strategy used PHM approaches including applying Health Inequalities lenses to define priority areas using deep dive data approaches with involvement of all partners to develop common understanding
- PHM training packages are being reviewed to support developing system-wide confidence and capabilities to embed PHM to make informed judgements and drive change. This has support in adopting the PHM cycle within places and workstreams
- Data is being utilised in intelligence dashboards across all workstreams to inform priority setting as well as intervention design and targeted delivery

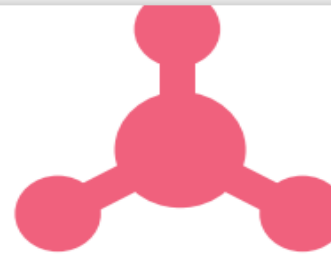


Key Enablers

- A genuine system-wide approach with shared leadership roles by Directors of Public Health, OHID, Foundation Trust Public Health Consultants, and the Voluntary Sector

Page 32 The use of data and intelligence using Population Health Management approaches to support the development of a programme performance framework and intelligence dashboards for Prevention and Healthcare Inequalities Workstreams

- NHSE frameworks (CORE20, Inclusion Health) inform ICS work, but do not limit ambition beyond these



Better health & wellbeing for all...

Our integrated care strategy for the North East and North Cumbria

Our four key goals...



Longer & healthier lives

Reducing the gap between how long people live in the North East and North Cumbria compared to the rest of England



Fairer outcomes for all

As not everyone has the same opportunities to be healthy because of where they live, their income, education and employment



Better health & care services

Not just high-quality services but the same quality no matter where you live and who you are



Giving children and young people the best start in life

Enabling them to thrive, have great futures and improve lives for generations to come

Our supporting goals...



Reduce the gap in life expectancy for people in the most excluded groups



Reduce alcohol related admissions to hospital by 20%



Halve the difference in the suicide rate in our region compared to England



Reduce drug related deaths by at least 15% by 2030



Reduce smoking rates from 13% of adults in 2020 to 5% or below by 2030



Reduce social isolation, especially for older and vulnerable people



Increase the number of children, young people and adults with a healthy weight



Increase the percentage of cancers diagnosed at the early stages

We will do this by...



Supporting and growing our workforce



Harnessing new technology and making best use of data



Making the best use of our resources



Being England's greenest region by 2030



Listening to and involving our communities

This is a summary of our strategy - the full document is on our website:
www.northeastnorthcumbria.nhs.uk/ICP

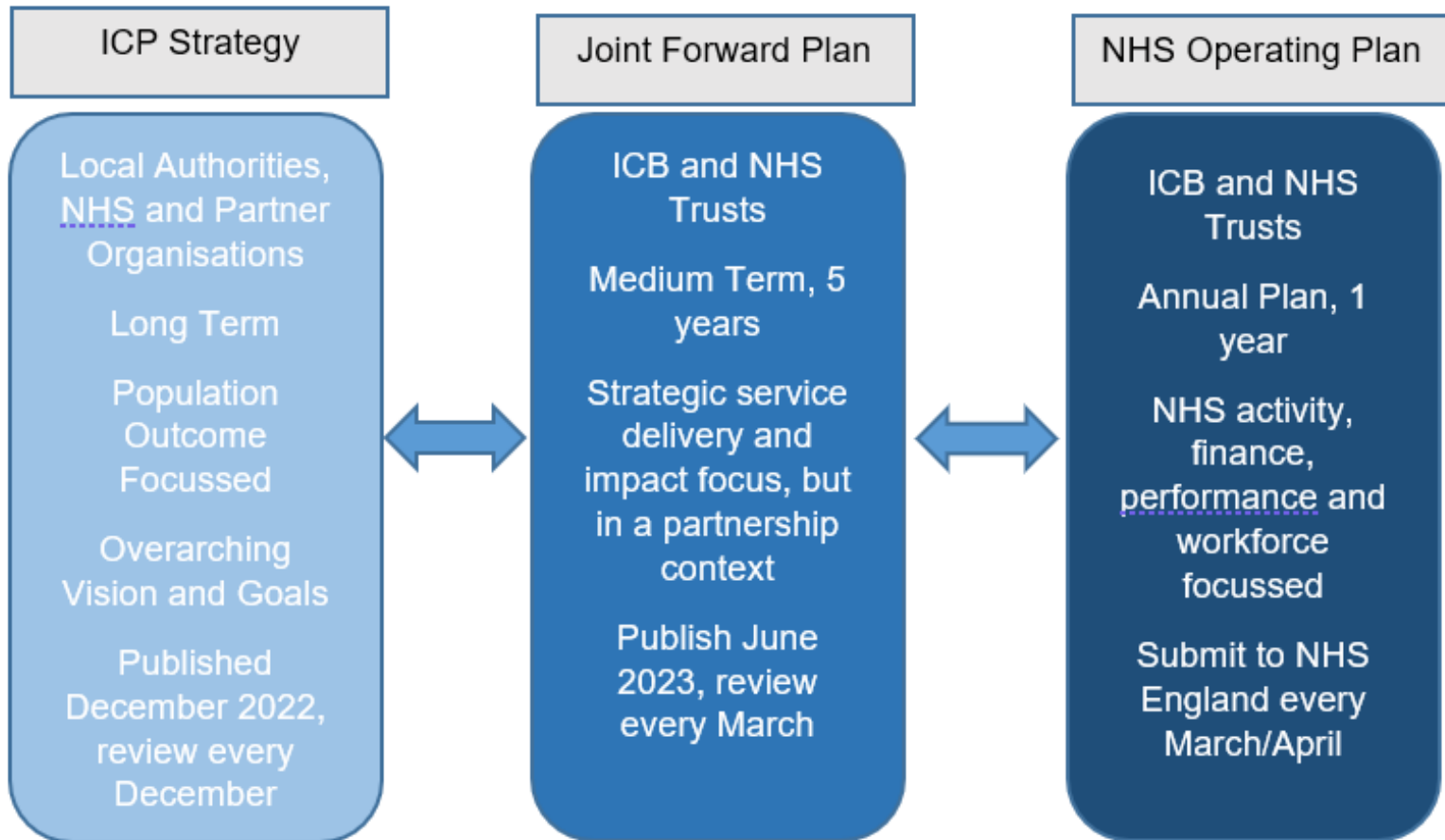
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North East and North Cumbria Joint Forward Plan.

March 2024.

Planning Overview

Page 36



Joint Forward Plan: National Guidance

- Requirement of Integrated Care Boards and partner NHS Trusts.
- Aligned to system ambitions; build on existing plans; delivery focussed.
- Demonstrate how ICBs and NHS Trusts will:
 - NHS services to meet the population's physical & mental health needs.
 - deliver the NHS Mandate and NHS Long Term Plan in the area.
 - meet the legal requirements for ICBs.
- Delivery Plan for the Integrated Care Partnership Strategy.

Joint Forward Plan: Summary

Aligned to the ICP Better health and wellbeing for all strategy.



Longer & healthier lives



Fairer outcomes for all



Better health & care services



Giving children and young people the best start in life



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Overview of action plans for each ICP Strategy Goal, Enabler and Service.

Overview of action plans for Local Authority Place or groups of Places.

Joint Forward Plan: Priorities

Longer Healthier Lives and **Fairer Outcomes**, includes:

- NHS prevention ambitions and Health care inequalities.
- NHS contribution to reducing social & economic inequalities.

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Best Start in Life, includes maternity and postnatal, physical and mental health.

Improving Health and Care Services, includes:

- Cross cutting and community focussed themes.
- Acute and secondary care themes.
- Mental health, people with a learning disability an autistic people.

Joint Forward Plan: March 2024

- The first Joint Forward plan was published in September 2023.
- Intend to 'recommit' to the September 2023 version – not a rewrite.
- Work programme leads reviewed their respective sections of the September 2023 version and provided updates where applicable.
- New sections as outlined in the September 2023 version.
- Approval via the ICB Board 26 March – the plan is a draft until that point.

New Sections

- Working with the voluntary, community and social enterprise sector (section 6.3.3)
- Long term condition management (section 5.1.2)
- Dementia and organic mental health (section 5.20)
- Gender dysphoria services (section 5.14.4)
- Individual care packages (section 5.21)
- Neurorehabilitation (section 5.22).

Planned Changes for the Future

- Informed by stakeholder engagement.
- Partnership working, governance, workstreams.
- Quality: experience, clinical safety, outcome.
- NHS England Planning Guidance 2024/25
- ICB Board Strategy Deployment Report twice annually:
 - Milestones: key delivery commitments, by when.
 - Metrics: key measures of success

Next Steps

- ICB Board 26 March 2024.
- Publication on ICB Website.
- Summary and easier to read versions.
- Ongoing engagement throughout 2024/25.

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Community Pharmacy Big Challenges and Transformation



North East and
North Cumbria

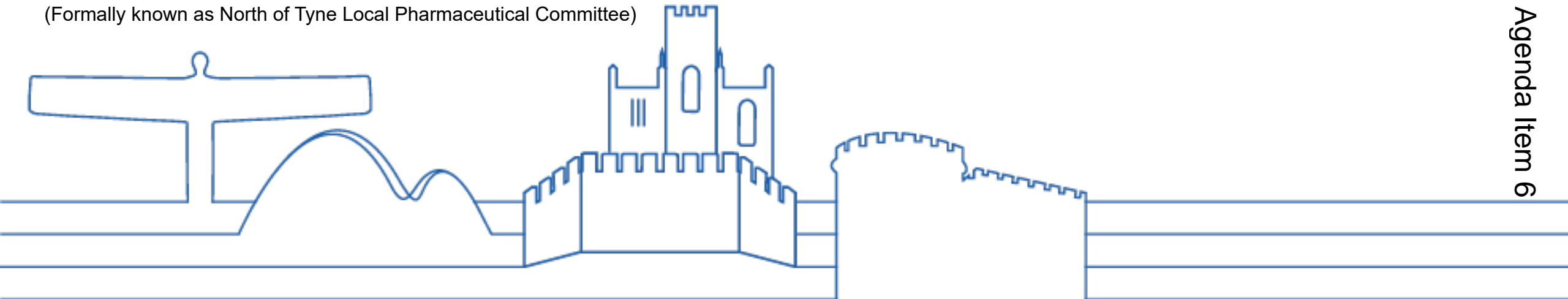
Kenneth Youngman

Senior Primary Care Commissioning Manager (Pharmacy and Optometry)

Geraint Morris MRPharmS.

Chief Officer Community Pharmacy North East –North

(Formally known as North of Tyne Local Pharmaceutical Committee)



Community Pharmacy Funding.

- Page 46
- Community pharmacies are funded according to a contractual framework agreed by Community Pharmacy England, the NHS and Government. This framework accounts for around 90% of pharmacies' income. The remaining 10% can come from locally commissioned services – such as from local public health teams – and from retail income. In 2019, a five-year deal was agreed for pharmacies following 3 previous years of cuts.
1. **Global Sum.** A 5-year fixed funding package was put in place from 2019/20 – 2023/24, which kept contractual funding at £2,592m per year.
 2. '£800m **Retained margin**' is the buying profit community pharmacies are allowed to retain through the cost effective purchasing of prescription items.
 3. NHS services funded outside Global sum, such as, flu vaccinations.

Your Local Pharmacy



Gateshead & South Tyneside
Local Pharmaceutical Committee

Passionate about pharmacy

- 96% of the population are able to access a pharmacy within a 20min walk
- Patients are able to be seen without appointments (Walk-in)
- The average patient visits a pharmacy 14 times a year
- Many pharmacies are open extended hours above and beyond their contracted 40 core hours
- Most pharmacies offer a delivery service (many free of charge)
- 99% of prescriptions are now sent electronically to pharmacies
- Offer a wide range of clinical services to support the community

Pharmacist



Gateshead & South Tyneside
Local Pharmaceutical Committee

Passionate about pharmacy

- 3rd largest group of healthcare professionals
- 2nd Most trusted Profession (1st = Firefighters!)
- 4 year Masters degree + 1 year foundation training.
- Additional ongoing qualifications and training undertaken
- Within the next 4 years all pharmacists will be Independent Prescribers
- Experts on medication
- Supported by highly trained multidisciplinary team

Community Pharmacy Roles



Gateshead & South Tyneside
Local Pharmaceutical Committee

Passionate about pharmacy

- Dispensing Medications
- Counselling & Advice (Free)
- Vaccinations: Flu & Covid + More
- Blood Pressure Checks
- Minor Ailments
- Emergency Contraception
- Supervised Consumption
- Pharmacy First referrals from GP
- Stop Smoking Advice
- Emergency Supply of Medication
- Returned Waste Medication
- Inhaler Recycling
- Health Promotion/ Early Intervention
- Deliver medication (Often Free)
- New Medicine Service
- Discharge Medicine Service
- Alcohol Intervention
- Urine Infection Service
- DV Safe spaces (Free)
- Compliance Aids (Free)
- Patient Queries & Problems (Free)
- NHS Health Checks
- Pharmacy First 7 common conditions.
- Prescribing (Coming Soon)
- Watch this space.....

Long term challenge - transformation

Over the course of the next decade, community pharmacy will undergo significant transformation, becoming central to the delivery of joined-up, responsive and person-centred community-based health and care services, with increased investment from commissioners reflecting the increased significance of community pharmacy in the health care ecosystem.

Community pharmacy will make a significant and valued contribution to the goals of the wider health and care system, including the ambitions of their local integrated care board (ICB). It will have a key role to play in addressing inequalities, both in health status and in access to health care.

The future role of community pharmacy:

1. Preventing ill health and promoting wellbeing
2. Providing clinical care
3. Living well with medicines
4. Be part of an integrated primary care offer for neighbourhoods

Research report September 2023

A vision for community pharmacy

Beccy Baird, Helen Buckingham, Anna Charles,
Nigel Edwards and Richard Murray

TheKingsFund >

nuffieldtrust

Short term challenges: sustainability and resilience

24 pharmacies closed in NENC so far in 23/24.

Deprived communities, where the need is greatest, have seen the biggest decline. More than one in ten pharmacies have been lost in the poorest 20% of areas in the last six years.

Over 50 pharmacies have reduced their opening hours from 100 hours/week to 72 hours in 23/24

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Action being taken:

- Engagement with Health and Wellbeing Boards, clarifying roles/responsibilities
- Developing of provider collaborative
- Regular data updates (closures and CP operating, incl advanced services) to HWB/PNA leads, Place Leads
- Risk based approach to access issues, including vision for short term 'fixes' and longer term solutions
- Reviewing closure process, including engagement and communications
- Need to develop local engagement and/or quality schemes

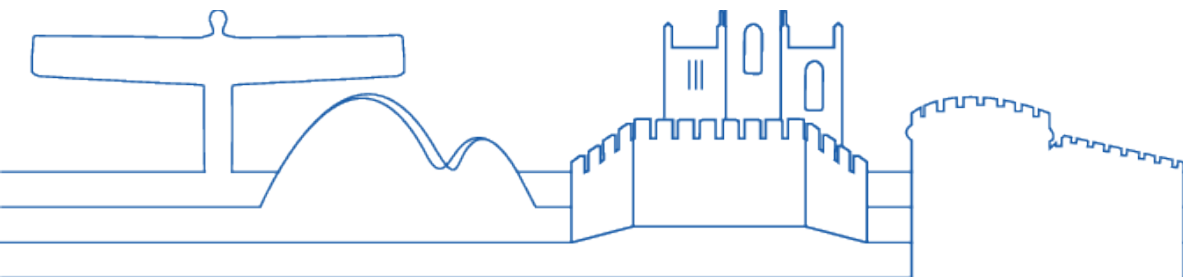
Community pharmacy funding short by £67,000 per pharmacy each year, says CCA

By Joanna Robertson

9th January 2023

Closures and Change of Ownerships since Jan2023

Place	Current Number of Pharmacies	Since Jan 2023 Number of Closures	From Jan 2023 Number of COOs
County Durham	118	5	17
Gateshead	42	4	5
Newcastle upon Tyne	58	6	8
North Tyneside	46	3	2
Northumberland	67	4	8
South Tyneside	33	1	2
Sunderland	59	4	12
Grand Total	423	27	54



Transformation: new community pharmacy services

ICB commissioned services

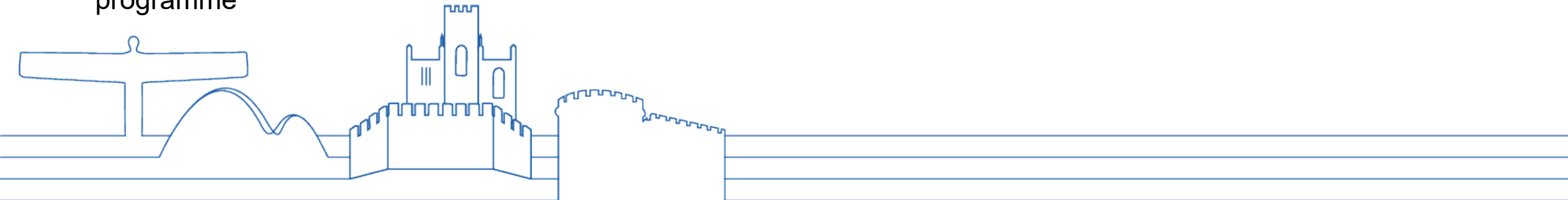
- Think Pharmacy First minor ailments / common conditions service
- UTI service

National services – launch of 7 new common conditions

- Page 53
- Common conditions service – community pharmacists will be able to treat 7 common conditions (UTI, shingles, impetigo, infected insect bites, sinusitis, sore throat, acute otitis media) using PGDs
 - Extended scope of BP check service and contraception service

Independent Prescribing in community pharmacy – IP Pathfinder Programme

- Funding from NHS England for up to 10 IP Pathfinder sites, ICB led but part of a national IP Pathfinder programme



Pharmacy First

Pharmacy First will be a new advanced service that will include 7 new clinical pathways and will replace the Community Pharmacist Consultation Service (CPCS).

This means the full service will consist of three elements:

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Pharmacy First (clinical pathways)

- new element

Pharmacy First (urgent repeat medicine supply)

- previously commissioned as the CPCS

Pharmacy First (NHS referrals for minor illness)

- previously commissioned as the CPCS

- Contractors will need to be able to provide all 3 elements (only exception is DSPs will not need to do otitis media pathway due to need to use otoscopes).
- Remote consultations for 6 of the 7 **clinical pathways** are permissible via high quality video and if clinically appropriate speed of access to medicines can be facilitated.

The Seven Conditions- Pharmacy First

Sinusitis
12 years and over

Sore throat
5 years and over

Acute otitis media
1 to 17 years

Infected insect bite
1 year and over

Impetigo
1 year and over

Shingles
18 years and over

Uncomplicated UTI
Women 16 to 64 years

Can be access via a practice electronic referral or patients can self present or walk in to their pharmacy FIRST!

Expansion of Contraception Service

Introduction of initiation of contraception in community pharmacies, supporting women to have easier access to contraception, through:

- Additional funding
- Greater use of pharmacy team skill mix
- Encouraging contractors to sign up
- Both ongoing supply and initiation of supply will be combined into one service.
- NHS website postcode search tool enable patients to find local pharmacies who deliver the contraception service.

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£75 million per year additional funding, outside of the global sum, has been made available to support the expansion of both these services.

Relaunch of Blood Pressure Service

Blood pressure checks to help identify the 5.5 million people with undiagnosed blood pressure at risk of heart attack and stroke, through:

- Additional funding
- Greater use of pharmacy team skill mix
- Encouraging contractors not signed up to do so
- Encouraging contractors who have signed up to see more patients and completion of more ABPMs

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£75 million per year additional funding, outside of the global sum, has been made available to support the expansion of both these services.

Think pharmacy first – NENC public campaign

- Public communications campaign funded by the ICB as part of the Think Pharmacy First and UTI PGD service business case

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Uses some of the established architecture from the existing 'Here To Help' campaign

- Aims to direct patients to community pharmacy for advice and treatment of common conditions, whilst also raising awareness of the availability of the service
- Aligns with existing work on common health conditions and over the counter (OTC) medicines

Little problems?



Treat headlice,
verruccas,
chicken pox or
nappy rash fast.

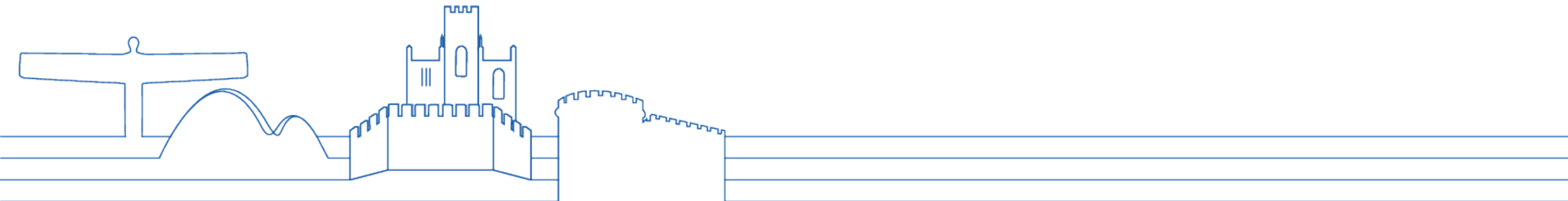


Head to your local
pharmacy.



Community Pharmacy: Covid Vaccination

- Autumn Winter 23 228 Community Pharmacy sites delivered 703,876 Covid Vaccinations, in pharmacies, care homes and housebound patient homes.
- Autumn Winter 23 vaccination split was CP delivered 44%, PCN 51% and Hospital 4.8%
- Spring 24, 216 Community Pharmacy sites have signed up to deliver the spring covid vaccination programme.



What's next.

- Community Pharmacy England 4-point plan.
- New contractual framework negotiations.
- Anticipated that there will be more pharmacy consolidations and closures.
- New PNAs due 2025..



Community Pharmacy England's four-point plan

1 **A sustainable funding model for community pharmacies:** Pharmacy finances are currently unsustainable, resulting in intolerable pressures and a degradation in services for the public, including temporary closures of pharmacies. To protect patient access to medicines and wider pharmacy services, pharmacy funding needs to be reset at an economically sustainable level, with ongoing increases to reflect cost rises.

2 **A full review of the medicines supply market, and short-term relief measures:** We must protect access to medicines and address issues such as under-funding and price concessions. Alongside the review, we should take forward immediate measures such as allowing pharmacists to make minor adjustments to prescriptions, to help alleviate some of the issues that patients are facing and reduce the burden on GPs and pharmacy.

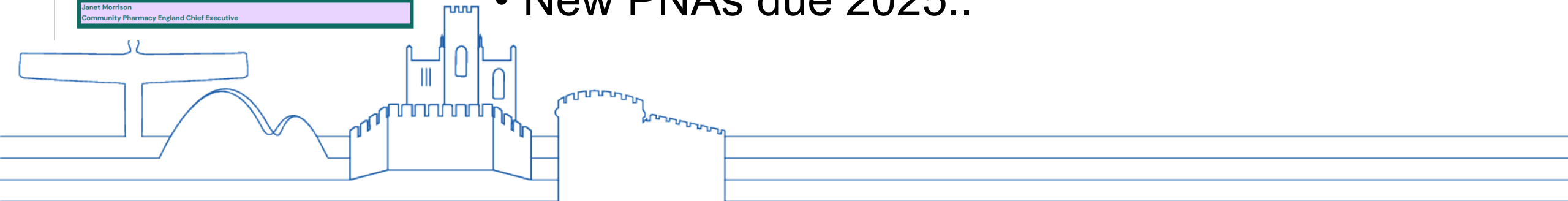
3 **Investment in community pharmacy's clinical future:** Building on the new Pharmacy First service, community pharmacies have much more to offer to support the nation's health and wellbeing. We would particularly like to see them empowered to offer more vaccinations, and wider support for women's health and people with long-term conditions.

4 **A plan to safeguard the pharmacy workforce:** Like other health and care settings, community pharmacy is in the midst of significant workforce issues. To ensure the public can continue to rely on critical community pharmacy services, Government should work with the NHS on a pharmacy-specific workforce recruitment, retention and return plan.

4 **As long waits for healthcare continue and the health and wellbeing of the nation suffers, we need to protect our vital community pharmacies.** A thriving community pharmacy network has so much to offer patients and the public, providing safe access to medicines alongside a range of preventative, public health and clinical services, as well as supporting wider primary care and the NHS. We want to work with Government and NHS to action this four-point plan, unlocking the potential of community pharmacies now and for the future.

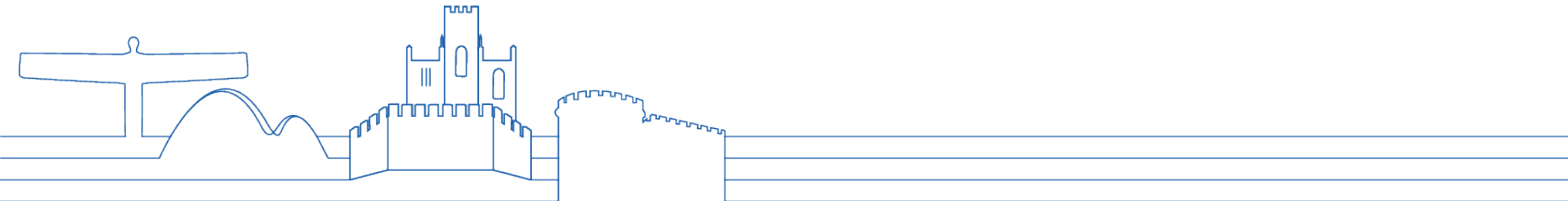
Janet Morrison
Community Pharmacy England Chief Executive

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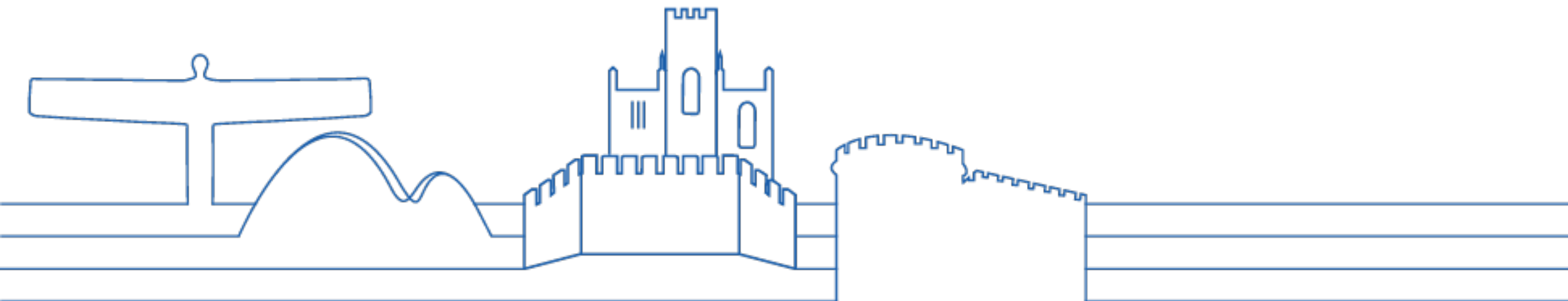


Questions and Answers

- How can local authorities support local pharmacies?
- How should you respond to a pharmacy closure?



Thank you





North East
Ambulance Service
NHS Foundation Trust



2023/24 Quality Report

Tracy Gilchrist
Deputy Director of Quality & Safety
(Lead Nurse)

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Agenda Item 7

Mission: Safe, effective, responsive care for all

Vision: Unmatched quality of care

Introduction

- Overview of Quality Report requirements
- Current position and performance
- Update on 2023/24 quality priorities

Overview of quality report requirements

- NHS Improvement provide detailed guidance on the requirements of the report
- Report must be shared with commissioners, governors, staff, Healthwatch, Overview and Scrutiny Committees or the Health and Wellbeing Board
- Consultation starts on 29 April. Deadline for responses 27th May 2024
- Providers must upload their final Quality Report onto their website by 30th June
- No requirement to obtain external auditor assurance this year

NHS

**North East
Ambulance Service**

NHS Foundation Trust



2023/24 performance

1st April- 31st December 2023*

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Mission: Safe, effective, responsive care for all

Vision: Unmatched quality of care

PATIENT SAFETY**2022-23****2023-24**

Patient safety incidents

3,702

2,209

Proportion of incidents / 1,000
calls

1.8%

2.2%

No. Serious Incidents

61

140

Note: 2023-24 data up to 31 Dec 2023

Patient experience & feedback

Top three themes on complaints:

- Staff attitude
- Timeliness of response
- Quality of care

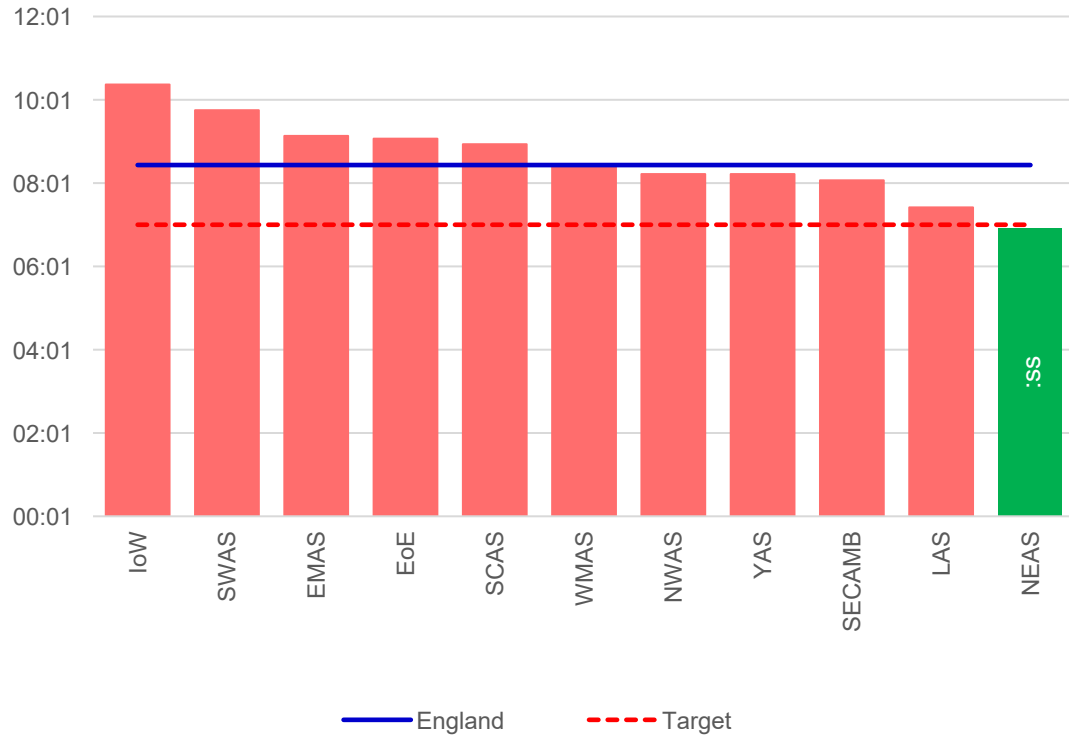
Patient Experience	2022-23	2023-24
See & treat	97.1%	93.3%
See & treat & convey to hospital	90.0%	92.0%
Planned patient transport	95.2%	94.1%
NHS111	82.7%	80.7%

Patient feedback	2022-23	2023-24
Complaints	375	316
Appreciations	812	922

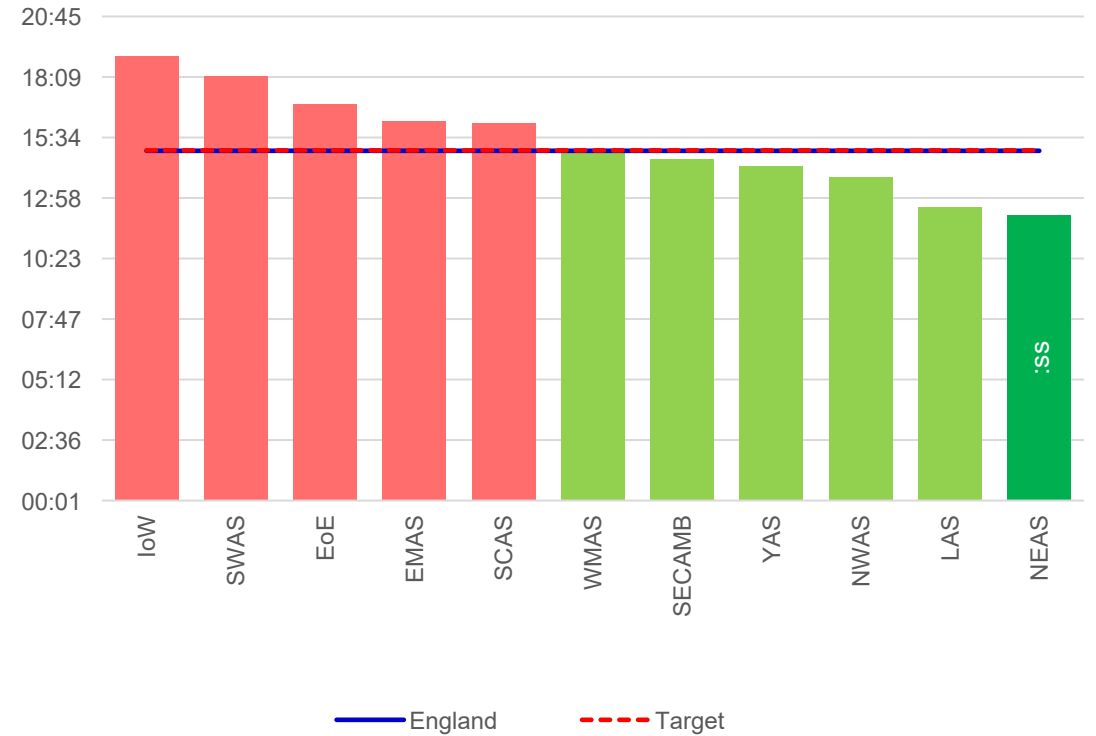
Note: 2023-24 data up to 31 Dec 2023

NEAS Benchmark Performance – C1

Category 1 Response Times - Mean response (min:sec) - (MTD)
January 2023-24



Category 1 Response Times - 90th centile response (min:sec) - (MTD)
January 2023-24

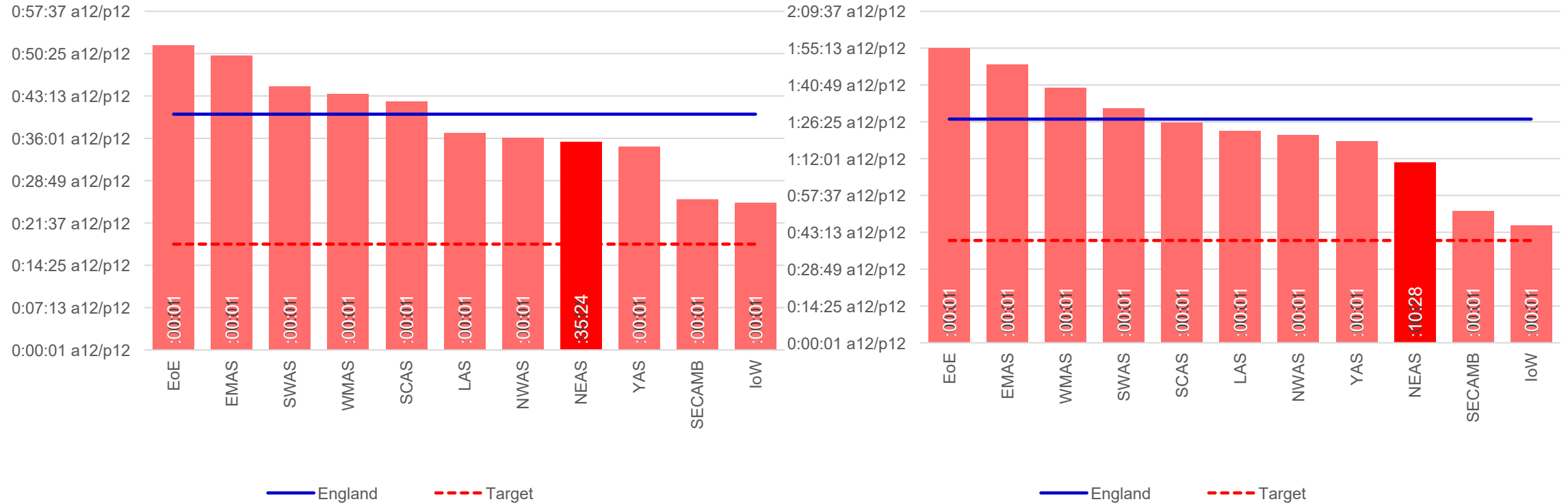


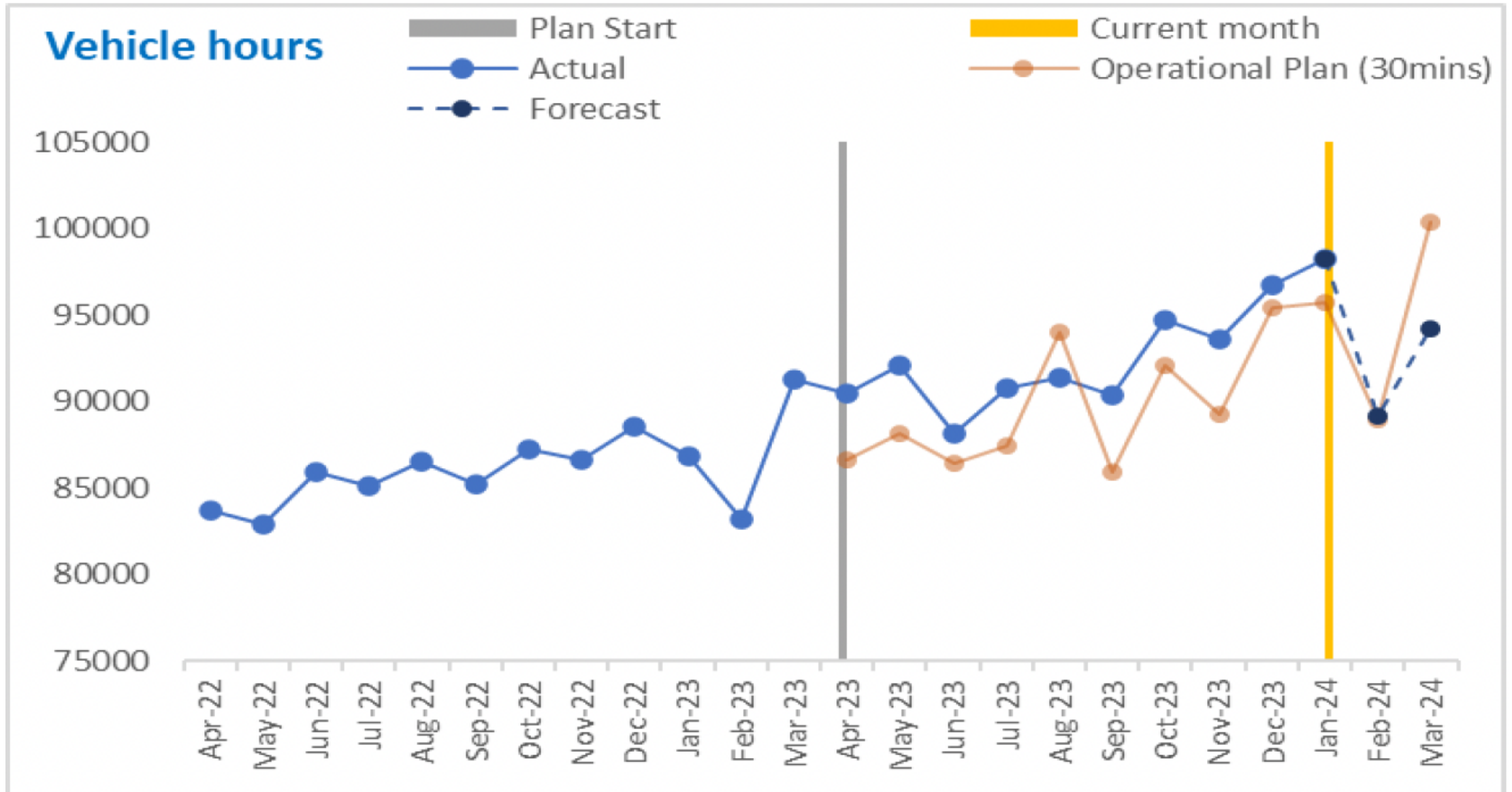
NEAS Benchmark Performance – C2

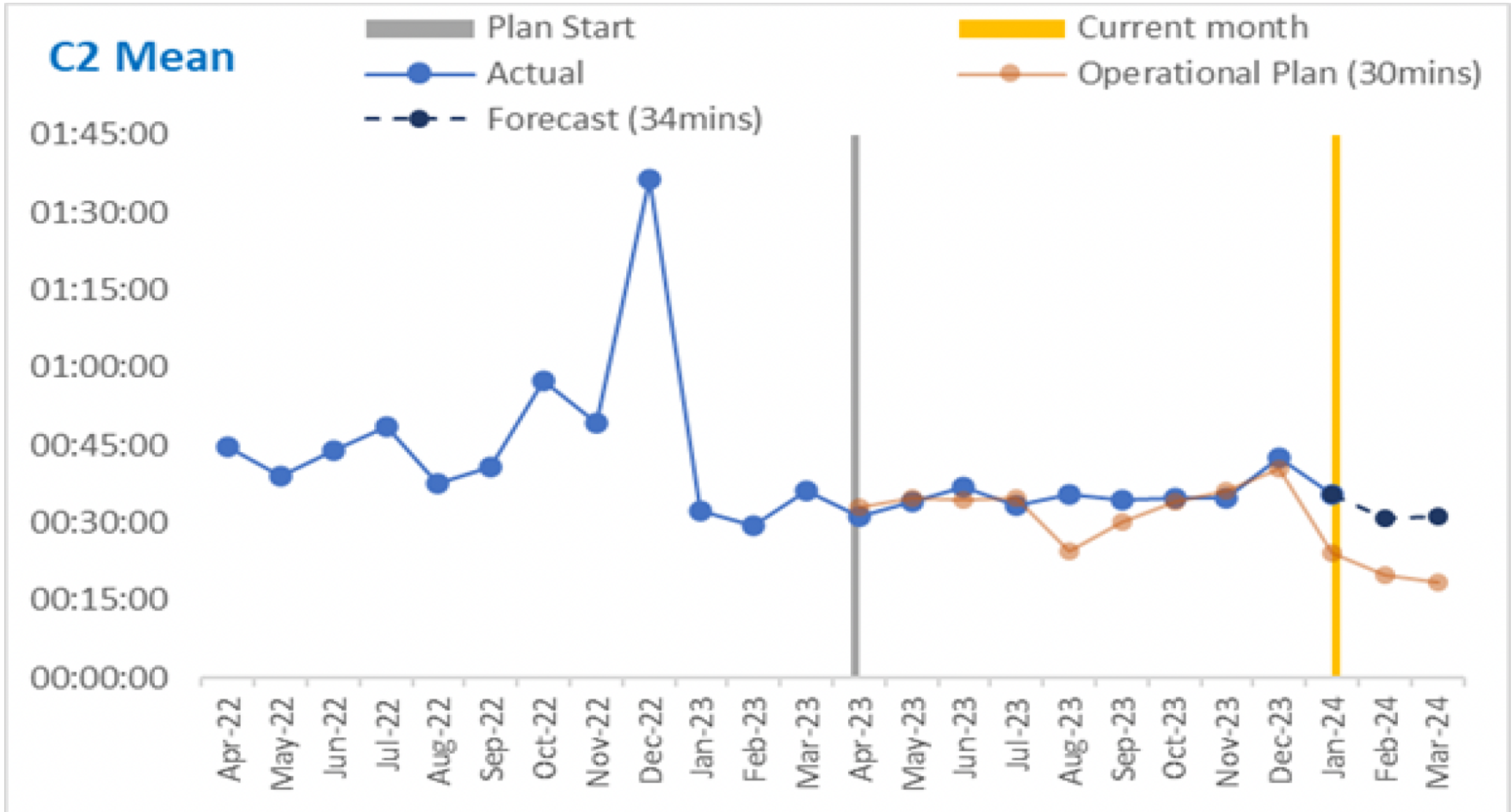
Category 2 Response Times - Mean response (hour:min:sec) - (MTD)
January 2023-24

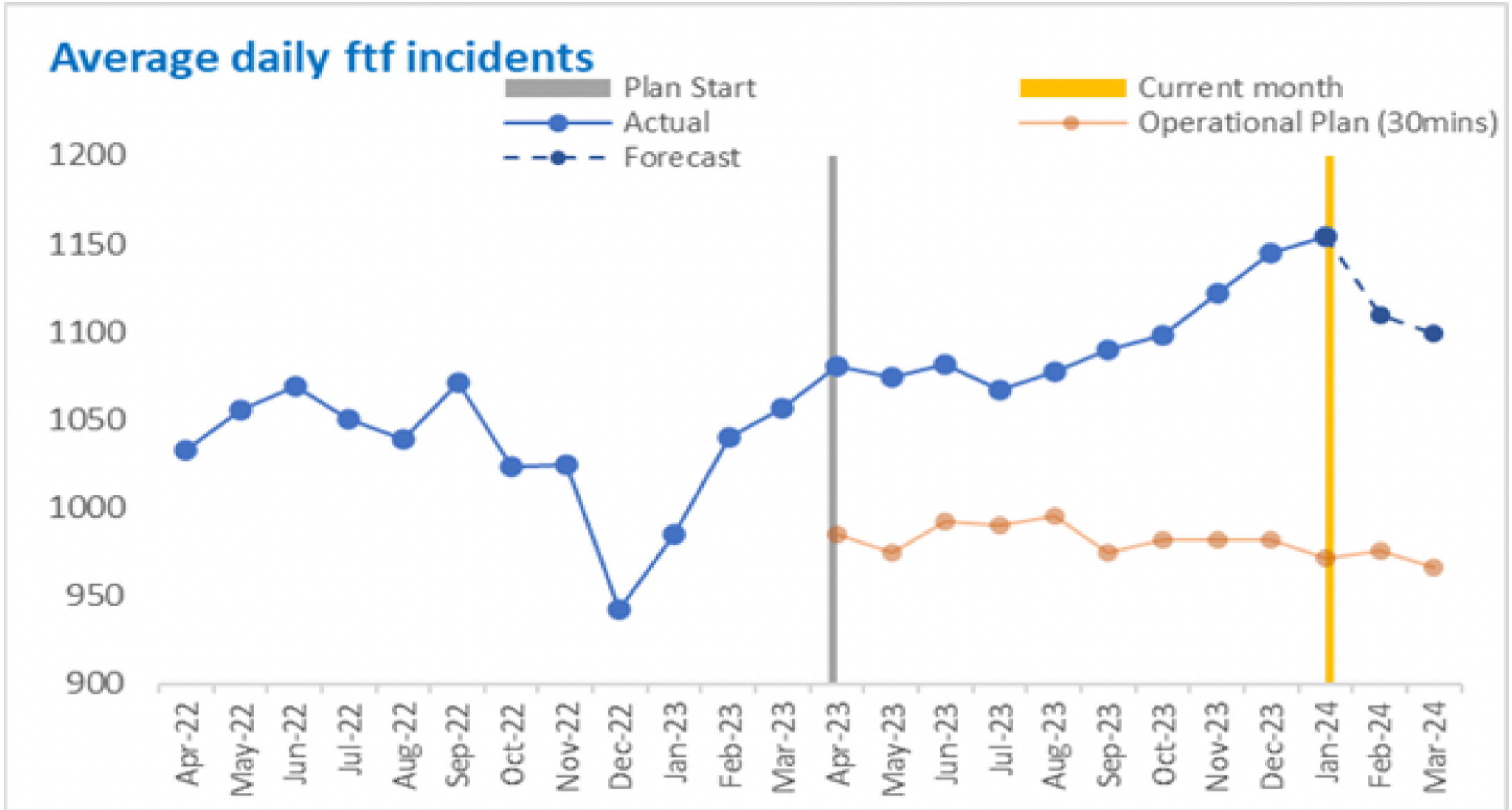
Category 2 Response Times - 90th centile response (hour:min:sec) -
(MTD) January 2023-24

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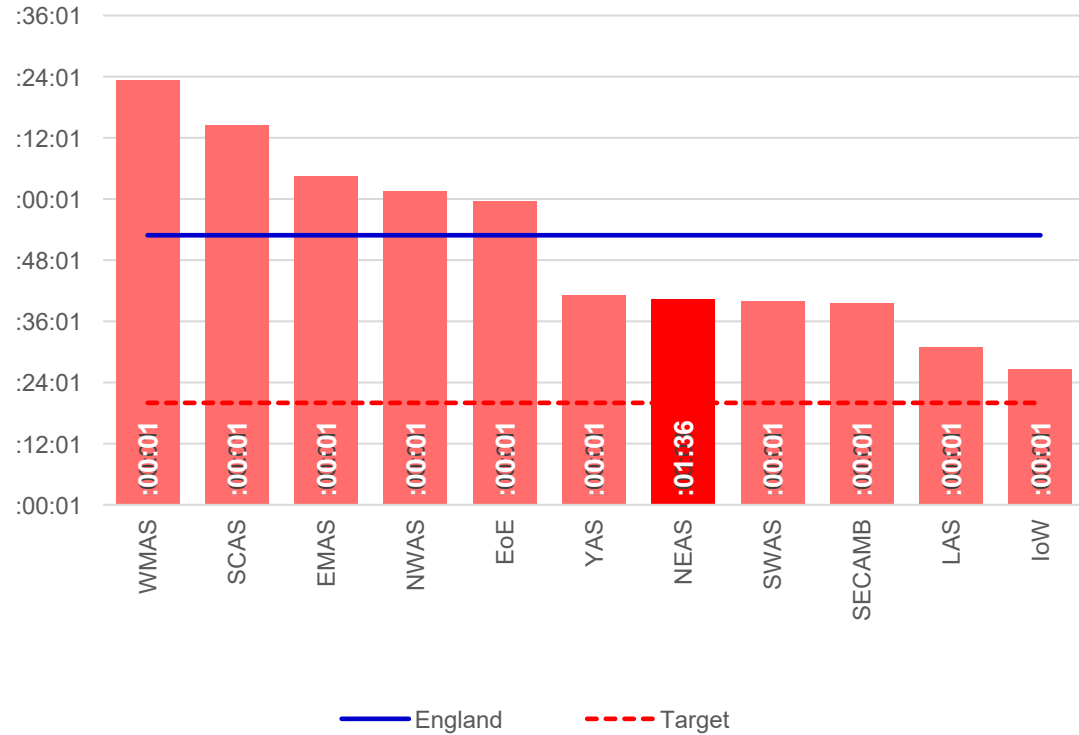




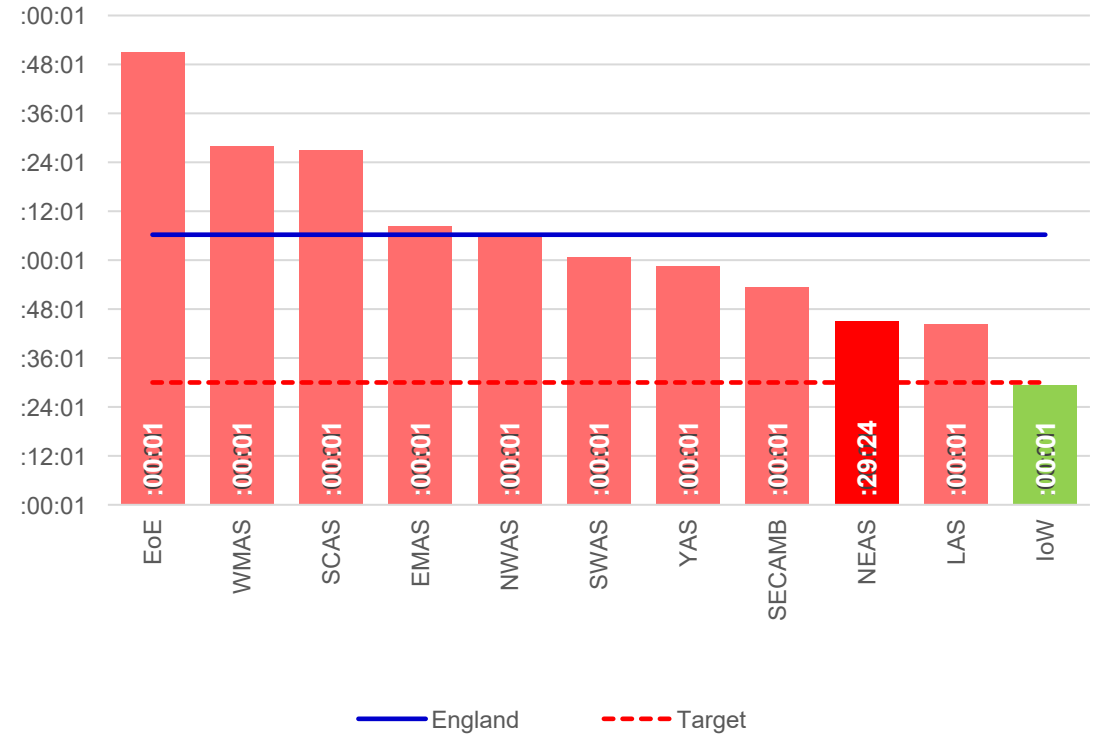


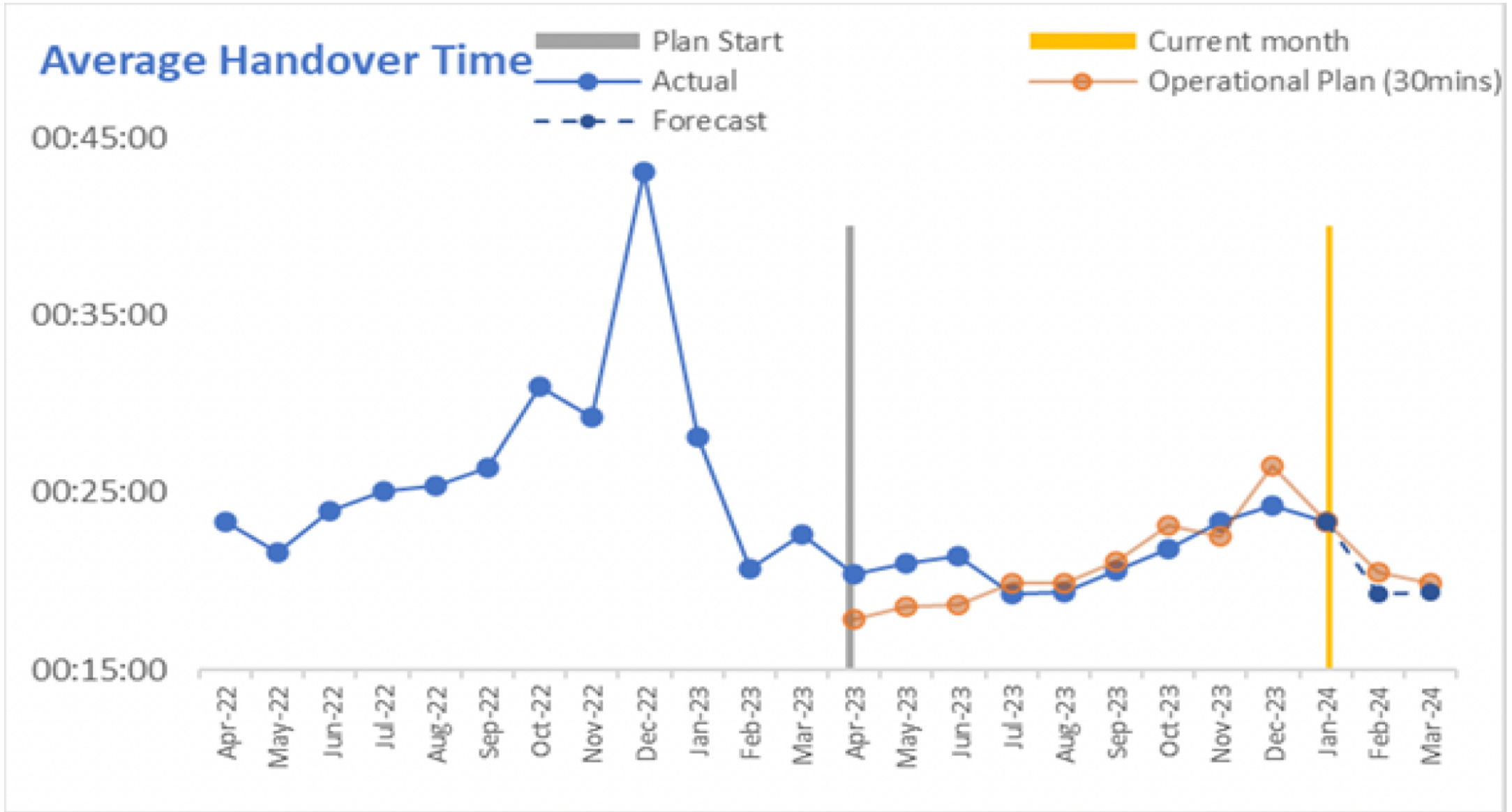
NEAS Benchmark Performance – C3 & C4

Category 3 Response Times - 90th centile response (hour:min:sec) - (MTD) January 2023-24



Category 4 Response Times - 90th centile response (hour:min:sec) - (MTD) January 2023-24





Update 2023/24 quality priorities

Patient safety

- To continue working with system partners to reduce handover delays
- Respond to patient safety incidents in a way that leads to service improvements and safer care for all our patients

Clinical effectiveness

- Implementation of clinical supervision

Patient experience

- To increase service user and colleagues involvement in our patient safety and patient satisfaction activities



To continue working with system partners to reduce handover delays

What we achieved

- Thematic analysis of handover delays
- Partnership working to improve data sharing, standardise reporting to drive improvements
- Partnership working to improve effectiveness across the system
- Reviewed our risk management and escalation arrangements during times of demand

What we need to do

- Understand the impact on patients
- Understand the impact on staff

Respond to patient safety incidents in a way that leads to service improvements and safer care for all our patients

What we achieved

- 5 year review of quality & safety profile to inform local safety priorities
- Development of governance procedures
- PSIRF training provided by NHS accredited provider (including oversight training and patient safety specialist training)
- Transition to LFPSE 1st June 2023
- Transition to PSIRF 1st January 2024
- Introduction of x3 patient safety partners

What we need to do

- Closure of all serious incidents & actions by 31st March 2024
- Embed PSIRF governance and organisational learning

Implementation of clinical supervision

What we achieved

- Policies and procedures for clinical supervision developed
- Clinical supervision launched across unscheduled care in August 2022
- Audit roadmap for Clinical Team Leaders (CTLs) introduced to managers understand individual clinical performance
- CTLs complete clinical supervision shifts with individuals including protected time for discussions
- Clinical staff are also provided with 5 hours to support with any CPD needs identified through clinical supervision

What we need to do

- Development of electronic audit tool and dashboards
- Development and roll out of a bespoke university module to help ensure that our CTLs have the appropriate skills, knowledge and experience (to be completed in 2024)

To increase service user and colleagues involvement in our patient safety and patient satisfaction activities

What we achieved

- Multidisciplinary working groups established for PSIRF implementation and patient safety improvement activities
- Introduction of patient safety partners
- Board level lead identified for patient safety partners
- Stakeholder involvement in patient safety meetings
- Collaborative working with stakeholders and partners
- Stakeholder involvement in recruitment for patient safety roles

What we need to do

- To establish patient feedback group
- Implement a patient and carer feedback survey (post investigations)
- Wider patient and colleague involvement in recruitment activities



**North East
Ambulance Service**
NHS Foundation Trust



North East Ambulance Service

Bernicia House

Goldcrest Way

Newburn Riverside

Newcastle upon Tyne

NE15 8NY

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E: publicrelations@neas.nhs.uk

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Joint OSC for the NE & North Cumbria ICS & North & Central ICPs

18 March 2024

Work Programme 2024/25

Work is underway to identify priority topics for inclusion in the 2024/25 work programme.

Scheduled meeting dates for the 2024/25 municipal year are as follows:

Monday 1 July 2024, 10am

Monday 30 September 2024, 10am

Monday 25 November 2024, 2pm

Monday 13 January 2025, 4pm

Monday 24 March 2025, 4pm

Through consideration of topics at its meetings throughout 2023/24, the following updates have been requested for consideration by the Committee during the next municipal year:

- Update on Children and Young People's Mental Health
- Update on neonatal care
- Update on Dentistry Provision
- Update on progress in implementing a strategic model for Non-Surgical Oncology Services

Members of the committee are invited to raise and discuss any other topics for potential inclusion in the work programme. Items will then be discussed with health colleagues and scheduled accordingly.

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