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

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

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Redcar and Cleveland, Stockton-on-Tees, Middlesborough 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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