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

MONDAY, 30TH SEPTEMBER, 2024

Present: **Councillor Jill Green in the Chair**

Councillors W Taylor (Vice-Chair), V Andrews, S Dean, J Usher, J O'Shea, J Shaw and I Patterson

Apologies: **P Bunyan, A Herridge, J McCabe, P Jopling, G Kilgour and R Dodd**

10 Declarations of Interest

The following declaration of interest was made:

Cllr Jane Shaw – CNTW Governor

11 Minutes

RESOLVED that the minutes of the meeting held on 8 July 2024 be agreed as a correct record.

12 Health Conditions in the North East - measles and TB

The Joint Committee received a presentation from representatives of the ICB, NHS England and UKHSA in relation to how agencies work together and respond to infectious diseases. The Committee had specifically requested information about measles and TB in the North East, in relation to numbers of cases detected, patterns, spikes, prevention and containment efforts.

The Committee was informed that measles has been notifiable in England and Wales since 1940. Before the introduction of the measles vaccination in 1968 around 100 children a year in England and Wales died from the disease. National vaccine coverage declined in the late 1990s and early 2000s following concerns around the discredited link between the vaccine and autism. In 2006 endemic transmission of measles was re-established and the first confirmed death due to acute measles was observed since 1992.

In 2012 and 2013 there were increases in cases which prompted a large national MMR (measles, mumps, rubella) catch-up campaign. The latest resurgence of measles in England was seen in late 2023, following a decrease in cases during the Covid-19 pandemic. Since January 2024, there have been over 2000 confirmed measles cases nationally, most in unvaccinated children under the age of 10. This mirrors a similar pattern across Europe.

In relation to the North East, it was noted that there is good MMR coverage across the region, though there are pockets of unvaccinated cohorts. The rate of confirmed cases in the North East stood at 2.91 per 100,000, which is lower than the national average of 3.52 per 100,000. The vast majority of cases in the North East were attributed to an outbreak in Middlesborough with sustained community transmission, with some sporadic cases in other parts of the region with no evidence of sustained transmission.

In relation to the measles vaccination, MMR, it was noted that there had been a new national vaccination strategy published in December 2023. This set out national changes to GP and other contract regimes to improve fluidity and IT system changes relating to booking and

recording vaccinations, in order to improve data sharing and reporting. It was noted that the national vaccination and immunisation catch-up campaign for 2023/24 was focused on MMR. Between November 2023 and March 2024 there was a GPs catch up campaign for 1-5 year olds and between January and March 2024, a national call and recall for children aged 6-11 years.

In addition to the national campaign, NHS England's Public Health Programmes Team commissioned a School Age Immunisation Service to supplement MMR vaccination capacity of GPs and offer targeted support to under-vaccinated communities. It was noted that the longer-term plans to increase MMR uptake include the roll out of a national vaccination record and the addition of MMR vaccination status on the NHS App to help identify those who have not yet had their vaccination.

In relation to first MMR vaccination rates, it was noted that most areas in the North East are currently above the optimal performance rate of 95%, with Newcastle identified in particular as an area that requires continued work. It was however highlighted that there are pockets of low coverage in each area. It was explained that the first MMR vaccination is given at 1 year and MMR2 at approximately 3 years and 4 months, as part of the pre-school booster. MMR1 gives very good protection but MMR2 ensures effectively complete protection. There are patterns of lower rates for pre-school boosters in every local authority area in the region. For herd immunity, 95% of the population are required to be vaccinated with 2 doses. The Committee discussed the reasons why Newcastle has a lower vaccination rate, which was attributed to the profile of the population. Low levels of immunisation can be seen in areas of deprivation but there are other factors that contribute. Members asked if the theory around the link between autism and the MMR vaccination was still a barrier to uptake. It was explained that it was still around a bit and that there was continued work to do to make sure that myths do not persist. The recent campaign had seen an extra 180,000 people vaccinated but there was still work to do with local communities and to ensure accessibility of services.

The Committee was informed that the NHSE Public Health Programme team has a long-standing strategy and activity to increase MMR uptake. In North East and North Cumbria these additional initiatives included:

- A campaign direct to GP practices in Summer 2023, targeting those practices with probable low coverage;
- Data analysis to understand where and what populations appear to have the lowest coverage;
- Research into MMR in prisons; and
- A reminder flag system on every GP patient record for unvaccinated people so GPs can be alerted when a patient attends for an appointment

In relation to outbreak management of communicable disease, it was noted that the North East and North Cumbria Integrated Care Board (ICB) has overall responsibility for ensuring that a robust process is in place for clinically managing outbreaks. Once informed of any potential or declared outbreaks which require a response, the ICB System Coordination Centre will inform decisions about the level of NHS response and release of ICB resources. The ICB will provide system leadership and co-ordination which may include establishing contact tracing; coordinating/commissioning control measure including medication and vaccination; and infection prevention control oversight.

The presentation to the Committee also provided an update on the prevalence of TB in the region. It was explained that there are 2 types of TB – latent TB which is not infectious – and active TB which affects the lungs and is infectious through close prolonged contact with an infectious person. Provisional UKHSA data from 2023 indicates a 10.7% increase in notifications since the previous year; 4,850 cases compared to 4,380 in 2022. Data relating to the North East highlighted that the region has a low incidence of TB compared to England. There is a variation on figures within the region, with Middlesborough and Newcastle having higher rates.

It was noted that the response to TB cases was undertaken by NHS specialist TB teams with a long course of clinical treatment and contact tracing. In relation to prevention and control, it was noted that a high proportion of TB cases in the England are in people born outside of the UK, therefore screening for active TB is required for visa applications from residents of high incidence countries. It was highlighted that there is a selective neonatal BCG Vaccination Programme which identifies babies at birth and under 12 months if moving to the UK who meet the criteria of close family origin from countries/areas of high TB prevalence.

The Committee **agreed** to note the information presented.

13 Planning for Winter Pressures

The Joint Committee received an update from Marc Hopkinson, NENC ICB, on the plans for dealing with winter pressures. It was noted that whilst systems and providers are undertaking significant programmes of work to recover, deliver elective catch up programmes and improve services, there is a collective responsibility in place to ensure there are plans for services to remain as resilient as possible and respond to operational pressures.

It was explained that, as in previous years, the NENC ICB will develop an ICS-level winter plan which will outline the steps that will be taken to deliver on respective actions, retain resilience, and manage anticipated pressures. It was highlighted that preparation for winter 2024/25 started in May 2024, at an event which was attended by over 160 representatives from health and care organisations. Lessons learnt, impact and outcomes of winter 2023/24 were discussed at the event, which informed winter priorities for 2024/25. The plans in place will enable the management of surges in demand so that providers do not become overwhelmed at peak times.

The Committee was informed that there will be a key focus on the proactive identification and management of people with complex needs and long-term conditions so that care is optimised ahead of winter and that primary care and community services are working with patients to actively avoid hospital admissions. There will also be a focus on working locally with community partners, local government colleagues and social care services to ensure timely discharge of patients.

Members were informed of the integrated approach in place to manage ambulance handover delays and it was noted that while good progress was already being made, there was still some way to go to meet the national requirements and address challenges at specific sites. The average NENC handover time for w/c 8th September 2024 was 23 minutes, with the lowest site being 14 minutes and the highest 36 minutes. Improvements at sights with challenges would have a significant positive impact in ambulance response times. A system-wide ambulance handover group has been established to bring together partners to implement new ways of working at a system level.

Information was presented in relation to the North East and North Cumbria System Coordination Centre (SCC), which operates between the hours of 08.00 – 20.00, 7 days a week. The system is also supported by a NENC ICB Director on call during the out of hours period. The SCC facilitates collaboration within the system through its operational and clinical leadership and is a single point of contact for local system partners and NHS regional stakeholders. The SCC oversees and coordinates the NENC ICS System Resilience Framework which describes the way in which operational pressures will be recognised and acknowledged across the system by all partners. The Framework also contains several key tools which clearly set out the steps that need to be taken to manage certain situations.

The Committee **agreed** to note the information provided.

14 Service Vulnerabilities and Variations

The Joint Committee received a presentation from Matt Brown, Managing Director of the Northeast and North Cumbria Provider Collaborative, on Service Vulnerabilites and Variation. The presentation set out the role of the provider collaborative in relation to clinical services; service vulnerabilities and the approach to addressing these, along with the approach to service variation.

Members were informed that there are plans for a National 10-year NHS plan which will require a whole system response. Providers are keen to develop a collaborative approach to hospital and ambulance services. It was noted that in developing a strategic approach to clinical services, there are four shared aims: to improve outcomes in population health; enhance productivity and value for money; to tackle inequalities in access, outcomes and experience; and to support social and economic development.

Members were informed of three different views that are being explored where a collaborative, strategic approach can add value. These are:

Standardisation – how do we ensure we are delivering equitable quality, experience and outcomes across all services?
Stabilisation – how do we secure vulnerable services in the short-to-medium-term and learn lessons to prevent other services becoming vulnerable?
Sustainability – how do we ensure services are run in an optimal way that will meet long-term future healthcare needs?

In relation to service vulnerability, it was noted that there are a number of factors that can contribute to the vulnerability of a service, including quality, capacity and demand imbalances, workforce and infrastructure. The aim was for early identification of risk factors in services to enable long-term sustainability to be achieved. The approach to identifying vulnerabilities includes qualitative feedback from clinical and workforce leaders, engagement with clinical networks and alliances and data analysis. In response to service vulnerabilities, there are a spectrum of solutions that can be put in place, including pathway improvements, workforce development and managed clinical network arrangements.

Members were informed of ongoing work in relation to addressing service variations across North East and North Cumbria. The Provider Collaborative offers support for Getting it Right First Time (GIRFT) system reviews. These enable in-depth reviews of services, benchmarking against other providers and guide evidence-based improvements. It was noted that there is a nationally-driven focus on reducing variation against specific high volume, low complexity metrics such as day case surgery rates and length of hospital stay after hip/knee replacements. All Trusts participating in the GIRFT Further Faster programme intend to deliver clinical transformation in 19 speciality areas to reduce waiting times.

It was noted that there were challenges to the delivery of these programmes as services are organised and run differently within each NHS Trust, with different pathways, different levels of staffing and specialisms and different kit. It was noted that there are many opportunities to build and strengths and address weaknesses going forward and that collaboration is key to supporting service sustainability for the NE&NC population.

It was **agreed** to note the presentation.

15 Work Programme

The work programme for the Joint Committee for 2024/25 was circulated.

It was **agreed** to note the contents of the work programme.