



## **HNY ICB Committee Assurance and Escalation Report**

**Report to: HNY Integrated Care Board** 

**Report from: Clinical & Professional Executive Committee** 

Date of meeting: 22 March 2024

**Committee Chair: Dr Nigel Wells, Executive Director for Clinical & Professional** 

Director Sponsor: Dr Nigel Wells, Executive Director for Clinical & Professional

Author: Louise Corson, Head of Office, Clinical & Professional Directorate

**Key agenda items covered by the meeting** (A bulleted list of the key agenda items discussed at the meeting)

• Highlight reports from sub-committees:

- System Ethics Group
- o Integrated Pharmacy & Medicines Optimisation Committee
- Clinical Policy Review Group
- Paediatric Asthma
- Clinical Networks
- Annual governance review
- Risk Register

## ALERT

(BY EXCEPTION ONLY - key matters and / or risks to alert or escalate to the ICB Board)

- Outcomes for paediatric asthma need to improve.
  - It is under-diagnosed, treatment is not always optimised and children are dying unnecessarily. Two children died in HNY within the last 12 months and a very early review suggests there were preventable features in both cases. Most asthma deaths and emergency admissions are preventable, with good disease management and risk management.
  - 9.1% of the CYP population in HNY received a prescription for asthma during 2022/23 and within our ICS, the East Coast is the area of greatest need, particularly Scarborough.
  - This is multi-sector issue where the wider determinants of health are barriers to improving outcomes. Emergency admissions and attendances are associated with deprivation and levels of asthma control are significantly worse for the lowest income groups. Factors such as mouldy, damp homes and smoking contribute to poor outcomes and educational attendance is affected.
  - Nationally there has been a nearly 60% reduction in asthma diagnosis in recent years due to issues with capacity and capability within the diagnostic pathway. Spirometry is a key part of early and accurate diagnosis of asthma, but access is limited due to a lack of funding and trained clinicians.

- A risk stratification approach has been taken across HNY anonymised searches have been run at population level to try and identify children at risk of poor asthma outcomes. It is then up to general practice to review the list, to identify and support children to reduce risk.
- The Board is asked to support the following actions, which will help improve the outcomes of children and young people with asthma:
  - Increase capacity in the paediatric asthma diagnostic pathway within Community Diagnostic Centres. Where CDCs are not able to provide services for children and young people, develop alternative plans to increase diagnostic capacity.
  - Ensure children and young people with incomplete diagnostic pathways are appropriately flagged on the suspected asthma pathway, to ensure they are regularly reviewed and supported.
  - Develop targeted, multi-sector interventions in specific geographic locations and work differently with partners at ward or even street level.
  - Ensure there is sustainable capacity for asthma expertise within the ICB CYP Transformation Programme.
  - To truly transform paediatric asthma outcomes, prevent the development of asthma in the first place by addressing the wider determinants of health.

## ADVISE AND / OR ASSURE

(BY EXCEPTION ONLY - Key updates to advise the ICB Board on the matters the Committee was able to take assurance on or where additional information was required

- Ethics: The System Ethics Group shared a report on the ethical dimensions of the Junior Doctors' decision to take strike action. After much exploration, the group did not reach an aligned position. Questions explored included whether junior doctors were aware of the ethical arguments that underpin the BMA's continuing strike action, the role of the ICB in supporting clinical colleagues with their decision making and how the ICB could mitigate the erosion of public confidence in the NHS.
- **Pharmacy and Medicines Optimisation:** A system-wide effort is being co-ordinated to improve Valproate safety, in response to a national safety alert. Valproate is associated with a significant risk of birth defects and developmental disorders in children born to women who took this medication during pregnancy. Communications have been issued to acute trusts and GP practices; actions plans have been developed. Further updates will be reported into the Quality Committee.
- **Clinical Networks:** There are at least 42 Clinical Networks that operate across the footprint of the ICS. An event was held on 22<sup>nd</sup> March that brought Clinical Network Leaders together for the first time. It was an opportunity for them to hear first hand about the infrastructure and priorities of the ICS and consider how their work programmes could re-align to meet the needs of the HNY population. An emerging set of Clinical Principles was tested with network leaders once refined these principles will be adopted as a framework to underpin the work of the networks and other clinical strategies. Three further events will take place during 2024-25 to continue aligning the priorities and resources of the clinical networks to those of the ICS. This committee will take a lead role in directing the work of the clinical networks and providing oversight of progress.