

## **NHS Humber and North Yorkshire Integrated Care Board Questions received in advance of Annual General Meeting**

**Some ICBs invite members of the public to attend its AGM in person and not restricted to online access. Why does Humber and North Yorkshire not do the same?**

We have taken the step to record our AGM this year and premiere it virtually. The AGM is an important part of our responsibility to be accountable to our population and we hope that by presenting our AGM in this format helps to improve the quality of the information presented and, given the very large geography we cover, increase accessibility for the public, stakeholders, and colleagues.

We also hold our ICB board meetings virtually and these are live streamed every month. Details regarding these meetings can be found at [www.humberandnorthyorkshire.icb.nhs.uk/meetings-and-papers](http://www.humberandnorthyorkshire.icb.nhs.uk/meetings-and-papers).

We are aware, however, that some members of the public would prefer us to hold our meetings in person and we keep this under review.

**If NHS services are now the responsibility of one organisation across all of Humber and North Yorkshire, why are some services only available for people who live in certain parts of the region?**

As an ICB, we have a responsibility to make rational decisions in determining the way in which we allocate resources and to act fairly between patients. In June 2022, we inherited approximately 150 commissioning policies from six former [Clinical Commissioning Groups \(CCGs\)](#) which set out their local position for common clinical conditions and treatments which are not routinely funded.

This has highlighted a variation across the geographic areas of Humber and North Yorkshire. A clinically and professionally led group is leading the review of all clinical policies with an ultimate aim to reduce variation in approach and reduce health inequalities.

More details, including current policies and those policies under review, can be found at [www.humberandnorthyorkshire.icb.nhs.uk/commissioning-policies](http://www.humberandnorthyorkshire.icb.nhs.uk/commissioning-policies).

**Prior to Hull University Teaching Hospitals NHS Trust's (HUTH) new electronic patient record (EPR) going live, may I ask, who is responsible for clinician productivity during go-live? Many Trusts report a dip in productivity, which impacts both staff and patients.**

The Senior Responsible Owner (SRO) of the programme for EPR is Dr Kate Wood, Group Chief Medical Officer.

Any potential impacts on productivity from new programmes going live are handled through ongoing risk assessments and will be considered at appropriate points through the programme.

**I see issues with NHS dental services on the news. What is the ICB doing locally?**

The ICB assumed responsibility for commissioning dental services from April 2023, and in our first year as dental commissioners we focused on stabilising the system, building relationships, and maximising the use of the NHS dental budget.

As well as continuing to support our NHS dental providers, the ICB was able to use its dental budget and unspent funding, linked to under-performance of contracts, to re-invest in dental services during 2023/24. This funding was used to secure additional dental services above what is usually available. These included:

An increase in further urgent access appointments

- An increase in orthodontic treatments
- An increase in minor oral surgery appointments
- Opportunities for practices to review and manage their waiting lists
- New schemes, on a pilot basis, to improve dental access for specific vulnerable groups such as homeless populations and children.

In addition, the ICB has worked to set up three new dental practices across the region which are all due to open in summer/autumn 2024. Also, whenever the ICB received notice that an NHS dental practice was closing, we worked with other NHS dentists in the nearby areas to reallocate the dental activity, ensuring that dental services could remain, where possible, in the area.

Throughout 2024/25, the ICB is building on these successes and has already continued to fund additional urgent access appointments, increased orthodontic treatments and has maintained its pilot programmes. Further investments in the area are planned throughout the year. We are looking forward to building on the

positive achievements from our first year of commissioning responsibility. We're committed to developing our dental commissioning team, building our relationships with practices and stakeholders, and ultimately looking forward to improving patient access to and experience of NHS dentistry.

### **I cannot find an NHS dentist in my area, what can I do?**

We are aware that a number of people are experiencing difficulties accessing dental services and recognise the frustration this can cause.

If you are struggling to book a routine NHS dental appointment with a dentist of your choice, we recommend some steps which can help you to care for your teeth, helping to prevent any urgent dental needs.

1. Brush your teeth – brushing for two minutes, twice a day is key to maintaining good oral health. Try a fluoride toothpaste and brushing last thing before going to sleep. Brushing regularly helps to prevent tooth decay and gum disease by removing plaque.
2. Cleaning between your teeth – before brushing, try using interdental brushes, floss or water/air flossers to help loosen bacteria between your teeth. This makes brushing more effective at removing plaque, helping to reduce your risk of tooth decay and gum disease.
3. Don't rise with water – after brushing, don't rinse. This can wash away the fluoride from your toothpaste and will reduce its effectiveness. Instead, try rinsing with a fluoride mouthwash to boost your oral health.
4. Be aware of your diet – sugary foods and drinks can be bad for your teeth. Try to avoid snacking throughout the day and maintain a health diet, low in sugar when you can.
5. Continue to contact NHS dentists – dentists do not have a 'registered list' like your GP. They may start taking new NHS patients at any time so continue to contact the dentist of your choice and ask to join their waiting list (if they have one).

### **I have struggled to get a routine appointment with a dentist, but what can I do if I need urgent dental attention?**

We are aware that a number of people are experiencing difficulties accessing dental services and recognise the frustration this can cause.

The ICB assumed responsibility for commissioning dental services from April 2023, and in our first year as dental commissioners we focused on stabilising the system, building relationships, and maximising the use of the NHS dental budget.

One of our key investments has been to increase the number of urgent dental appointments available. Using non-recurrent funding from under-performing contracts, the ICB has secured additional urgent access sessions, providing practices with more funding to make available weekly "sessions" to treat patients with an urgent dental need.

Patients with an **urgent dental need** can call NHS 111 and will be offered an appointment if it is deemed clinically appropriate following a telephone triage. Presently, patients with urgent needs and delayed treatments will be seen first, with routine and non-urgent dental care then provided on a prioritised basis. Urgent appointments are available across most areas within the ICB but patients may need to travel in order to access an appointment.

**What plans are or are being put in place to enhance GP services in the Driffield area given the amount of new housing that has been built recently and also planned? It appears that no consideration has been given to the impact these developments are having on the currently over stretched GP Surgeries.**

Estates developments and local development plans take significant time to develop and align. The schemes which residents currently see being delivered are likely to have been discussed and planned many years prior.

Local Authorities have the ability to raise funds to support the impact on the local infrastructure that arise from a housing development. This can be done by putting in place a Section 106 Agreement with the developer for a specific scheme or charging a Community Infrastructure Levy (CIL) on new developments in the area.

Even when health authorities identify the impact of new residential housing growth at the planning stage, there is no guarantee that this impact will be mitigated through the planning process. However, when the planning process is successful, it can result in a financial allocation for an estates scheme, positively impacting the affordability of the project.

This funding also covers things like green space provision, educational facilities, public transport, traffic measures and road improvements. In the case of current developments in Driffield, this money has not been allocated to support health services.

We are working with partners, including local GPs, to understand what options are now available for primary care services in Driffield, but, as yet, have not been able to reach a feasible solution. We will, however, continue to explore potential options.

**Many osteoporosis patients in the York area are keen to participate in establishing a Fracture Liaison Service (FLS).**

**Has the Board made any significant progress with establishing a FLS (as defined in the medical pathway) in this area? If so when will it be contributing to the FLS database mandatory audit?**

Conversations have taken place with colleagues at York and Scarborough Teaching Hospitals NHS Foundation Trust regarding aspirations for fracture services. Whilst these are days, we are working to explore opportunities for a Fracture Liaison Service in the future.

**Bridlington suffers the worst health, health inequality and deprivation in East Riding of Yorkshire. Bridlington and district residents also have the poorest access to local hospital and dental care with hugely variable access to primary care.**

**Ever since the ICB was formed on 1st July 2022, Bridlington Health Forum has been asking the ICB when will it**

- 1. Adequately address inequitable and discriminatory healthcare provision and access?**
- 2. Coproduce with the community an effective, integrated, health care strategy?**

Although East Riding of Yorkshire generally has relatively good health outcomes, there are pockets of deprivation which are most densely concentrated in the Bridlington area. Challenges include an ageing population with lots of people of retirement age, difficulties in recruitment in health and care jobs, pockets of significantly low-income levels, higher levels of substance misuse, and limitations on transport to access surrounding areas.

A bi-monthly Bridlington Multi-Agency meeting has been taking place since last year to get partners together. The well-attended forum has given us a better understanding of the views of sections of the Bridlington community and the ability to communicate these to wider partners, including NHS providers, Local Authority, Bridlington Health Forum, and other public and voluntary organisations that work with people in Bridlington.

We have also worked with the Bridlington Primary Care Network, GP practices and patient representatives to help secure the future sustainability of GP services in Bridlington. Following two, very successful, public events around 16,000 patients were safely transferred last year across to Drs Reddy and Nunn practice, creating two larger and more resilient practices for the town.

In terms of dental provision, a procurement exercise was concluded in January 2024 for new dental services in Humber and North Yorkshire. Whilst this included services for Bridlington, we were unfortunately unable to procure a provider for the town. Funding remains allocated for dental provision in Bridlington, and we are committed to finding a solution. We are now exploring alternative ways to deliver dental services in the town, including engaging with providers and Local Dental Councils.

With regards to coproducing and creating a future health and care strategy for the area, the ICB is one of a number of partners who have come together to progress this. Bridlington Health Forum is one of these partners and representation is also included from NHS providers, Local Authority and VCSE organisations.

This is a work in progress, and to help inform this strategy we are hosting a short survey to understand the community's thoughts and feelings around current services and what they feel is important for people's health and wellbeing. The survey can be accessed at [www.bit.ly/bridlingtonhealth](http://www.bit.ly/bridlingtonhealth) and closes on Friday 30 August 2024.