

<b>Item: 7.1</b>
<b>Enclosure:</b>



**North East and  
North Cumbria**

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	✓
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

NORTH EAST & NORTH CUMBRIA ICB BOARD MEETING	
31 January 2023	
<b>Report Title:</b>	<b>Chief Executive Report</b>
<b>Purpose of report</b>	
The purpose of this report is to provide an overview of recent activity carried out by the ICB Chief Executive and Executive Directors, as well as some key national policy updates.	
<b>Key points</b>	
<p>The report includes items on:</p> <ul style="list-style-type: none"> <li>• National Planning Guidance</li> <li>• System Resilience</li> <li>• Emergency Preparedness, Resilience and Response Framework</li> <li>• The Hewitt Review</li> <li>• Primary Care, Pharmacy, Optometry and Dentistry Delegation</li> <li>• Priority Services Campaign</li> <li>• Learning and Improvement Community</li> <li>• Care Leaver Covenant</li> <li>• ICP Update</li> </ul>	
<b>Risks and issues</b>	
<ol style="list-style-type: none"> <li>1. Note the risks related to the EPRR Framework.</li> <li>2. Note the assurance required on the POD delegation given the delay in transfer of staff from NHS England and completion of due diligence.</li> </ol>	
<b>Assurances</b>	
The report provides assurance to the board of recent business activity and development carried out by the ICB Chief Executive and Executive Directors.	

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Recommendation/action required
<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>Review and note the North East and North Cumbria Integrated Care Board assurance process and ICB compliance rating as well as the provider organisations compliance ratings with regard to EPRR.</li> <li>Endorse the submission to NHS England as part of the NHSE EPRR annual assurance process for 2022-23.</li> <li>Receive the ICB CEO report for assurance.</li> </ul>

Acronyms and abbreviations explained						
<p>A&amp;E – Accident and emergency  NENC – North East and North Cumbria  ICB – Integrated Care Board  UTC - Urgent Treatment Centre  EPRR - Emergency Preparedness, Resilience and Response Framework  POD - Pharmacy, Optometry and Dentistry</p>						
<b>Sponsor/approving director</b>	Sir Liam Donaldson, Chair					
<b>Report author</b>	Samantha Allen, Chief Executive					
Link to ICB corporate aims (please tick all that apply)						
CA1: Improve outcomes in population health and healthcare						✓
CA2: tackle inequalities in outcomes, experience and access						✓
CA3: Enhance productivity and value for money						✓
CA4: Help the NHS support broader social and economic development						✓
Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
<b>Any potential/actual conflicts of interest associated with the paper? (please tick)</b>	Yes		No	✓	N/A	
If yes, please specify						
<b>Equality analysis completed (please tick)</b>	Yes		No		N/A	✓
<b>If there is an expected impact on patient outcomes and/or experience, has a quality</b>	Yes		No		N/A	✓

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<b>impact assessment been undertaken?</b> (please tick)						
<b>Key implications</b>						
<b>Are additional resources required?</b>	None noted.					
<b>Has there been/does there need to be appropriate clinical involvement?</b>	Not applicable – for information and assurance only.					
<b>Has there been/does there need to be any patient and public involvement?</b>	Not applicable – for information and assurance only.					
<b>Has there been/does there need to be partner and/or other stakeholder engagement?</b>	Engagement has taken place throughout the assurance process with NHS England and provider organisations.					

## Chief Executive Report

### 1. Introduction

The purpose of this report is to provide an overview of work across the Integrated Care Board (ICB) and key national policy updates and reports.

### 2. National

On 23 December 2022 NHS England published the national planning guidance<sup>1</sup> for both the 2023/24 Operational Plan and the Joint Forward Plan. On 12 January NHS England issued further guidance for the Operational Plan, including the technical guidance and a series of documents for engagement relating to the financial framework for 2023/24.

The 2023/24 Operational Plan takes the form of a series of templates addressing activity and performance, workforce, and finance, at an ICB level. This will be collated from individual NHS Trust templates. Additionally, the local system, coordinated by the ICB, will be required to produce a recovery narrative document, describing how the local system will towards delivering the national objectives.

The national objectives are based around three key areas:

1. Immediate priority to recover core services and productivity
  - improve ambulance response and A&E waiting times
  - reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
  - easier for people to access primary care, particularly general practice.
2. Make progress in delivering the key ambitions in the NHS Long Term Plan
3. Continue transforming the NHS for the future

The Joint Forward Plan will be a narrative document covering the period 2023/24 – 2028/29 and will effectively be the delivery plan for the Integrated Care Strategy published in December 2022 and on the Board's agenda today. The Joint Forward Plan is a shared responsibility between the ICB and partner NHS Trusts, with a strong requirement for engagement with a broad range of partners including Health and Wellbeing Boards and the Integrated care partnership (ICP). The national guidance is not prescriptive about either content or form and does leave room for local determination.

<sup>1</sup>[NHS England » 2023/24 priorities and operational planning guidance](#)

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The ICB intends to include 14 Local Authority Place plans, and thematic plans for each of the Integrated Care Strategy goals and enablers as part of the Joint Forward Plan documents.

The key timelines are:

- 23 February: draft submission for the 2023/24 operational plan templates and recovery narrative.
- 30 March: final submission for the 2023/24 operational plan templates and recovery narrative.
- 31 March: contracts agreed and signed for 2023/24.
- 31 March: draft joint forward plan.
- 30 June: final joint forward plan.

The ICB will work closely with NHS England, NHS Trusts and broader partners to meet the requirements of both the Operational Plan and the Joint Forward Plan. The ICB Executive Chief Strategy and Operating Officer and Executive Director of Finance will ensure coordination planning and financial submissions, aligned to quality expectations. Oversight will be provided by both the Executive Committee and Finance, Performance and Investment Committee.

I anticipate the ICB Board will be required to approve the final Operational Plan for 2023/24, or arrange for appropriate delegations for approval, and for the final Joint Forward plan in June.

### **3. North East and North Cumbria**

#### **3.1 System Resilience**

The urgent and emergency care system across the country and North East and North Cumbria (NENC) is no exception and has been the most challenged it has ever been due to a combination of demand, capacity in urgent and emergency care, flow and discharge, staff absences and vacancies and industrial action. The whole system is working tirelessly to meet demand across a wide range of service delivery and new initiatives.

The rise in infection rates has resulted in increased admissions and staff absences and these peaked over the Christmas holiday and New Year period.

High numbers of acute respiratory infection outbreaks in care homes continue to be reported. Between the 23 December 2022 and 06 January 2023 there were eight community outbreaks of influenza the North East for which the antiviral pathway was activated. The North East activity in secondary care remains at high levels with similar rates of hospitalisations (23.1 admissions per 100,000) and intensive care unit/high dependency unit admissions (1.49 per 100,000) when compared with the previous week.

The current vaccination rate for covid at 08 January 2023 is 63% and for flu almost 62%. Concerted efforts to vaccinate more people and those from vulnerable groups continue.

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Working with leaders across our system we remain focused on the key urgent and emergency care priorities we have set. This includes ambulance handovers and the NENC system has agreed across all providers to implement no handover delays over 59 minutes with a start date of 01 February 2023.

Implementation plans and funding bids are now prepared and being enacted to achieve this. There are a wide range of actions underway to alleviate pressures on handovers and flow across the system including:

- Review of discharge profiles and actions with daily calls with Place and Local Authorities.
- Schemes submitted for the £500m discharge monies and close working with Local Authority colleagues to progress discharges and a further £200m to come.
- Acute Respiratory Infection Hub business case submissions supporting alternative pathway to ED for respiratory conditions easing demand and capacity upon ED.
- Urgent Treatment Centres (UTC) support offer to extend operational hours of the UTCs
- Same Day Emergency Care review to allow direct access to the Units.
- Work in progress on discharge and repatriation standard operating procedures working with the Provider Collaborative.
- Exploration of temporary structures to create estate and space for treatment.

The mitigating actions are being progressed through the Urgent Emergency Care Network Strategic Board's delivery plan working closely with the Local A&E Delivery Boards and provider collaborative.

Urgent and emergency care performance continues to be pressurised with adult general and acute bed occupancy rates stand at 94.46% (against a target of 87.75%) while patients not meeting the criteria to reside was 9.19% at 01 January 2023.

From a handover delay perspective the average hours per day lost to handovers was 190 minutes at 01 January 2023 and the category 2 average response time was at 51 mins 43 seconds against a target of 18 minutes.

The mean 999 call answering time stands at 12.8 seconds which is a huge improvement and the lowest on record for months. The percentage of 111 calls abandoned was 22.91% against a target of 3%.

### 3.2 Emergency Preparedness, Resilience and Response

As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS-funded services must show they can effectively respond to major, critical and business continuity incidents while maintaining services to patients.

A detailed paper is appended for assurance.

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The ICB has completed the annual assurance process over recent months which included:

- Undertaking a review of all key areas to inform the completion of the self-assessment against the 2022 updated core standards. The ICB has declared an overall assurance rating of partially compliant for the organisation to NSH England with several key areas for development. These key areas and subsequent actions have been included in the ICB EPRR action plan and will be addressed and enacted.
- Undertaking a review of all provider self- assessment submissions prior to submission to NHSE. This has enabled a system plan to be developed in order to ensure the ICS is able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care.

As part of this process, the ICB worked with all Local Health Resilience and Local Resilience Forum partners to promote integrated ways of working and the sharing of learning and good practice.

The areas of forward planning include development of a place-based health and care system EPRR assurance process to ensure the minimum requirements for NHS funded services (including primary care) are met and to ensure a resilient and functioning system is in place and can respond to any critical/major incidents effectively. This includes regularly assessing the risks to the local population as well as considering community and national risk registers and/or using lessons identified and learned from previous incidents to update plans and embed good practice.

### 3.3 The Hewitt Review

The Rt Hon Patricia Hewitt has been asked by the Chancellor of the Exchequer and the Secretary of State for Health and Social Care to lead an independent review into how the oversight and governance of Integrated Care Systems can best enable them to success. Appended is a letter received on the 18 January 2023 regarding the review and detailing the workstreams and draft principles. As Co-Chair of the digital and data workstream I am contributing to the review and the ICB submitted evidence in the national call for evidence to inform the review. It is hoped the review will provide the opportunity to influence the development of Integrated Care Systems.

### 3.4 Primary Care POD Delegation

ICBs have delegated responsibility for commissioning general medical services from NHS England and these were transferred from CCGs to the ICB in July 2022. NHS England now plan to transfer responsibility of the commissioning of the other three primary care services, Pharmacy, Optometry and Dentistry (POD) to ICBs with effect from April 2023. Secondary care dental commissioning and clinical waste is also planned to transfer at that point.

Due diligence needs to be completed to fully assess the risks and mitigate these. Whilst there are risks there are also significant opportunities. However, it is crucial for the ICB to be enabled through national and local frameworks to be able to seize the opportunities.

There is a POD Delegation task and finish group in place with input from relevant ICB and NHSE colleagues chaired by the Executive Area Director (Tees Valley and Central).

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The group meets fortnightly and is working through a safe delegation checklist to undertake the necessary due diligence for the delegation of responsibilities, including the compilation of any risks and the necessary mitigating actions. The safe delegation checklist needs to be signed off by ICBs by March 2023.

In addition to transferring the functions, NHS England is looking to transfer their staff that fulfil those functions to ICBs by July 2023. The difference in transfer dates is partly due to the need to formally consult with staff who would transfer.

ICB colleagues are members of North East and Yorkshire wide groups looking at the delegation of functions and transfer of staff, where issues, learning and good practice is shared across the ICBs.

There is an NHS England team in North East and Yorkshire dedicated to GP and POD commissioning functions for the NENC, who will transfer to the ICB.

The ICB's director of primary care transformation is working with NHS England's local head of primary care and human resource colleagues from both organisations to deliver a workshop with the team who will transfer in Durham 23 January 2023. At this session, which is not part of the NHS England formal consultation process with staff who are subject to the transfer, there will be an opportunity to share the aims, objectives and ways of working in the ICB, raise any issues or concerns and help formulate the way of working for primary care commissioning from 2023/4 onwards. Outputs from the meeting will help inform the ICB's developing approach to commissioning primary care.

### 3.5 Priority Services Campaign

The ICB has joined forces across health and care organisations in the North East and North Cumbria to raise further awareness of the priority services register. A free support service provided by energy suppliers.

A service we know will be vital to thousands of people in our region who may need extra support from their energy supplier not just this winter but all year round.

All energy suppliers have a priority services register. By signing it up it allows an energy supplier to identify people who may need extra support such as those with health conditions, those who need a power supply for medical equipment as well as other groups such as pensioners, pregnant women and many more. The full criteria can be found on the Ofgem website<sup>2</sup>.

With winter upon us and the current cost of living crisis this has never been more important. Many colleagues in local authorities, the NHS and the voluntary sector are doing great things to support households through this difficult period, and we hope that by working together we can build on this with this new campaign.

<sup>2</sup>[Get help from your supplier - Priority Services Register | Ofgem](#)



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Our concerns have already been expressed in the open publication of two letters issued to Ofgem<sup>3</sup> by the ICB - these have warned of the grave issues linked to any disruption of energy supply and the impact this will have on the health of our most vulnerable communities. Information about the campaign can be found on our website.

<sup>3</sup>[Health chief welcomes Ofgem report but concerns remain for the most vulnerable | North East and North Cumbria NHS \(northeastnorthcumbria.nhs.uk\)](https://www.northeastnorthcumbria.nhs.uk/news/health-chief-welcomes-ofgem-report-but-concerns-remain-for-the-most-vulnerable)

### 3.6 Learning and Improvement Community

The North East and North Cumbria Learning and Improvement community has doubled in size to now include 487 members. This growing network of people, from all parts of the region, is united in its desire to be *'the best at getting better'* - utilising an improvement mindset and methods to tackle some of our biggest challenges facing our communities.

The team held a Christmas and Improvement themed engagement event on the 14 December. This webinar brought together a wide range of participants, including NHS and local authority staff, representatives from the voluntary and community sector and members of the public. The participation of service advocates and people with learning difficulties, a reminder of the importance of inclusion and the challenges of how best to authentically respond in 2023 to the diverse needs within our learning system.

Following a successful bid, the ICB has received an award of £250,000 from the Health Foundation to continue the development and evaluation of our Learning & Improvement system. Over the next 18 months, the team have planned a programme of activities aligned with the original system priorities identified at the launch event in September. Immediate deliverables over the next few months include a 'Discharge Breakthrough' event in February and a virtual learning and improvement summit on Mental Health.

Aligned with the children and young person's mental health priority, the ICB also successfully bid for a Research England grant of almost £100k to help fund the development of new models of public engagement to improve diversity in research participation in this area. Work on this has now begun in collaboration with the NENC VCSE partnership.

From a learning and improvement perspective, we submitted evidence, on behalf of the ICB, to the Hewitt review - citing the North East and North Cumbria improvement and learning system as an example of an ICS aiming to create a future where every partner organisation is focused on common purpose and joint determination to drive improvements in health, wealth, and wellbeing.

### 3.7 Care Leaver Covenant

The Care Leaver Covenant is a national inclusion programme that supports care leavers aged 16-25 to live independently. NHS Chief Executive Amanda Pritchard has signed the Care Leaver Covenant on behalf of all NHS organisations which introduces the concept of society becoming a 'universal family' with roles for public, private and voluntary organisations supporting young people with care experience.

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NHS England invited all ICBs to express an interest in becoming one of ten national pathfinders to design and deliver new opportunities to enable young people leaving care to access career opportunities across the system and harness the talent and potential that lies within this community. Given the North East region continues to see the highest levels of demand of any region across children's social care and, in every year since 2016 has had the highest rates of children looked after (CLA), child protection and children in need it was clear we had both a responsibility and willingness as an ICB to grasp this opportunity.

Following a robust application process, we are delighted that North East and North Cumbria ICB has been selected as one of the ten national pathfinders to move at pace with this work and share learning nationally with peers and across our system. Given the size of our geography, the pilot will focus on Newcastle, North Tyneside and Northumberland building on a strong foundation of partnership working to support those with care experience.

Enshrined within our values is a focus on reducing health inequity dealing with the root causes of inequality and tackling social injustice. We know that those with experience of care often have worse health and socio-economic outcomes than peers and this initiative provides us with an opportunity to live these values playing our part in the universal family while also growing our workforce. Nationally the project will result in 250 care leavers accessing employment, education and training opportunities in service by 2024. Support will be provided by Spectra, an organisation with experience of working with young people leaving care, who has partnered with NHS England to deliver the programme.

Thanks to the Workforce Programme Team sitting within the People Directorate, to responding to the request in a very short timeframe, working with colleagues both within and outside of the ICB.

### 3.8 ICP Update

In the North East and North Cumbria we have 33 Members of Parliament. Since the ICB was established on 01 July 2022 we have received over 200 enquiries. Topics varied widely however a common theme has been the availability of covid vaccination appointments and how patients can access non-standard vaccine types. This is particularly prevalent in the more remote areas of the North East and North Cumbria, where the rurality can have a significant impact on service accessibility, and the availability of covid vaccination clinics. We have also seen a range of enquiries on the waiting times for certain services, including childhood autism and ADHD assessments. Through our regular analysis of MP correspondence, we are now able to identify trend that we need to address as a system, triangulating this with other feedback including freedom of information requests, complaints and compliments.

MPs receive a fortnightly bulletin on key ICB priorities and initiatives, as well as wider NHS issues affecting the region. In addition, Sir Liam and I lead bi-monthly meetings with MPs and these are a great opportunity to engage with MPs on topics and update on ongoing issues across the region. The next update sessions will be held on Monday 20 February.

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The Strategic ICP met for the second time on 15 December. At the meeting we were able to consider the wide range of feedback we received on our draft Integrated Care Strategy which was developed by a multi-sectoral steering group comprising NHS and local authority colleagues from across our system was approved.

At the Strategic ICP meeting we also considered and agreed a Terms of Reference for our Strategic ICP and four Area ICPs, with a recommendation to commence a new cycle of six-monthly Strategic ICP meetings alongside quarterly Area ICP meetings.

These Area ICPs are based on geographical groupings that created valuable forums to think through how we better coordinate care and create new opportunities for wider access to services. NHS chairs and local authority leaders, as well as their chief executives and senior officers, have already been meeting together informally in this way for several years, building the relationships and trust that are helping to deliver increasing levels of integration and joint planning. Our Area ICPs are based on these existing geographies within our ICS:

- **North:** Gateshead, Newcastle upon Tyne, North Tyneside, and Northumberland.
- **Central:** County Durham, South Tyneside, and Sunderland.
- **Tees Valley:** Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland, and Stockton-on-Tees.
- **North Cumbria:** Cumberland, and Westmorland & Furness (given part of the latter authority is within the North East and North Cumbria ICS area).

With the recent devolution arrangement announced for seven of the local authorities in the North East we may want to consider the arrangements for the North and Central Areas.

The Strategic ICP will facilitate joint action to improve health and care outcomes and work together to influence the wider determinants of health as well as the broader social and economic development of the North East and North Cumbria. Whilst there is a legislative basis for Integrated Care Partnerships, and extensive national guidance on the formation of Integrated Care Systems, there is, in addition, considerable flexibility for the Integrated Care Partnership's members to determine its operating model. Therefore, the statutory members of the ICP have agreed a "one plus four" model, with one Strategic ICP (with a core membership of the ICB and all the local authorities in the ICS) which will be built up from the four existing and well-established partnership forums within North East and North Cumbria.

The Strategic ICP will:

- Oversee and approve the ICS-wide Integrated Care Strategy, built up from an analysis of need from the four Area ICPs led by the Joint Strategy Development Group.
- Promote a multi-agency approach to improving population health and wellbeing and tackling the wider social and economic determinants of health for our population of over 3 million people.
- Consider and suggest ways forward to tackle health inequalities, and improve experiences and access to health services at this same population level.
- Champion initiatives involving the contribution of the NHS and wider health and care organisations to large scale social and economic development.

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The Area ICPs will:

- Develop and strengthen relationships between professional, clinical, political and community leaders.
- Analyse needs from each of the constituent places within that Area (based on the HWBB-led Joint Strategic Needs Assessment process) to feed into the Integrated Care Strategy setting process.
- Agree how to deliver the priorities set out in the Integrated Care Strategy within their Area.
- Provide a regular forum for system partners to share intelligence, identify common challenges, agree joint objectives and share learning.
- Ensure the evolving needs of their local population are well understood.

Agreeing our ICP arrangements and approving our Integrated Care Strategy is a key milestone for us in the North East and North Cumbria and I commend the staff and partners who have worked so hard to get us to this point in our journey as a system.

#### **4. Recommendations**

The Board is asked to:

- Review and note the North East and North Cumbria Integrated Care Board assurance process and ICB compliance rating as well as the provider organisations compliance ratings with regard to EPRR.
- Endorse the submission to NHS England as part of the NHSE EPRR annual assurance process for 2022-23.
- Receive the ICB CEO report for assurance.

**Name of Author:** Samantha Allen

**Name of Sponsoring Director:** Sir Liam Donaldson

**Date:** 18 January 2023