



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

BOARD	
26 September 2023	
Report Title:	Chief Executive Report
Purpose of report	
<p>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.</p>	
Key points	
<p>The report includes items on:</p> <ul style="list-style-type: none"> • ICB response to the Lucy Letby Verdict and the importance of Freedom to Speak Up • ICB Running Cost Reduction • Integrated Care Partnership Update • Winter Plan preparation • Women's Health Strategy • Major Conditions Strategy 	
Risks and issues	
<p>The report highlights ongoing areas for action across the system linked to the outcome of the Letby trial.</p>	
Assurances	
<p>The report provides an overview for the board on key national and local areas of interest and highlights any new risks.</p>	

Recommendation/action required						
The Board is asked to receive the report for assurance and ask any questions of the Chief Executive.						
Acronyms and abbreviations explained						
ICB – Integrated Care Board ICP – Integrated Care Partnership ICS – Integrated Care System LADB - Local Accident and Emergency Board NENC – North East and North Cumbria NECS – North East Commissioning Services NHSE – National Health Service England SCC – System Coordination Centre UEC – Urgent and Emergency Care						
Sponsor/approving executive director	Sir Liam Donaldson, Chair					
Report author	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						
Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No	✓	N/A	
If yes, please specify						
Equality analysis completed (please tick)	Yes		No		N/A	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment	Yes		No		N/A	✓

Item: 8

been undertaken? (please tick)						
Key implications						
Are additional resources required?	None noted.					
Has there been/does there need to be appropriate clinical involvement?	Not applicable – for information and assurance only.					
Has there been/does there need to be any patient and public involvement?	Not applicable – for information and assurance only.					
Has there been/does there need to be partner and/or other stakeholder engagement?	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

2.1 ICB Response to the Lucy Letby Verdict / Freedom to Speak Up

The government has ordered an independent inquiry into the circumstances behind the horrific murders and attempted murders of babies at the Countess of Chester Hospital, following the guilty verdict in the trial of former neonatal nurse Lucy Letby. These shocking and appalling crimes have been the feature of many conversations with partners and across the NHS at local, regional, and national level.

The inquiry will ensure vital lessons are learned and will hopefully provide answers to the parents and families impacted, the inquiry will also consider the wider circumstances around what happened at the Countess of Chester Hospital, including the handling of concerns and governance. It will also look at what actions were taken by regulators and the wider NHS. This will take time to complete and therefore it is necessary for us to consider what steps we can take here to address any immediate areas of action. I have therefore set out below the actions we have taken:

- The ICB has reviewed the data from the eight neonatal units, and this has identified Newcastle Hospitals NHS Foundation Trust is an outlier in terms of mortality. This is when compared to a peer group of tertiary provider Trusts. The ICB is working with NHS England specialised commissioning to undertake a multi-professional assurance visit to the Trust
- Ockenden Peer review visits to all Trusts are planned and will include reviews of neonatal services
- A review of all neonatal serious incidents and child death reports for the past year is being undertaken
- Our system wide learning and improvement group will focus the November meeting on how we improve our view of data and soft intelligence to identify risks proactively
- All providers have been asked to assure the ICB of their Freedom to Speak Up (FTSU) arrangements and assess their processes against the National Guardians Policy
- All providers are asked to audit two FTSU processes and provide feedback to their local Quality Groups
- The Executive Director of Experience and Improvement has designed a self-assessment tool using the FTSU Guide & Planning Tool. This will be completed by all organisations and learning will be shared across the system and any actions for improvement identified and implemented
- A Board discussion in November is planned to review the actions.

2.2 NHS Impact

NHS Impact was designed to inform the way we work across services and create the conditions in which continuous improvement is the “go to” method for tackling clinical, operational and financial challenges. NHS Impact stands for Improving Patient Care Together has been launched to support all NHS organisations, systems and providers at every level to have the skills and techniques to deliver continuous improvement.

NHS England have set an expectation that all NHS providers, working in partnership with their Integrated Care Boards, will embed a quality improvement method aligned with that approach.

Embedding quality improvement throughout an organisation requires a systematic, targeted effort. This needs to be structured around building both individual and organisational capacity and capability. Having a clear organisational approach to support immediate and continuous skills application is essential. A strategic balance will need to be struck between urgent operational pressures on the one hand, and on the other ensuring that providers and the ICSs have the time and space to build the skills, culture, infrastructure and crucially the momentum required to embed the improvement approach in full.

At the NHS Executive and the CEO Leadership Event in April, there was a commitment made to the development of a jargon-free self-assessment for NHS Impact current state and progress. The ask was for the ICB to submit a baseline assessment of system capacity and capability by August with organisations completing their own self-assessment by October.

Following an early discussion with NHSE regional team colleagues, we conducted a mapping exercise to understand the variation across our patch regarding improvement maturity. We included the North East Ambulance Service in our stocktake as well as acute and mental health trusts.

With a positive response from all NHS provider organisations, we were able to submit an accurate baseline assessment of our system improvement experience, capacity, and capability. The timely receipt of trust information enabled this data to be transparently shared with NHS CEOs across the system on 18 August 2023.

During the individual discussions with trusts, it became apparent that the senior improvement leads for each of the provider organisations did not have a forum to come together to provide mutual support and sharing of best practice, failures, and current responses to urgent pressures/common challenges. There was universal support for the ICB to convene such a group and so we have established a programme of bimonthly meetings beginning in September (a subgroup within our wider learning and improvement community).

While the stocktake in August involved only NHS provider organisations, the ICB are keen to replicate this exercise with Local Authority partners and Primary Care Networks across our patch. It is also worth noting we are shaping a culture across NHS organisations, building on Local Governance experience, of peer review and improvement which is welcomed by the NHS Foundation Trusts.

3. ICB Development

3.1 ICB Running Cost Reduction

Significant progress has been made throughout August and September which has seen further design of the ICB operating model to work within the running cost allowance set for us by NHS England and deliver the 30% reduction required.

A staff workshop was held on 14 July 2023 which brought representatives from all our teams and the North East Commissioning Support Unit (NECS) to agree key design principles and develop the framework for our new operating model. Over the next few months subject matter experts are being engaged with to test out the new operating model and findings which will help inform and influence the ICB staffing structures. An agreed working hypothesis of six ICB delivery teams to support 14 places, is being used to inform the developing structures.

The overall programme timeline is under constant review to ensure key milestones are met and a 10-week critical path timeline has been developed to support this. The critical path details the key actions required, each week, to keep the programme on track and ensure everything required is in place for the launch of our staff consultation in November 2023. Key milestones already met include commencement of the formal consultation on the Executive Team structure and submission of the business case to NHS England for a Voluntary Redundancy Scheme, both were approved at the August Remuneration Committee.

Eight staff engagement events, lead by myself, are scheduled throughout September across the geography of the ICB. These will provide an update on progress of the ICB 2.0 programme and engage with staff in person to hear their views and answer any questions they may have. Members of the Executive Team have been in attendance at each of these.

I also provided an update to the Partnership Forum and this was well received. The Directors of Transformation continue to meet fortnightly with the Staff Side Chair and regularly attend the Partnership Forum to provide further updates.

A commitment to support staff through organisational change was made at the outset and a range of support and training tools for staff was launched in August. A specific reference briefing for line managers has also been developed to help facilitate one to one conversations and to ensure managers can support colleagues and direct staff to expert advice and support as necessary.

Time out has been scheduled with the Executive Team throughout September, to galvanise thinking on new structures and clarify connections and ways of working across directorates and teams. It is intended the Executive Team will check and challenge themselves through the delivery of a functional operating model and associated staffing model that meets the measures of success set for the programme.

4. North East and North Cumbria

4.1 Integrated Care Partnership Update

Since our Strategic ICP met in June our four Area ICPs have continued their work and have held several meetings to explore their shared priorities.

At the North Area ICP meeting colleagues received updates on dental services, prevention priorities, and Cumbria, Northumberland, Tyne & Wear Foundation Trust's (CNTW) Mental Health Strategy, and explored the opportunities for partners to better collaborate on weight management. In the Central Area ICP, members considered the current priorities within the County Durham, South Tyneside and Sunderland Health and Wellbeing Strategies, and how these can influence the priorities within the ICB's Healthier and Fairer Programme.

In Tees Valley, colleagues received updates from the local Healthwatch Network on emerging themes from local service user feedback, as well an overview of local Voluntary Sector activity, the Tees Valley Access to Primary Care Plan and Winter Planning. A useful presentation was also given by Tees Valley Combined Authority colleagues on synergies with local Health & Wellbeing priorities and local priorities for skills and employment. In North Cumbria, Area ICP colleagues explored the new partnership architecture across Cumberland and Westmorland & Furness and received an update from North Cumbria Integrated Care Trust on their five year strategy.

Feedback from all of these and forthcoming Area ICP sessions in the autumn will be summarised at our next Strategic ICP meeting in December where we will consider progress against our Integrated Care Strategy 'Better Health and Well-being for All' and how the insights from our Area ICPs can shape the refresh of this strategy and the delivery of our Joint Forward Plan.

4.2 System Leadership Group

The inaugural System Leadership Group took place on 26 July and was a facilitated workshop supported by Sir David Pearson. The first workshop saw the coproduction of purpose and ways of working to shape and deliver the vision for our health and care system. The System Leadership Group was well attended by partners from across the system. The group are scheduled to meet again on 29 September.

4.3 Winter Plan

Urgent and emergency care winter planning for 2023/24 is proving to be a complex and challenging landscape, as well as demanding and multi-faceted. However, planning is progressing well across the NENC.

The ICB and the Urgent and Emergency Care Network continues to listen carefully to patients and communities and also the priorities of all parts of the system that deliver for our patients; while learning the evaluation lessons from what worked well last year that can be developed and transformed at scale across our health and care system.

One of the most important roles of an ICB is to convey the powerful voice of the system which it serves, while providing advice and lobbying nationally for the right conditions to keep patients and the public safe and well this winter.

On 13 September, I attended a Winter Summit at 10 Downing Street, where the challenges and possible further actions for winter were discussed.

The NENC ICB approach to winter planning is multi-layered and covers the following elements:

- Delivery of the UEC Recovery Plan and especially the 10 high impact areas (same day emergency care, frailty, inpatient flow, community beds, intermediate care, care transfer hubs, urgent community response, single points of access, acute respiratory hubs and virtual wards) and how they are delivered in an integrated way across health and social care services
- A System Resilience Framework that underpins the whole system's operating model for managing pressure
- System Co-ordination Centre plan for long term sustainability based on a nationally published specification underpinned by robust real-time data and intelligence and a new OPEL framework
- System-level and Local Accident and Emergency Board winter priorities with co-designed processes for agreeing the priorities
- Increase in the empowerment of LADB's to manage delivery across their footprints supported and enabled by the UEC Network and Strategic Board
- Assurance returns to NHSE demonstrating capacity to deliver and also risk areas for delivery with mitigations
- Participation in the newly formed NHS Impact work and the UEC Recovery Champions' Programme which seeks to support systems to deliver across the range of areas through a learning system lens, sharing good practice and learning from peers
- A move towards integrating all out of hospital care programmes of work into one programme approach where they overlap including UEC, primary care, proactive care, community, personalisation, mental health and pharmacy, dental and optometry
- Co-administered vaccination programme for Covid and Flu for vulnerable groups between 11 September - 31 October 2023.

4.4 Tees Esk Wear Valley Foundation Trust Update

The Trust quality concerns have been widely reported and have resulted in the Trust having their CQC rating downgraded. The outcome of the most recent CQC inspection is awaited and we are aware the inspection report is currently with the Trust for factual accuracy. We expect this to be published soon and it is our intent to hold a Quality Summit with the involvement from system partners following publication.

The ICB continue to work closely with NHS England and the North Yorkshire and Humber ICB on the oversight and improvement activity at the Trust through regular Quality Improvement Boards. Whilst it has been positive to note the improvement, the Trust does have areas which still requires improvement. At the most recent meeting on Monday 18 September the two prevention of future deaths reports issued by the Coroner connected to the Trust delay in concluding serious incident investigations was discussed.

The Trust provided assurance they are working with the coroner's office to demonstrate the steps they are taking to address the backlog and delay in learning. The ICB is monitoring the action carefully, as are the Board of the Trust. It is also worth noting there is a planned approach to address the multi-agency assurance requirements needed following the three individual investigations and the independent system-wide governance review of the Trust. The ICB Quality Committee has oversight of our contribution to these, and we will continue to work closely with NHE England and NICHE to complete this. Our overall aim is to ensure all the action from the identified learning has been implemented and embedded into practice. Finally, the CQC prosecutions of the Trust for the deaths of Christie Harnett, Nadia Sharif and Emily Moore continue with the next court hearing scheduled in November.

4.5 Women's Health Update

Although on average women in the UK live longer than men, they also spend a greater proportion of their lives in ill health or disability than men. Many women endure a poor experience of health care services. The underlying cause of which is that the health system has historically been built by men for men. Consequently, women are often not listened to or believed by the health and care system.

In August 2022 the Department of Health and Social Care published the Women's Health Strategy for England¹. This document sets out the 10-year ambitions for improving the health and wellbeing of women and girls and how the health and care system listens to women.

The strategy encourages the expansion of women's health hubs across the country to improve access to services and health outcomes. The Strategy's 10 Year ambitions are:

- Women and girls have more of their health needs met at one time and in one place, through the development of local pathways that bring together and improve access to services – for example, into women's health hubs
- That there are clear pathways between primary, community and secondary care settings delivered, for example, through hubs, and women and girls can access secondary care and specialist services.

We are developing our North East and North Cumbria Women's Health Programme to take forward the implementation of the national strategy.

In October 2023 we will be holding a North East North Cumbria Women's Health Conference with the Office for Health Improvement and Disparities.

The conference will showcase work from across the region and will identify areas for improvement. This will form a key part of our collaborative approach to developing our North East North Cumbria Women's Health Strategy implementation plan. Our implementation plan will be focussed on the strategy's seven priorities:

1. Menstrual health and gynaecological conditions
2. Fertility, pregnancy, pregnancy loss and post-natal support
3. Menopause

¹[Women's Health Strategy for England](#)

4. Mental health and wellbeing
5. Cancers
6. The health impacts of violence against women and girls
7. Healthy ageing and long-term conditions

Women's Health Hub Development

The Women's Health Hub model addresses fragmentation of services by breaking down the barriers between organisations and sectors, as well as tries to streamline the various funding sources that can affect access to women's healthcare.

It fulfils the Long Term Plan's objectives and the Women's Health Strategy as mentioned above to create a service that is:

- More joined-up and coordinated in its care
- More proactive in the services it provides
- More differentiated in its support offer to individuals.

As part of this work, we have received £595k to create a women's health hub and to prove the concept for the model of delivery. Recognising we already have a range of models operating across the region, rather than fund one hub, we were keen to invite local teams to bid for funding to extend their current arrangements whilst extending services. Bids have been received and decisions regarding this will be made over the coming weeks ahead.

4.6 Combined Health Authority

Across our region we have two Combined Authorities, one covering Tees Valley and the other covering North of Tyne. Following on from a consultation across Northumberland, North Tyneside, Newcastle, Gateshead, County Durham, South Tyneside and Sunderland local authority areas, it has been confirmed that the North of Tyne Combined Authority geography will change and cover the now seven areas in a broader devolution deal for our region.

We are working with the team linked to the new devolution deal on a range of different areas including public sector reform and the opportunities this will bring for the area served as well as other areas linked to health inequalities, public health and work and health. As we move forward the ICB is the NHS representative for this work and will work with local NHS partners as this work progresses. In the meantime, to align our governance infrastructure, we are working on proposals to align our Area Integrated Care Partnerships in the North and Central ICP Areas to the new Combined Authority footprint. Proposals will be developed with partners and put forward to the next regional Integrated Care Partnership for consideration.

4.7 Major Conditions Strategy

On the 14 August 2023 the Department for Health and Social Care (DHSC) published an interim report as part of the Major Conditions Strategy ahead of the full strategy document expected to be published in early 2024. The strategy aims to improve health outcomes and better meet the health and wellbeing needs of local populations. This is in line with the commitment by the Government in the Levelling Up White Paper to narrow the gap in

healthy life expectancy between local areas where it is highest and lowest by 2030 and to raise healthy life expectancy by five years by 2035. The strategy will focus on six major conditions namely: cancers, cardiovascular disease including stroke and diabetes, musculoskeletal disorders, mental ill health, dementia and chronic respiratory disease. The strategy interim report identifies a strategic framework and five areas that will be prioritised for the greatest impact.

Across the ICB work is currently underway to develop our clinical strategy to support the ambition and priorities outlined in our Better Health and Well Being for All Integrated Care Strategy. The strategy will have a focus on the clinical contribution to tackling healthcare inequalities by addressing the major causes of preventable illness, burden of disease and premature deaths across our population. The ICB Medical Director is leading a task and finish group to oversee the development of the strategy and secure clinical engagement across the system. The approach to developing the clinical strategy uses a population health management approach and is ensuring the use of data, intelligence, and insights across our population to identify areas where the greatest population health gains are to be achieved. There will be an overlap between our clinical strategy and the national major conditions strategy and work is underway to ensure there is alignment with the national proposals and commitments. A strategy development session will be held with the Board to enable Board input to shape and influence the strategy.

5. Recommendations

The Board is asked to:

- Receive the report and ask any questions of the Chief Executive.

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Name of Sponsoring Director: Sir Liam Donaldson

Date: 25 September 2023

Appendix 1

Between 25 July – 19 September 2023 the NENC Executive Team have undertaken the following visits:

NENC Organisations	Number Of Visits
NHS Foundation Trust / Providers	23
Local Authority	11
Place (including community and voluntary sector)	15
Community and primary care (including general practice)	8