

North East and North Cumbria Integrated Care Board

**Minutes of the meeting held on 30 May 2023 at 10:30,
The Durham Centre, Belmont**

Present: Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
Dr Hannah Bows, Independent Non-Executive Member
Ken Bremner, Foundation Trust Partner Member
David Chandler, Executive Director of Finance
David Gallagher, Executive Area Director (Central and South)
Professor Graham Evans, Executive Chief Digital and Information Officer
Tom Hall, Local Authority Partner Member
Annie Laverty, Executive Director of Improvement and Experience
Dr Saira Malik, Primary Medical Services Partner Member
Jacqueline Myers, Executive Chief of Strategy and Operations
Dr Neil O'Brien, Executive Medical Director
David Purdue, Executive Chief Nurse
Jon Rush, Independent Non-Executive Member
Dr Mike Smith, Primary Medical Services Partner Member
David Stout, Independent Non-Executive Member
Aejaz Zahid, Executive Director of Innovation

In Attendance: Deborah Cornell, Director of Corporate Governance and Board Secretary (deputising for Executive Director Corporate Governance, Communications and Involvement)
David Thompson, North East and North Cumbria Healthwatch Network Representative
Toni Taylor, Governance Officer (minutes)

The following colleagues were in attendance for item B/2023/08

Joseph Chandy, Director of Transformation (Primary Care)
Vanessa Connor, North Cumbria Integrated Care NHS Foundation Trust
Helena Gregory, Pharmacy and Medicines Lead
Edward Kunonga, Director of Population Health and Improvement

B/2023/01 Welcome and Introductions

The Chair welcomed members to the meeting of North East and North Cumbria (NENC) Integrated Care Board (the ICB).

The following individuals were in attendance under public access rules:

- Adam Brown, NHS Engagement Manager
- Stephen Doyle, Healthcare Partnership Manager, Pfizer Biopharmaceuticals Group
- Michelle Hudson, Coloplast Wound Care
- Dr Fadi Khalil, Medical Director, All Together Better Sunderland
- Gavin Morris, Regional Lead for Healthcare, Virgin Media O2 Business
- Roger Nettleship, Resident of South Tyneside
- Carolyn Smith, Senior Healthcare Partnership Manager, Pfizer Internal Medicine

The Chair made special mention to four members who were stepping down from the Board:

- Ann Workman, Local Authority Partner Member
- Cllr Shane Moore, Local Authority Partner Member
- David Thompson, Healthwatch Representative
- Jane Hartley, Voluntary and Community Sector Representative

The Chair thanked the members for their valuable input and service to the North East and North Cumbria Integrated Care Board.

New members of the Board will be identified subject to a selection and appointments process.

B/2023/02 Apologies for Absence

Apologies were received from Levi Buckley, Executive Area Director (North and North Cumbria), Catherine McEvoy-Carr, Local Authority Partner Member, Dr Rajesh Nadkarni, Foundation Trust Partner Member, Claire Riley, Executive Director of Corporate Governance, Communications and Involvement, Jane Hartley, Voluntary Organisations' Network North East (VONNE), Councillor Shane Moore, Local Authority Partner Member, Ann Workman, Local Authority Partner Member, Professor Eileen Kaner, Independent Non-Executive Member.

B/2023/03 Declarations of Interest

Members had submitted their declarations prior to the meeting which had been made available in the public domain.

A conflict under item 9.2.1 was noted with regards to Foundation Trust Partner Member, Ken Bremner.

Dr Hannah Bows highlighted a conflict under item 7 with regards to Dentistry Services, stating her spouse is a dentist.

The Chair noted the declarations but deemed it not to be material and therefore both members were able to take part in the discussions.

B/2023/04 Minutes of the previous meeting held on 28 March 2023

RESOLVED:

The Board **AGREED** the minutes from the meeting held on 28 March 2023 were a true and accurate record.

B/2023/05 Action log

There were no further updates to the action log.

B/2023/06 Matters arising from the minutes

There were no matters arising from the minutes.

B/2023/07 Chief Executive's Report

The report provided an overview of recent activity carried out by the Chief Executive and Executive Directors, as well as some key national policy updates.

Financial Position

Overall, our growth in funding has been reduced by £19m this year and, as a result of a changing funding formula before Covid, it has been judged that the region has received too much funding in recent years – to rectify this position decisions have been made which see an overall reduction of the ICBs funding allocation to pay back what is deemed as an overpayment in funding and enable this to be redistributed to other parts of the country who may be seeing a growth in an ageing population. Over the past two years this has reduced funding by £100m and next year it is anticipated that a further loss of £60m will be seen.

Overall, a plan has been agreed which will see the system with a deficit plan of £49.9m by the end of the year.

It was noted that efficiency targets for all our providers ranging between 4% and 5.7% have been agreed; the development of a medium-term financial recovery plan for the next three years is a priority.

NHS Dentistry

The ICB took responsibility for the commissioning of NHS dentistry on 01 April 2023 with staff being TUPE transferred from NHS England to support this work as from 01 July 2023.

It was reported that significant concern has been expressed nationally, regionally and locally across the North East and North Cumbria in relation to the dissatisfactory situation regarding oral health and the immense challenges to the delivery of and access to NHS dentistry services. There is a clear need to review the current position across the region to inform a coherent strategy to manage the many challenges and opportunities.

The objectives of this initial work were noted as follows:

- To bring together existing intelligence and to work with key partners across the North East and North Cumbria to develop an in-depth understanding of the current issues regarding oral health and the commissioning and provision of oral health and care services. This is to include the views of residents and partners and an evaluation of current services
- Make recommendations which are aligned to our Better Health and Wellbeing for All Strategy, confirming both the strategic ambition and key actions to be delivered.

This review will report to the Executive Committee of the North East and North Cumbria Integrated Care Board no later than October 2023, the outcomes of which will inform future Board reporting. It was suggested that there may need to be further detailed work carried out which will be informed by the preliminary findings.

Given the immediate challenges there are some early steps that can be taken such as a campaign to ensure the public are aware of how and where to get help alongside influencing more broadly public behaviours regarding oral health.

ACTION:

The outcomes of the review of oral health to be reported to the Board in November 2023.

RESOLVED:

The Board **RECEIVED** the Chief Executive report for information and assurance.

The Executive Area Director (Central and South) and the Director of Transformation (Primary Care) presented General Practice in North East and North Cumbria to the Board.

The Integrated Care Board commissions primary care services under delegation from NHS England, working within a number of national regulations:

- Medical Services (General Practice)
- Dental Services
- Ophthalmic Services
- Pharmaceutical Services

The Board received an update on the respective areas as follows:

Medical Services (General Practice)

North East and North Cumbria have 347 practices in total, which are organised into 67 primary care networks.

Care Quality Commission ratings May 2023 unveiled that:
38 practices rated outstanding
304 rated good
4 required improvements
1 rated inadequate

Access to general practice in the North East and North Cumbria is compared favourably to the England average with 559 appointments per 1000, compared to the national average of 509.

General practice has overcome a number of challenges, specifically throughout the pandemic, and has successfully delivered the covid vaccination programme, post covid recovery and access to more GP appointments, flu vaccinations and provided greater digital opportunities.

NHS England's plan to recover access to primary care in England will introduce targets for improvement by March 2024, namely:

- 50 million appointments
- 6,000 new GPs
- 26,000 additional roles in general practice
- Tackle the "8am rush" and people experiencing difficulties contacting their practice
- Patients know on the day they contact their practice how their care will be managed

The plan includes four steps to recovery:

1. Empowering patients
2. Modern general practice access
3. Building capacity
4. Cutting bureaucracy

It was reported that there has already been significant investment in general practice to develop additional roles such as social prescribers, adult mental health practitioners and clinical pharmacists. This enables patient's to be signposted to the most appropriate primary care professional, whilst keeping GPs free to treat those with more specialist ongoing care needs.

Pharmaceutical Services

There are 650 community pharmacies across North East and North Cumbria, regulated by the General Pharmaceutical Council.

The Primary Care Access Recovery Plan provides the sector with significant challenge, by:

- Expanding 'Pharmacy First' role in the Recovery Plan – to be launched nationally by October 2023
- Expanding role of community pharmacy in independent prescribing for minor conditions and oral contraception
- Expanding list of minor conditions (UTI) which is successful in the North East and North Cumbria with short term funding; blood pressure monitoring, shingles, earache, sore throats etc.
- Workforce reform
- Potential hub and spoke model of dispensing.

Based upon data to the end of February 2023, the North East and North Cumbria prescribe more and spend more than the England average (6.42% year on year increase, versus 7.3% nationally).

The Board was advised that pharmacies are bound by a national contracting and funding model and noted that unplanned closures in addition to announced closures is a risk. Healthwatch England are working with the Integrated Care Board regarding potential pharmacy closures.

Primary and Secondary Care

There are opportunities to improve working between primary and secondary care:

- Production of one formulary for the ICS to be hosted on one website
- Development of one governance system for medicines within the ICS
- Trials of electronic transfer of prescriptions from hospitals within our ICS
- New perspectives on prescribing budgets and data sets.

Integrated Care Communities

North Cumbria has been divided into eight integrated care communities. By understanding the challenges that each area faces it is hoped that the community can work together with health and

care organisations to improve the health and wellbeing of local people.

A patient story was shared with the Board and highlighted the 17 different professionals the patient had contacted. This highlighted the complexities included within pathways and patient journeys.

Deep End Practices

Deep End Network is a national initiative with aims to engage general practitioners to change the way primary care is delivered in areas of blanket socioeconomic deprivation.

The Healthier and Fairer workstream has secured funding for deep end practices to enable an understanding of the different issues across the North East and North Cumbria and to give them some freedom to develop local action plans with some additional resource and the support of a community and practice approach, whilst learning from each other.

Data is being used to understand the disproportionate challenges patients face.

Primary Care Forward Plan

The developing Primary Care Forward Plan in the North East and North Cumbria includes five priorities, namely:

1. Resilience and suitability
2. Access
3. Integration
4. Workforce, Estates and Digital
5. Pharmacy, Optometry and Dentistry.

General practice continues to develop as a key component of care 'from cradle to grave'.

The Board received the presentation with thanks and acknowledged the importance to support the core purpose of general practice 'cradle to grave care'.

Discussion took place around current work underway with regards to the transformation of primary care.

Patient involvement

It was noted Healthwatch still receives a significant amount of communication regarding issues relating to access to primary care.

The NHS Choice Framework has been a national policy for the last 10 years and sets out some of the choices available to patients. NHS England, as part of the elective recovery plan, is reinforcing the framework to ensure choice is opened up for patients across all specialisms enabling the individual to choose their provider. It was reported that the ICB will be working with the Provider Collaborative

and colleagues on how to refresh plans to meet these national requirements.

Workforce

The Better Health at Work initiative is being rolled out across primary care which was previously not accessible to general practice staff. This enables them to nominate champions within practices on topics such as male health and mental health and allows opportunity to support staff and their wellbeing,

There are a number of initiatives funded by the System Development Funding looking at support for general practitioners and other clinicians to take time out for mentoring and supervision.

There is also a career start nursing scheme which encourages nurses in other parts of the NHS to retrain.

A place based clinical leadership structure is also in place.

National consideration is being given into including general practice staff, for the first time, in the NHS staff survey.

In terms of public communication, it was recognised that there is currently a considerable amount of negative press regarding general practice; however, the ICB will look at promoting the positive aspects of general practice, which would help and support the workforce.

Data and Digital

A great amount of data and information is available and some of the metrics reviewed by the ICB focusses specifically on quality performance. There is an opportunity for the ICB to start looking at data in a more rational way to enable a supportive approach to general practice, highlighting early warning signs and preventing practices getting to crisis point.

Pathways

Hospital pathways creates connectivity between consultants and general practices on a formalised basis. Work is underway to look at the complexities and improve pathways looking at continuity of care and reducing the number of visits for patients.

It was emphasised that collaboration is the future for the transformation of primary care services and that there is opportunity to explore working more closely with secondary care colleagues.

Diagnostic Tests

There is a variation in diagnostic testing across the North East and North Cumbria - an active piece of work is underway with the Diagnostic Network engaging with Foundation Trust providers.

ACTION:

Executive Medical Director to present the findings of this piece of work at a future Public Board.

RESOLVED:

The Board **RECEIVED** the presentation.

B/2023/09 Integrated Delivery Report

The report provided an Integrated Care System overview of quality, performance and highlighted any significant changes, areas of risk and mitigating actions as well as an overview of the Integrated Care System position on the NHS Oversight Framework and Care Quality Commission ratings of organisations.

It was noted that the format and content of the report is currently under review and further development is planned.

Key points were highlighted as follows:

NHS England Escalation

Two very positive changes in escalation in April:

- County Durham and Darlington NHS Foundation Trust were initially placed in Tier 2 for elective care in January 2023 as the trust was significantly behind plan on eliminating 78 week waits. The trust had a range of schemes in place and made significant progress to successfully deliver their plan of 0 at the end of March 2023. In addition, at the April Tier 2 meeting the trust outlined their plans to sustain the 78-week waiting position for 23/24 and to eliminate 65-week waiters. The ICB and NHS England felt assured that the plan was deliverable, and the trust has subsequently been removed from Tier 2.
- Newcastle Upon Tyne Hospital was placed in Tier 2 for cancer backlog in summer 2022, a significant amount of work has been undertaken since then and the trust successfully delivered within their plan at the end of March 2023. A cancer plan is in place for 2023/34 with support from the Northern Cancer Alliance; the trust has been removed from Tier 2 for cancer.

Accident and Emergency 4-hour target

Slight deterioration in performance. March 23 data shows A&E performance for England remained at 71.5%, however North East and North Cumbria performance dipped to 75.2% (from 76.7% the previous month). North East and North Cumbria continue to perform above the national position however the ICS rank position has deteriorated and North East and North Cumbria have moved from the top 25% to the upper middle 25%, ranking 14th (compared to 8th the previous month).

Cancer

As an Alliance/ICB the 28-day faster diagnosis (FDS) standard has been achieved in all eight Trusts for the first time and as a system achieved over 80% (local ambition), also for the first time.

78+ and 104+ waiters

Significant improvement has been made within Trusts during Q4 of 22/23 regarding the reduction of long waiters. Although the national ambition was not reached to eliminate 78+ and 104+ waiters within 22/23, North East and North Cumbria met the planned trajectories of 21 104+ waiters (30 plan) and 163 78+ waiters (180 plan) at the end of March 23. Plans are in place to eliminate all 78+ and 104 + throughout 23/24.

NHS England Escalation – urgent and emergency care

NHS England will be introducing a tiering system for urgent and emergency care (UEC) similar to the existing system for elective care. However, for UEC, ICBs will be allocated to Tiers rather than trusts. Like elective, Tier 1 involves national support and Tier 2 regional support from NHS England. It was confirmed that North East and North Cumbria ICB has not been recommended for Tiers 1 or 2 support.

Oversight Framework Metrics

It was raised that the performance measured against the oversight framework metrics was not clear in the report. Future reports will seek to make this clearer.

Infection Prevention Control

It was noted that this metric had worsened. Three deep dives had been undertaken in individual trusts to look at infection prevention control and the learning from these will be presented at a future Quality and Safety Committee.

RESOLVED:

The Board **RECEIVED** the comprehensive report for information and assurance.

B/2023/10

Finance Report

The Executive Director of Finance provided an update on the financial performance of the Integrated Care Board and Integrated Care System for the period to 31 March 2023. The Board noted the following key points:

ICB duty to break-even

As of 31 March 2023, the ICB is reporting an outturn surplus of £2.7m for the period (consistent with forecast reported last month

and in line with plan). This position remains subject to audit, with final accounts due to be signed in June 2023.

ICS duty to break-even

From an ICS perspective the outturn position is a surplus of £58.2m. NHS England has accepted technical adjustments in relation to this and does not pose any risk to the ICB due to break even this year.

ICS capital position

The ICS is reporting an outturn underspend against the confirmed ICS capital departmental expenditure limit (CDEL) of £5m.

ICB running costs

An outturn underspend has been delivered on ICB running costs, largely due to the impact of vacancies in the current year.

RESOLVED:

The Board **NOTED** the outturn financial position for 2022/23.

B/2023/11

ICB and ICS Financial Plan 2023/24

The paper provided the final financial plan for both the ICB and wider ICS for 2023/24, including a summary of changes made since the draft plan was presented to the Board previously.

The financial plan was submitted to NHS England on 4 May 2023 following agreement by the Chief Executive and Executive Director and Finance under delegated authority.

ICB duty to break-even

The final submitted financial plan for the ICB for 2023/24 shows a surplus position of £32.4m.

ICS duty to break-even

The final overall ICS position is a deficit plan of £49.9m (0.7% of funding).

ICS capital position

Total capital funding allocation for 2023/24 amounts to £213.9m (£208.4m provider capital and £5.5m ICB capital allocation). This has increased by £10m from the position presented on 28 March 2023 following an additional capital allocation relating to required remedial works at one provider trust building.

Included within the ICB plan are a number of contracts/agreements with values in excess of £30m, listed in appendix 1 of the report. These comprise of contracts with local NHS Foundation Trusts (within the ICS), together with certain Section 75 Agreements with local authorities which are above £30m.

It was confirmed that these have all been agreed by Executive Committee as part of wider contract mandate approvals, but those contracts above £30m required approval by the Board in line with ICB delegated financial limits.

RESOLVED:

The Board **APPROVED** the final ICB and ICS financial plan for 2023/24, including those contracts which are above £30m as per appendix 1 in the report.

B/2023/12 Board Assurance Framework

The Board Assurance Framework (BAF) is used to provide assurance on the management of key risks to the delivery of the ICB's strategic aims and objectives. The BAF is intended to provide a visible strategic risk summary, supported by the full detail of the corporate risk register.

The BAF was reviewed by the Executive Committee at its meeting held on 9 May 2023. As a result of the discussion the format of the BAF will be revised to help provide a more transparent and visual overview of the ICB's current position.

Further work is also being undertaken to continue to develop and embed the ICB's risk management approach and establish the ICB's overall risk appetite as well as individual appetites for each of the four main goals of the ICP strategy. This work will continue over the coming months and a further updated BAF will be brought back to the Board in September.

RESOLVED:

The Board **RECEIVED** the updated Board Assurance Framework for 2023/24 for assurance that it accurately reflects the strategic risks to achieving our objectives.

B/2023/13 Governance Handbook (issue 6)

As part of a process of ongoing review of the documents within the Governance Handbook, further amendments had been identified to ensure the documents remain fit for purpose.

The Board was asked to note the proposed changes to the governance documents and approve the updated versions for insertion into the Governance Handbook (issue 6) as follows:

- Scheme of Reservation and Delegation version 4.0
- Quality and Safety Committee terms of reference version 3.0
- Finance, Performance and Investment terms of reference – minor amendment.

It was noted, a further amendment was to be made to the Quality and Safety Committee terms of reference to include the Executive Director of Improvement and Experience in the membership.

The Board was also asked to approve the establishment of the Mental Health, Learning Disability and Autism Sub-Committee and associated terms of reference version 1.0.

RESOLVED:

The Board **NOTED** the proposed changes to the governance documents and **APPROVED** the updated versions for insertion into the Governance Handbook (issue 6).

The Board **APPROVED** the establishment of the Mental Health, Learning Disability and Autism Sub-Committee and associated terms of reference version 1.0.

B/2023/14

Constitution

The Constitution and supporting documents set out the framework for the ICB to delegate decision-making authority, functions and resources. The Constitution is fully compliant with NHS England requirements and was formally approved by NHS England on 27 May 2022. It was subsequently updated and approved by the Board at its meeting on 29 November 2022 and approved by NHS England on 22 December 2022.

The Board was advised that a further update is required following the constitutional changes to the establishment of the two unitary Local Authorities, Cumberland, Westmorland and Furness as from the 1 April 2023. The revision of the Constitution document reflects this change along with a small number of other minor amendments required.

A further update was noted under 2.2.3 to reflect the addition of a fifth Non-Executive Director role within the Board membership.

ACTION:

Section 2.2.3 of the Constitution to be updated to reflect the addition of a fifth Non-Executive Director role before submission to NHS England.

RESOLVED:

The Board **APPROVED** the amendments to the Constitution and **AGREED** the submission to NHS England for formal approval.

B/2023/15

Highlight Report and Minutes from the Executive Committee meetings held on 14 March and 11 April 2023

Item: 5.1

An overview of the discussions and decisions from the Executive Committee meetings held on 14 March and 11 April 2023 was provided.

The Board's attention was drawn to the following key points:

- Complex care packages
- 2023/24 operational plan submission
- Voluntary, Community and Social Enterprise Sector (VCSE) Engagement & Infrastructure Review
- Primary care workforce underspend

The Committee undertook an annual review of its effectiveness against its terms of reference to ensure delivery of the committees required roles and responsibilities for the period 1 July 2022 – 31 March 2023. The report presented to the Board included a review of attendance and any key issues and will be used to inform the accountability report within the ICB annual report for 2022-23.

RESOLVED:

The Board **RECEIVED** the highlight report and confirmed minutes from the meetings held on 14 March and 11 April 2023 for assurance.

The Board **RECEIVED** the Committee annual review for 2022/23 for information and assurance.

B/2023/16

Highlight Report and Minutes from the Quality and Safety Committee held on 15 December 2022 and 16 February 2023

An overview of the discussions at the meeting of the Quality and Safety Committee held in May 2023 and approved minutes from the meetings held on 15 December 2022 and 16 February 2023 was provided.

The Board's attention was drawn to the following key points:

- Patient Voice Subgroup terms of reference were agreed, which was established as a formal sub-group of the Quality and Safety Committee.
- Annual Review of the Committee was undertaken and the agenda re-shaped into three key aspects: patient safety, patient experience and clinical effectiveness.

RESOLVED:

The Board **RECEIVED** the highlight report for May 2023 and the approved minutes for the Committee meetings held on 15 December 2022 and 16 February 2023 for assurance.

The Board **RECEIVED** the Committee annual review for 2022/23 for information and assurance.

B/2023/17 Highlight Report and Minutes from the Finance, Performance and Investment Committee held on 5 January 2023, 2 February 2023 and 2 March 2023.

An overview of the discussions and decisions at the Finance, Performance and Investment Committee meetings held on 5 January, 2 February and 2 March 2023 was presented.

Significant work is being carried out to develop financial and operation plans 2023/24 within timescales.

RESOLVED:

The Board **NOTED** the contents of the highlight report and **RECEIVED** the confirmed minutes meetings held on 5 January 2023 and 2 February 2023 for assurance.

B/2023/18 Questions from the Public on Items on the Agenda

A question was received from Keep Our NHS Public North East (KONPNE).

"Keep Our NHS Public North East (KONPNE) is a group of people who strongly believe that the NHS should remain a public service.

Members of KONPNE are very concerned to read in the North East North Cumbria ICB: Integrated Delivery Report February 2023 (Agenda Item 8.1) that a number of services within the ICS are inadequate, according to the CQC.

We are aware that the Board have noted this. Please detail, specifically, what the Board's plans are for addressing this situation, given the requirement for the ICB to meet an overall efficiency target of £48.4 million."

In response, it was noted none of the 11 provider organisations in the ICB are rated as inadequate overall.

A recent inspection of North East Ambulance Service's (NEAS) rated the organisation as inadequate for Well Led but overall, as requires improvement. NEAS are being supported by the ICB to work through the actions identified by the Care Quality Commission.

ACTION:

A written response to be sent to Keep Our NHS Public North East (KONPNE) within 20 working days.

Item: 5.1

B/2023/19 Any other business

There were no other items of business.
The meeting closed at 13:35

DRAFT