

North East and North Cumbria Integrated Care Board

**Minutes of the meeting held in public on 26 November 2024
at 10.15am, The Durham Centre, Belmont**

Present: Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
Levi Buckley, Chief Delivery Officer
David Chandler, Chief Finance Officer
Ann Fox, Interim Chief Nurse and AHP Officer
David Gallagher, Chief Contracting and Procurement Officer
Professor Graham Evans, Chief Digital and Infrastructure Officer
Tom Hall, Local Authority Partner Member
Dan Jackson, Director of Policy, Involvement and Stakeholder Affairs
(deputising for Chief Corporate Services Officer)
Professor Sir Pali Hungin, Independent Non-Executive Member
Professor Eileen Kaner, Independent Non-Executive Member
Dr Saira Malik, Primary Medical Services Partner Member
Jacqueline Myers, Chief Strategy Officer
Dr Rajesh Nadkarni, Foundation Trust Partner Member
Dr Neil O'Brien, Chief Medical Officer
Jon Rush, Independent Non-Executive Member
Dr Mike Smith, Primary Medical Services Partner Member
David Stout, Independent Non-Executive Member

In Attendance: Deborah Cornell, Director of Corporate Governance and
Board Secretary
Christopher Akers-Belcher, Healthwatch Representative
Lisa Taylor, Voluntary Community and Social Enterprise
Representative
Toni Taylor, Board and Legal Officer (minutes)

B/2024/77 Welcome and Introductions (agenda item 1)

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

The following individuals were in attendance under public access rules:

- Chris Brown, NHS England
- Adam Brown, Sanofi
- Michael Taylor, EveryLIFE Technologies Ltd

B/2024/78 Apologies for Absence (agenda item 2)

Apologies were received from Kelly Angus Interim Chief People Officer, Ken Bremner, Foundation Trust Partner Member, John Pearce Local Authority Partner Member and Claire Riley Chief Corporate Services Officer.

B/2024/79 Declarations of Interest (agenda item 3)

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

Conflicts were highlighted under agenda item 15 – Voluntary, Community and Social Enterprise (VCSE) update;

- Jon Rush is a Trustee for Cumbria Council for Voluntary Service.
- Lisa Taylor is employed by VONNE and is the lead for the VCSE Partnership Programme.

The Chair noted the conflicts, and confirmed both members could take part in the discussion but would be required to abstain from any decisions.

B/2024/80 Quoracy (agenda item 4)

The Chair confirmed the meeting was quorate.

B/2024/81 Minutes of the Board Meeting held on 1 October 2024 (agenda item 5)

RESOLVED

The Board **AGREED** that the minutes of the Board meeting held on 1 October 2024 were a true and accurate record.

B/2024/82 Action log and matters arising from the minutes (agenda item 6)

There were no further updates.

B/2024/83 Notification of items of any other business (agenda item 7)

None.

B/2024/84 Chief Executive's Report (agenda item 8)

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.

NHS Change

In November, Middlesbrough hosted a visit from the Secretary of State for Health and Social Care, Wes Streeting MP, and the Chief Executive of NHS England, Amanda Pritchard, as part of the NHS Change consultation.

It was clear that people had an overwhelming sense of pride when it came to the NHS, with all wanting to maintain the principle of free at the point of use and look for consistency in services. They also supported the three key shifts of moving care from hospital into the community, analogue to digital (although with caveats that this does not broaden inequalities or access), and a focus on prevention.

It is expected the NHS 10-year plan will be published May 2025, which will give us the opportunity to take stock and review the North East and North Cumbria "Better Health and Wellbeing For All" Strategy which sets out four strategic goals.

The Government are announcing a new white paper 'Get Britain Working'. North East and North Cumbria will be one of three health and growth accelerator sites with £18m additional funding to work together across the system and support people to maintain their employment whilst tackling ill health. There is a strong evidence base around work and people's health, particularly people with mental health and physical health conditions. Therefore, the role of the integrated care system is really important in setting the priorities for North East and North Cumbria where the population health needs are different to other parts of the country.

The Board discussed the health and growth accelerator work and noted;

- This will build on already successful programmes i.e. waiting well and also working alongside some local authority programmes of work such as connect to work.
- The Healthier and Fairer Programme Board will oversee the pilot which covers the whole region.
- The service model developed during this pilot will hopefully be rolled out across the country.
- The Treasury have supported this based on detailed modelling on the numbers we are faced with at the moment.
- 4 million people nationally are not economically active, of which 2.8 million have a long-term condition or illness.
- There is good evidence to build on and we've committed to enact the plan and deliver some outcomes.

Financial Position

The Chancellor of the Exchequer recently announced within her budget statement an additional £22b for the NHS, which we are grateful for in terms of revenue and budget. 2025/26 is going to be an incredibly challenging year and includes a number of settlements on pay deals which need to be resourced. The ICS are currently delivering against plan and forecasting a breakeven position. Hopefully 2025/26 will be the last year of a single year funding allocation and we can move to a more medium-term view on planning with three-year allocations.

The changes to national insurance fortunately aren't impacting the health service, but are impacting on business and community and voluntary sector partners with whom we spend £50m a year in the North East and North Cumbria. Those providers delivering services with a large number of staff, will be impacted by the 20% increase. We will work with our providers, specifically those where there is going to be a significant impact to look at how we mitigate risk and explore packages of support which may not involve funding but involve access to advice.

Planning guidance from NHSE is awaited. The Board were assured work was already underway, but the guidance would allow the planning for 2025/26 to conclude.

Winter Planning 2024/25

Pressure on our services have started to increase including demand on accident and emergency departments. Proactive work continues with partners to mitigate risk and keep people at home where possible with access to community response services. In the first year as an Integrated Care Board, resources were secured for a new urgent treatment centre in Middlesbrough. In the last week capital was secured for an urgent treatment centre in Carlisle and work is underway to look at the expansion of the urgent treatment process and model in Newcastle.

Public Service Reform

Public sector services are operating in financial constraints and looking at how services can be arranged to be as efficient, effective and sustainable for the future.

We will be working together with the combined authorities and other partners to scope out and co-produce this work to;

- make it easier to navigate services;
- share buildings;
- prevent repeated assessment;
- reduce the burden.

Today the Department of Health and Social Care (DHSC) launched a consultation to seek views on the most effective way to strengthen oversight and accountability of NHS managers. Colleagues across the services are encouraged to get engaged in the consultation.

ACTION:

The Chair to seek views of the Board for a collective response to the DHSC Leading the NHS consultation.

Child Poverty

Given the commitment at a previous Board meeting to become a Real Living Wage employer, the ICB are working with the Executive Directors of Finance to understand the overall impact this will have with a view that we take steps to adopt the real living wage across the region. Further discussions have taken place with the eleven

foundation trusts across the region, of which some confirmed they had already taken steps to adopt this.

The Board discussed the shift analogue to digital. The Digital, Data and Technology strategy outlined five key themes, one of which was 'getting the basics right'. It was recognised that not everyone would want or be able to engage digitally so it is important that alternatives are provided. A lot of progress has already been made but there is still a lot of work to do with the biggest challenge being the investment needed.

It was noted there had been public concern around the physician associate role and a recent announcement had been made by the Secretary of State of an independent review to be carried out into these roles. It is important to look at the scope of practice and how these roles weave into the medical workforce model and how they are educated and trained. In our region the majority of physical associate roles are within the hospital setting, with only a small number in primary care.

RESOLVED:

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

B/2024/85 Board Assurance Framework Quarter 2 2024/25 (agenda item 9)

The Board were provided with a refreshed Board Assurance Framework (BAF) for quarter 2, 2024/25 and an updated corporate risk register for review and consideration.

The BAF is regularly reviewed by its Committees before submission to the Board and any changes or risk movement are highlighted within the report.

RESOLVED:

The Board **APPROVED** the BAF for quarter 2, 2024/25 and received and reviewed the corporate risk register for assurance.

B/2024/86 Complaints Annual Report 2023/24 (agenda item 10)

The Board were provided with an annual complaints report for the period 1 April 2023 – 31 March 2024 for complaints related to ICB commissioned services.

The ICB complaints function is currently managed by two separate teams due to historic arrangements

- North of England Commissioning Support (NECS) via a service level agreement - complaints relating to the ICB itself and its commissioning functions but not primary care. This arrangement was in place prior to the delegation of primary care commissioning from NHS England to the ICB in July 2023.

- The Primary Care Complaints Team – complaints relating to primary care services specifically (transferred from NHS England following the delegation of primary care commissioning to the ICB).

There are significant capacity constraints within both teams at present and as such the annual report related to the ICB complaints managed by the NECS team only. A primary care complaints annual report will be submitted to the Board for assurance at a future meeting.

It was recognised that there is a significant backlog of complaints and urgent work was underway to address the capacity issues and re-establish the team as an integrated team to manage all ICB complaints. Capacity was increased within the complaints teams and the skill mix within the team was being reviewed and utilised appropriately.

A series of workshops have commenced which include a review of the current processes for managing complaints to identify efficiencies in the current process, streamlined ways of working and the development of a more comprehensive governance structure for reporting of complaints activity. The workshops will also ensure there is appropriate clinical review of complaints and strengthen the learning element identifying any key themes and trends.

Through further discussion the following key points were noted;

- Having a metric to measure response times would be helpful.
- 42% of complaints were related to access to dental care, it is hoped these will reduce once the dental recovery plan is fully implemented.
- The complexity of some complaints received require a far more holistic review.
- The Quality team are working more closely with the complaints team to provide a more personalised approach.

ACTION:

The Board to receive a further update on complaints.

RESOLVED:

The Board **RECEIVED** the ICB Complaints Annual Report 2023/24 for assurance and **APPROVED** its publication on the ICB website.

The Board **NOTED** an annual report for primary care complaints will be brought to a future meeting for assurance.

The Board **NOTED** a full review and recovery plan is being developed to address the capacity issues within the complaints function.

The Board were provided with an updated policy for the standards of business conduct and declarations of interest which is in line with current national guidance.

The policy was reviewed in consultation with the Clinical Director for Medicines Optimisation / Pharmacy to bring together elements of the standards of business conduct and declarations of interest policy (ICB039) with the commercial sponsorship and joint working with the pharmaceutical, medical appliance and health technology industry policy (ICB006).

The updated policy included a Memorandum of Understanding (MOU) between the ICB and Health Innovation North East and North Cumbria (HINENC).

The Executive approved the closure of ICBP006 and recommended the submission of updated policy ICP039 to the Board for approval.

RESOLVED:

The Board **APPROVED** the updated Standards of Business Conduct and Declarations of Interest Policy.

B/2024/88

Highlight Report and Minutes from the Executive Committee held on 10 September and 8 October 2024 (agenda item 12.1)

An overview of the discussions and approved minutes from the Executive Committee meetings in September and October 2024 were provided.

Detailed decisions logs were appended to the highlight report.

Local Delivery Team Deep Dives

Representatives were invited from the six local delivery teams to provide deep dive updates to the Committee on their local plans. At the last meeting representatives attended from the North Cumbria and County Durham teams. These have now concluded and were informative and valuable particularly in strengthening the connection with the executives and deepening their understanding of the work of our local delivery teams and areas requiring support.

Oliver McGowan Training

Funding was received from NHS England to support the delivery of the statutory learning disability autism awareness training across the ICS in line with national policy. The Interim Chief People Officer has carried out some detailed work on the implementation of the training and how resources are utilised. A further update will be brought to the Board through the Executive Committee.

The Chair shared his reflections of the Oliver McGowan training with the Board and noted this to be a valuable training course.

The Board discussed the importance of this training and Martha's Rule to strengthen the system and the mechanism put in place to get parent's views on patient care.

- The executive team receive weekly incident reports which includes incidents related to mental health and learning disability.
- Discussions were ongoing with providers on how to improve the response to patients with co-morbidities.
- Focusing on data available around pathways was suggested.
- The Patient Safety Centre provides the opportunity to pull all aspects of quality and safety together to identify learning and interventions.
- Listening to families is key.
- Martha's Rule currently applies to acute settings but there have been initial conversations regarding the ability to extend this within mental health trusts.
- The new Mental Health Act will include a much higher detention criteria and provide opportunity to look at where Martha's Rule could be applied within the mental health sector.

ACTION:

The Chief Delivery Officer to explore the application of Martha's Rule in Mental Health and Learning Disability services.

GP Collective Action

General Practitioners are engaged in collective action, an infrastructure was put in place to understand the impact on services. The Chief Executive thanked colleagues in general practice and emphasised how general practice was a very important part of the NHS who the ICB are committed to support whilst mitigating against any impact on the patients and reduce risk where possible. It was noted there was a risk that collective action may increase and could coincide with some of the busiest times of the year in terms of pressures on services.

The Chief Delivery Officer provided an update to the Board on the weekly process in place with NHS England supported by the Strategic Coordination Centre. Scope was being considered with regards to a GP sustainability scheme while national guidance was awaited. The focus remained on local incentive schemes and service schemes for 2025/26 to look at consistency in contracts.

Challenges highlighted in general practice included;

- The increased national insurance may impact on general practice ability to employ people through the Additional Roles Reimbursement Scheme.
- Since 2019 general practice appointments have risen 35,000 a day nationally due to the increase in demand.
- A number of practice merger requests have been received, there is a process being followed to consider these requests and the impact they may have.

It is important as an ICB that we gather feedback and information from general practice and advocate strongly for any changes to national funding rules to help achieve the left shift.

RESOLVED:

The Board **RECEIVED** the highlight report and confirmed minutes for the Committee meetings held on 10 September and 8 October 2024 for information and assurance.

B/2024/89 Highlight Report and Minutes from the Quality and Safety Committee held on 12 September 2024 (agenda item 12.2)

An overview of the discussions and approved minutes from the Quality and Safety Committee meeting in September 2024 were provided.

Patient Story

The Committee heard a patient story from a member of the deaf community regarding their experiences of accessing mental health support when using British Sign Language. The Committee have taken this further to look at how to improve services for patients with communication difficulties.

The Committee also discussed situations whereby patients experience inpatient care are at risk of losing their home accommodation.

The Committee continue to listen to patient stories and wider concerns, providing opportunity to delve into issues identified on a deeper level.

Paediatric Audiology

There was ongoing work to ensure timeliness and quality provision within paediatric audiology services.

Complex Care Incident Management Report

An incident management group addressed risks identified in complex care and the Committee reported this to be under much better control.

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes for the Quality and Safety Committee meeting held on 12 September 2024 for information and assurance.

B/2024/90 Highlight Report and Minutes from the Finance, Performance and Investment Committee held on 5 September and 3 October 2024 (agenda item 12.3)

An overview of the discussions and confirmed minutes from the Finance, Performance and Investment Committee meetings held in September and October 2024 were provided.

Finance

The Committee ratified a letter of support from the ICB with regards to an Electronic Patient Record (EPR) business case for North Cumbria Integrated Care NHS Foundation Trust.

Performance

The Committee focused on urgent and emergency care performance which included the action taken across the system to reduce ambulance handover delays and accident and emergency department waits.

The Committee reflected on the Board development session held in October 2024 and proposed a programme of 'Deep Dives' that would complement the Integrated Delivery Report at future Board meetings.

Prevention Programme

The Committee discussed the progress in reporting spend on prevention including the challenges in the definitions. Work would continue linking in with existing ICB programmes and with the engagement of NHSE and regional colleagues to seek to develop a consistent approach.

Infrastructure Board

An update was received on the Infrastructure Strategy and discussion took place around the process for prioritisation of spending. The Infrastructure Board established a subcommittee which meet weekly to ensure the governance and lines of accountability are correct. The outcome and decision of the strategy submission in July is awaited.

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes for the Committee meetings held on 5 September and 3 October 2024 for information and assurance.

B/2024/91

Highlight Report and Minutes from the Audit Committee held on 18 July 2024 (agenda item 12.4)

An overview of the discussions and confirmed minutes from the Audit Committee meeting held in July 2024 were provided.

Board Assurance Framework and Risk Management

A standardised approach was introduced and adopted by staff in the management of risks with a series of roadshows to provide training and support. A significant amount of improvement had been evident in risk reporting and the quality of information being administered on the system.

Finance

The Committee received an update on the ICB's financial position which covered financial performance, losses and special payments, tender waivers and aged debtors and creditors.

Mental Health Investment Standard

The Committee received an update on the Mental Health Investment Standard (MHIS) report. The ICB published a statement of compliance at the end of the final year to state MHIS obligations had been met. The ICB were provided with a final reasonable assurance report.

Internal Audit and Counter Fraud

A formal review of the audit plan had been undertaken and the Committee supported the deferral of three audits into 2025/26 to increase capacity and resource on the financial grip and control review.

Annual Review of Internal and External Audit Effectiveness

The Committee formally review the performance of internal and external audit and on annual basis. Positive feedback was provided to external auditors Forvis Mazars. Feedback regarding internal auditors, Audit One, would be formally considered at the Committee meeting in January 2025.

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes for the Committee meeting held on 18 July 2024 for information and assurance.

B/2024/92 Integrated Delivery Report (agenda item 13)

The NENC Integrated Delivery Report (IDR) provided an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions.

The Chief Strategy Officer drew the Board's attention to performance highlights as follows:

Community Mental Health Services

The report included a new metric for 2024/25 which related to community mental health services provided by primary care networks.

The ICB was required to submit 104 weeks wait elimination projectories for community mental health services. The plan looked to eliminate 104 week waits for adults and reduce the waiting list to 560 for children and young people, which would demonstrate a significant improvement. The long waits related to the neurodevelopmental pathway and services.

Health inequalities

The report included new metrics related to prevention and health inequalities, which provided the current position and challenging targets for a whole range of care services i.e. vaccinations, hypertension.

Urgent and Emergency Care

Category two response times deteriorated during October 2024 to 31:08m with the North East Ambulance Service (NEAS) ranked third out of eleven. NEAS remain the best performer for category one in the country.

A&E performance had deteriorated to 75.8% and ranked 7 out of 42 ICBs in October 2024, this had slightly recovered in November 2024.

Cancer

The number of patients (792) waiting over 62 days for treatment continues to improve. The number of people treated within 62 days remains at 65.8% and remains in shape to deliver national target of 70%.

Planned Elective Care

There was 355,725 people waiting across the region or planned elective care in September 2024. Progress was maintained in the reduction of people waiting 65+ weeks and 52+ weeks.

NENC ICB remained the best performer nationally for people receiving treatment within 18 weeks from referral with the current position at 68.4% against the national average of 58.5%.

It was confirmed that the national ask to eliminate 65-week waits by the end of September 2024 was not met and the plan to eliminate was revised to December 2024 with some national exceptions related to corneal transplants and specialist spinal services.

Mental Health

The Talking Therapies reliable recovery and improvement rates had improved slightly but did not meet the national standards. The number of young people accessing mental health support exceeded the plan.

Primary Care

The number of monthly appointments in general practice decreased with 80.5% of patients seen within two weeks and 62.8% seen the same day or next day. The percentage of planned dental delivered at 72.3% exceeded the national average of 41.9%.

It was acknowledged that in a complex multi-layered system, where it is difficult to deliver a sustained change in practice there remains lots of opportunity to learn and improve. As system leaders and conveners, it is important to reflect on and consider different

approaches, for example structured peer review and follow up has been well received across the system.

The Board discussed the virtual wards model which had adapted and changed since implementation. The Living and Ageing Well Partnership were undertaking a review of the model and would look at the variation of staffing models and pathways and soft intelligence. It is important to look at the virtual ward model in relation to the development of integrated neighbourhood teams.

The Board thanked the Chief Strategy Officer for the report and noted the opportunity to further explore the demand right across the system in terms of activity levels for inclusion in future reports.

RESOLVED

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

B/2024/93 Finance Report (agenda item 14)

The Chief Finance Officer provided the Board with an update on the financial performance of the NENC ICB and ICS in the financial year 2024/25 for the six months to 30 September 2024.

ICB Revenue Position

As of 30 September 2024, the ICB reported a year to date surplus of £27.35m and a forecast surplus of £53.6m in line with plan.

ICS Revenue Position

Deficit support funding of £49.95m was received in month 6 to offset the agreed deficit plan for the year. As a result, the full year ICS financial plan was now a breakeven position. NHS England had confirmed the deficit support funding would not be repayable by the ICS as long as the planned position was delivered for the year (i.e. as long as a breakeven position was achieved).

The month seven position included continued financial pressures particularly around high-cost drugs and the impact of the pay award.

The impact of NICE approved drugs and devices was estimated at £25m across the ICS. Whilst these drugs are value for money and clinically effective the ability to fund these drugs on scale is challenging.

The initial assessment of the impact of the pay award suggests there may be a shortfall of risk of £20m to the ICS, work continues to understand this further.

Financial risk

In month six, unmitigated risk has reduced to around £60m. There was a risk of band two to band three re-grading of health care assistants in provider trusts. Work continued as a system and with NHS England to identify and manage risk.

ICS Capital

ICS capital spending forecasts were in line with plan and expected to be managed over the remainder of the year.

Financial grip and control review

The work has now concluded and will be taken through the appropriate governance route and learning shared. Controls were good but improvements could be made in certain areas.

Medium term financial plan

The formal planning guidance has not yet been published. The planning work for 2025/26 has commenced and a refresh of the medium-term finance plan is currently being undertaken. The initial estimates suggest 4-5% efficiencies to be delivered in 2025/26 across the region.

Workforce

It was flagged in the NENC workforce summary for September 2024 there had been a 2.5% (522) increase in non-medical non-clinical substantive whole time equivalent staff.

The Board were assured the quality of the data was being looked at including the drivers behind it and noted there had been a reduction in spend.

RESOLVED:

The Board **NOTED** the latest year to date and forecast financial position for 2024/25 and the financial risks across the system still to be managed.

B/2024/94 Voluntary, Community and Social Enterprise (VCSE) update (agenda item 15)

Conflicts were highlighted under agenda item 15 – Voluntary, Community and Social Enterprise (VCSE) update;

- Jon Rush is a Trustee for Cumbria Council for Voluntary Service.
- Lisa Taylor is employed by VONNE and is lead for VCSE Partnership Programme.

The Chair noted the conflicts and confirmed that both members could take part in the discussion but must abstain from any decisions.

The Director of Policy, Involvement and Stakeholder Affairs presented the North East and North Cumbria VCSE Stocktake to the Board.

The Board received an update in March 2024 on the development of a Memorandum of Understanding with the VCSE where next steps included carrying out a stocktake of the current strategic infrastructure for working with the VCSE.

There are more than 11,000 VCSE organisations in NENC of various sizes and is recognised as a really important delivery partner characterised by extraordinary levels of commitment, energy and innovation.

It is estimated current levels of investment in VCSE organisations through contracts and grant giving is £38m. The stocktake paper was written before the latest increase in national insurance contributions, which is causing concerns for the sector and may affect the viability of some VCSE organisations.

The VCSE contribute and play an important role in meeting the fourth objective of Integrated Care Boards 'helping the NHS to support broader social and economic development' and achieving the three key shifts of the NHS plan.

The stocktake report presented to the Board included some strategic level and system wide recommendations;

- A refresh of the strategic infrastructure for working with the VCSE sector at scale.
- Strengthening how we work with the VCSE sector at place level through our local delivery teams.

VONNE, through the VCSE Partnership Programme, recently secured £75k funding from Assura to progress how we evidence VCSE outcomes and investigate a standardised approach to support evidence-based commissioning, via a partnership approach with the ICB.

The report was welcomed by the VCSE and noted to be really positive. Feedback was provided to the Board from the North East Local Infrastructure Network (LIO). They fully supported the intention of the stocktake, appreciated the time and focus that was given to producing it, and the recognition of the value of the VCSE sector as a whole. The LIO welcomed the suggestion of an increase in investment in the sector to 1% of budget and the inclusion of examples of successful working with local infrastructure in Durham and North Tyneside.

Since the stocktake was written, the sector was facing further significant financial challenges as a result of the recent budget. This figure was tens of millions a year. Without any support for the sector, this would mean reduced activity, at a time when the ICB was looking to increase the use of the sector for strategic reasons and the sector was already facing considerable financial strain.

The LIO were encouraged to see reference to the lack of funding of the infrastructure role across the wider NHS. Local infrastructure organisations in most areas of the North East currently receive no funding for their liaison role between the sector and NHS. There was a good model of funding local infrastructure elsewhere in the system

that could be built upon, and they would welcome the opportunity to work with the ICB to develop the thinking on this.

The LIO were keen to be part of discussions and development of a future model of VCSE involvement that had greater depth in terms of local voice and supported the focus on primacy of place.

To achieve a 'shift left' it was suggested the ICB should reflect on how current evaluation processes could change to allow for longer term preventative work in the VCSE to be funded.

Support was offered through the Healthwatch Network to cascade communications especially in those places where there was no lead local infrastructure organisation.

RESOLVED:

The Board **SUPPORTED** a refresh of the strategic infrastructure for working with the VCSE sector at scale, and to strengthen how we work with the VCSE sector at place level through our ICB Local Delivery Teams.

The Board **ENDORSED** the following proposed actions;

- Work with the VCSE sector to refresh our current VCSE Partnership Programme structures, to ensure that the voice of the sector and its service users is listened to.
- To set out these arrangements in a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making.
- Strengthen communication mechanisms with the sector via regular bulletins and a programme of VCSE summits and learning events.
- Support the VCSE sector to develop the skills of their leaders and increase opportunities for peer support and learning via a dedicated VCSE learning network hosted on our Boost platform and VCSE participation in our Workforce Development programme.
- Develop a standard grant-making and commissioning framework and investment criteria for ICB commissioners based on learning from the Assura-funded pilot programme.
- Ensure that when commissioning VCSE organisations that we have a balanced and proportionate approach to impact measurement that is realistic and proportionate to the size of the funding, the type of work being carried out, and the size of the respective organisations involved.
- Develop a repository of good practice case studies where the VCSE have demonstrated their impact and use this data to advocate for increased grant giving and commissioning from the sector with key health partners.
- Strengthen the relationships between ICB commissioners and local philanthropic donors, including the local Community Foundations, to identify shared priorities and broker investment into VCSE projects that support ICB objectives.

Rajesh Nadkarni left the meeting.

B/2024/95 Involving People and Communities Strategy 2024-28 (agenda item 16)

The Director of Policy, Involvement and Stakeholder Affairs presented the North East and North Cumbria Involving People and Communities Strategy 2024-2028 to the Board.

This strategy was guided and shaped by listening to the people and communities we serve, the organisations and stakeholders we work alongside, and the feedback received from ICB staff, committee and Board members.

As an ICB, we have a legal duty to involve; however, it is also empowering to local communities to know their voice can help shape the health and care services in their communities. People tell us they want to be involved in a way that brings about change, this is important to improving services, improving health, and reducing health inequalities.

In 2022, NHS involvement staff from across the region asked people and organisations for help to develop our first involvement strategy. This year we asked Healthwatch to talk to people about this, we used this feedback to write a new involvement strategy and then we asked people what they thought of the new strategy.

We changed our principles to:

1. meaningful involvement
2. removing barriers
3. listening to feedback

We made the document easier to read, the strategy shorter and developed a workplan which included how we will measure success.

The Patient Voice Group meets quarterly with membership including: ICB (teams, workstreams and networks), Healthwatch Network, VCSE Partnership Programme, North East Association of Directors of Adult Social Services and Carers. The Group's purpose is to:

- ensure we discharge our statutory duties and legal requirements with regards to involvement.
- have mechanisms in place to listen to the views of our local communities and stakeholders.
- triangulate what we have heard from those mechanisms to identify emerging themes. We will report these to the Quality and Safety Committee, Executive Committee, and the Board.

The Board were provided with an overview of recent involvement and engagement activity which highlighted how listening has influenced the work of the ICB;

- Work in partnership with Gateshead Health NHS Foundation Trust on the Womens Health Strategy – engagement from 1000+ women identifying key priorities.
- School age immunisation - identifying best times and venues and information important to parents.

The strategy set out how the ICB will deliver its statutory duty under the Health and Care Act 2022 'promoting involvement of each patient'.

The Board welcomed the strategy and discussion further highlighted;

- From a quality and safety perspective data, quality and trends are important but that does not always give the full picture. There is an opportunity to improve mechanisms around soft intelligence, triangulating themes and formulating action plans.
- The offer through the Child Health and Wellbeing Network could be strengthened in supporting the ICB to activate children and young peoples' voice.
- The role of parent carer forums is important to consider, who are embedded within local authority and can give insight into the children and young people services and mental health challenges.
- An annual involvement and engagement report will evidence the work and will be reported through Quality and Safety Committee and the Board.
- Page 18 of the Integrated Delivery Report presented to Board in an earlier agenda item included themes from the Healthwatch general engagement. There are seven themes specific to healthcare matters, all of which have been discussed today.
- The work referenced within the strategy around the BOOST learning system was welcomed.
- The quality team are working to ensure reports presented at the Quality and Safety Committee are making reference to and triangulating signals of engagement, complaints and incidents through assurance reports.
- The Quality and Safety Committee terms of reference and cycle of business are being reviewed, with the Patient Voice Subcommittee feeding into this. Quality and Quality Governance is being reviewed also as part of this.
- Co-production of the strategy is referred to but examples of how patient and carers with lived experiences were actively involved in shaping the solutions could be shared with Board members.
- Structuring feedback in a "you said, we heard, we did together" format can be helpful to patients and public.
- It is important that we have the infrastructure in place to support people to engage.

A point of correction was noted with regards to the strategy. Page 17 should read 'Voluntary, Community and Social Enterprise (VCSE) sits on the Board and Patient Voice'.

RESOLVED:

The Board **APPROVED** the Involving People and Communities Strategy 2024-28.

Lisa Taylor and Christopher Akers-Belcher left the meeting.

B/2024/96 Healthcare Associated Infections (agenda item 17)

The Interim Chief Nurse and AHP Officer updated the Board on the current infection control status of NENC Foundation Trusts with a comparison of trajectories 1 September 2023 – 31 August 2024.

Meticillin-Resistant Staphylococcus Aureus (MRSA)

There is a zero tolerance in MRSA cases and the ICB had 11 community cases and 9 acute cases April to August 2024. Learning from MRSA infections was being undertaken using the Patient Safety Incident Response Framework (PSIRF). It was noted the increase in incidents reflected the national picture.

Escherichia Coli (E-Coli)

The total trust and community cases of E-Coli had increased this year since the same period in 2023.

Clostridium Difficile (C. Diff)

Three trusts had seen an increase in incidents during April – August 2024 compared to the previous year and there had also been an increase in community cases. Nationally, there had been a reported increase of 18% on average relating directly to issues with antibiotic prescribing.

A letter was issued by the UK Health Security Agency (UKHSA) on 18 November 2024, which reinforced the recommended strategic plans for C. Diff and all Healthcare Associated Infections (HCAIs).

There is a need for a renewed focus on;

- infection prevention control
- strengthening surveillance
- enhancing public engagement and education
- development of an EMR workforce
- improved antimicrobial stewardship and disposal
- considering health disparities and health inequalities

Carbapenemase Producing Enterobacteriaceae (CPE)

In North East and North Cumbria there was a challenging situation in County Durham and Darlington NHS Foundation Trust in respect of CPE with seven wards having had hospital acquired outbreaks. The Trust have a detailed action plan to manage these outbreaks with issues linked to long standing estate challenges and evolving building regulations.

A CPE Quality Summit lead by the NENC ICB held on 15 October 2024 identified the following actions;

- Expand the current IPC service from five days to seven days per week.
- Improve IPC leadership from Ward to Board with more robust roles for ward managers and matrons to ensure compliance with IPC standards and maintenance of the state through quality review visits to clinical areas.
- An immediate high profile internal campaign aimed at all staff, patients and visitors to improve IPC compliance especially hand hygiene.
- Update seven identified wards to the same standard as ward 52 which has recently been upgraded.

ICB wide improvement plans had been updated to include learning from the CPE summit and were supported by national expertise and involvement from the national new hospital team.

The main ICB wide issues and challenges included;

- Estate building issues.
- Insufficient isolation areas and additional beds in bays.
- More complex patients with co-morbidities resulting in patients being moved to different wards for isolation.
- Lack of compliance with fundamental standards.
- National picture reflects the increase in HCAs.

It was noted that hand hygiene remains the most effective tool in infection prevention control therefore it was important to reinforce this fundamental standard through campaigns and communication.

Weekly reporting on progress was in place with daily updates to ensure IPC was being considered as part of managing the urgent and emergency care flow.

A single item agenda for infection prevention control was planned for Quality and Safety Committee in early 2025 to monitor progress and discuss in more detail.

Neil O'Brien left the meeting.

The Board welcomed the report and discussion further highlighted;

- The action plans from CDDFT gave some good assurance specifically around the learning.
- There is a real clear line of accountability for providers individually through Quality and Safety Committee.
- It would be helpful if a future update to the Board included trajectories and data could be categorised in bed days rather than years to allow a more useful comparison.
- As integrated members of the Trust Quality and Safety Committees there is opportunity to influence cycles of business.

- There is an opportunity to look at where these can be included in winter messages being planned.
- There is a significant financial impact due to the increase in healthcare associated infection cases.
- Estates is fundamental but does require investment.

ACTION:

Explore a NENC systemwide campaign on infection prevention control coproduced with workforce, patients and the community.

RESOLVED:

The Board **RECIEVED** the report and **NOTED** the assurance where progress is being made and the plans in place to address identified gaps in assurance.

The Board **NOTED** a future single item infection prevention control scrutiny session is being planned at the Quality and Safety Committee.

B/2024/97 Questions from the Public on non-agenda items (agenda item 18)

No questions were received from the public.

B/2024/98 Any other business (agenda item 19)

There were no items of any other business to discuss.

The Chair thanked the Chief Executive, executive team and ICB staff for all their hard and excellent work this year. The Chair also thanked Board members for their support and help in handling some difficult and challenging items, including the work of the Committees.

The meeting closed at 14:10