Item: 5

NHS
North East and North Cumbria

North East and North Cumbria Integrated Care Board

Minutes of the meeting held in public on 26 March 2024 at 10.30am, The Durham Centre, Belmont

Present:
Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
Christopher Akers-Belcher, Healthwatch Representative
Dr Hannah Bows, Independent Non-Executive Member
Ken Bremner, Foundation Trust Partner Member
Levi Buckley, Executive Area Director (North and North Cumbria)
David Chandler, Executive Director of Finance
Professor Graham Evans, Executive Chief Digital, and Information Officer
David Gallagher, Executive Area Director (Tees Valley and Central)
Tom Hall, Local Authority Partner Member
Professor Sir Pali Hungin, Independent Non-Executive Member
Professor Eileen Kaner, Independent Non-Executive Member
Dr Saira Malik, Primary Medical Services Partner Member
Cath McEvoy-Carr, Local Authority Partner Member
Jacqueline Myers, Executive Chief of Strategy and Operations
Dr Rajesh Nadkarni, Foundation Trust Partner Member
Dr Neil O'Brien, Executive Medical Director
David Purdue, Executive Chief Nurse and People Officer
Claire Riley, Executive Director of Corporate Governance, Communications and Involvement
Jon Rush, Independent Non-Executive Member
Dr Mike Smith, Primary Medical Services Partner Member
David Stout, Independent Non-Executive Member
Lisa Taylor, Voluntary Community and Social Enterprise Representative

In Attendance:
Deborah Cornell, Director of Corporate Governance and Board Secretary
Toni Taylor, Governance Officer (minutes)

B/2024/121 Welcome and Introductions (agenda item 1)

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

The Chair welcomed Professor Pali Hungin to his first Board meeting as an Independent Non-Executive Member.

David Stout, Independent Non-Executive Member was in attendance virtually via Microsoft Teams.

The following individuals were in attendance under public access rules:
- Adam Brown, Sanofi
- Pankaj Chaddah, Medtech Consulting Ltd
- Ian Coates, Thornton & Ross
- Lisa-Marie Dawkins, Sanofi
- Dawn Smiles, Medtech Consulting Ltd
- Professor Samantha Weston, Teesside University

B/2024/122 Apologies for Absence (agenda item 2)

No apologies were received, all Board members were in attendance.

B/2024/123 Quoracy (agenda item 3)

The Chair confirmed the meeting was quorate.

B/2024/124 Declarations of Interest (agenda item 4)

Members had submitted their declarations prior to the meeting which had been made available in the public domain. No additional declarations were made.

B/2024/125 Minutes of the previous meeting held on 30 January 2024 (agenda item 5)

RESOLVED
The Board **AGREED** that the minutes of the meeting held on 30 January 2024 were a true and accurate record.

B/2024/126 Action log and matters arising from the minutes (agenda item 6)

The action log had been updated before the meeting and there were no further updates.

B/2024/127 Chief Executive's Report (agenda item 7)

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 and 2024/25 Planning
The NENC ICB will deliver our plan within the available budget agreed by NHS England. Over the past year the NHS has faced some significant challenges including industrial action, increased level of need, budget pressures and inflation. The ICS has made

good progress and will continue to focus work on the recovery period. Work is ongoing to develop 2024/25 financial plans.

Impact Against Performance
Published data in December 2023 demonstrates a reduction in all long waits, with the number of patients waiting 78 weeks and over 104 for elective treatment reduced. Ambulance response times have seen an improvement and access into primary continues to be expanded.

The Chief Executive acknowledged on behalf of the Board well wishes to the Princess of Wales with her early diagnosis of cancer. In the first 24 hours of the announcement the NHS website saw an increase of 350,000 additional hits in people seeking cancer information. Over the last year the ICB has expanded the diagnostic programme and encourage the public to seek support should they need it.

Joint Forward Plan
ICBs and partner NHS Trusts are required to publish an updated joint forward plan every March. The proposed approach to the refresh is to commit to the existing plan with the following amendments;

- Minor updates to several sections.
- More material update to a small number of sections.
- A small number of new sections in response to stakeholder feedback as outlined in the September 2023 version.

There is an easy read version and plan on a page available which will be updated.

Dentistry
The government have recently opened a consultation to seek views on expanding community water fluoridation schemes in the North East. Some areas are already covered and have been for some time. Flouridation is an important public health intervention providing oral health benefits to children. The public consultation is now live, a response will be co-ordinated on behalf of the Board but individual responses are also encouraged.

Devolution
The North East Mayoral Combined Authority's (NEMCA) Devolution Deal sets out the devolved powers and funding streams within the combined authority's seven portfolios that will support delivery of a Public Sector Reform (PSR) programme. It is proposed that the PSR programme is convened by NEMCA for a system-wide impact, but with a shared strategy and priorities co-designed with key public service institutions in the region, in the ICB and the Integrated Care Partnership.

It is proposed that NEMCA and the ICB explore the development of a joined up PSR programme and a 'health in every policy' approach to the work of NECMA, and test new approaches to integrated service delivery including;

- Public service workforce
- Support for unpaid carers
- Housing, health and care programme
- Child poverty prevention.

Boost will be an enabler to support this work and share the learning.

Staff Survey

In the autumn last year the ICB took part in the national NHS Staff Survey for the first time. The results showed a mixed picture overall, which was expected. On a positive note, 66% of those who responded feel safe to speak up about anything that concerns them and this is higher than the average for ICBs.

One theme identified in the survey results where improvements could be made was around flexible working.

The ICB 2.0 restructure will conclude by the end of April and as the ICB moves forward improvement work will be undertaken.

BOOST

Our Boost learning and improvement community now has 7,000 members from across health and care organisations, communities and third sector. The establishment of a peer network for NHS leaders who are responsible for improvement in NHS organisations is now embedded with some recent work undertaken with maternity services.

Shared Care Arrangements

The management of patients between primary and secondary care providers is an area of concern. There are particular issues with some patient pathways including ADHD, post operative bariatric surgery and gender dysphoria. Working is underway on these three priority areas.

RESOLVED:

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

B/2024/128 Governance Handbook Issue 8 (agenda item 8.1)

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.

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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 8) as follows:

- Scheme of Reservation and Delegation – version 6.0
- Quality and Safety Committee Terms of Reference – version 4.0
- Remuneration Committee Terms of Reference – version 3.0
- Finance, Performance and Investment Committee Terms of Reference – version 4.0
- Executive Committee Terms of Reference – version 5.0
- Audit Committee Terms of Reference – version 3.0
- NENC ICB Committee Structure – version 5.0

All subcommittee terms of references were presented to and approved by their parent committee and updated versions will now be added to the Governance Handbook.

RESOLVED:
The Board **APPROVED** the updated versions of the governance documents for insertion into the Governance Handbook (issue 8).

B/2024/129 Constitution (agenda item 8.2)

The Board was presented with an updated Constitution for the North East and North Cumbria Integrated Care Board.

The constitution reflected the changes as requested;

- The revised ICB 2.0 transformation programme of the Executive Team structure and portfolios from 01 April 2024.
- The new summary of changes in the NHS England Guidance publication PAR1551.
- The constitution is fully compliant with NHS England requirements.

RESOLVED:
The Board **APPROVED** the amendments and **AGREED** for the Constitution to be submitted to NHS England for formal approval.

B/2024/130 Standards of Business Conduct and Declarations of Interest Policy (agenda item 8.3)

The Board was presented with an updated policy for the standards of business conduct and declarations of interest.

The policy has been reviewed to ensure it remains up to date and reflective of the ICB's operating model and some changes have been made as a result. The changes within the policy include:

- Updated job titles to reflect the ICB 2.0 programme changes.

- Reference to the newly launched conflicts of interest training which will be launched on ESR.
- A revised Fraud/Theft section as per advice from AuditOne.
- A flowchart included in the Policy on a Page as a visual aid.
- Reference to the Fit and Proper Person Test Criteria, Procurement Policy and Provider Selection Regime Guidance.

RESOLVED:
The Board **APPROVED** the updated policy.

B/2024/131 Highlight Report and Minutes from the Executive Committee held on 16 January and 13 February 2024 (agenda item 8.4.1)

An overview of the discussions and approved minutes from the Executive Committee meetings in January and February 2024 were presented.

The following items were submitted to the meeting of the Committee and details are contained within the attached decision log:

- Primary Care Dental Access Recovery
- Protected Learning Time Proposal for General Practice
- Armed Forces Reserves and Cadets Policy

The ICB has signed the Armed Forces Covenant and received the Gold Award as part of the Covenant's employer recognition scheme.

RESOLVED:
The Board **RECEIVED** the highlight report and confirmed minutes for the Committee meetings held on 16 January and 13 February 2024 for information and assurance.

B/2024/132 Highlight Report and Minutes from the Quality and Safety Committee held on 11 January 2024 (agenda item 8.4.2)

An overview of the discussions and approved minutes from the Quality and Safety Committee meeting held on 11 January 2024 were presented.

Patient story
The Committee heard three accounts of interaction with children's mental health services and personal reflections.

Quality exception reports
The exception report covered;

- Continuing Healthcare (CHC)
- Healthcare Associated Infections (HCAI)
- Coroners regulation 28 – reports to prevent future deaths
- Learning from lives and deaths

- People with a learning disability and autistic people (LeDeR) reviews.

It was noted with regards to Healthcare Associated Infections there is a formal plan of the ICS to standardise the process, carry out peer review visits, and share some learning identified through reviews.

ACTION:
The Board supported a future agenda item focusing on Healthcare Associated Infections.

Subcommittee terms of reference
The Committee reviewed the Clinical Strategy and Clinical Effectiveness Subcommittee terms of reference.

Continuing Healthcare
A presentation was received which outlined ICB responsibilities and statutory requirements for children and adults.

RESOLVED
The Board **RECEIVED** the highlight report and confirmed minutes for the Quality and Safety Committee meeting held on 11 January 2024 for information and assurance.

B/2024/133 Finance, Performance and Investment Committee held on 7 December 2023 and 1 February 2024 (agenda item 8.4.3)

An overview of the key points from the Finance, Performance and Investment Committee meeting held on 7 December 2023 and 1 February 2024 were presented.

2024/25 planning
The Committee received an update on the development of the 2024/25 financial and operational plans for the ICS, including latest draft plan figures prior to March submission.

Finance
The Committee reviewed the system finance position, both ICS deficit and ICB surplus budgets were on track for year end. The Committee considered the local Elective Recovery Funding arrangements and recommendation of appropriate amendments to the Executive Committee. An update was received from the Chair of the Infrastructure Board with regards to capital oversight arrangements.

Performance
Health inequalities data was well received by the Committee and enables a more accurate assessment to be made of reductions or increases of inequality. There is still work needed to improve waiting times and overall quality of data with regards to mental health. Access to dental services remains a concern. The recent

unpublished data indicated a continued reduction with regards to elective long waits. The Committee noted the oversight arrangements in placed to support various providers.

RESOLVED
The Board **RECEIVED** the update for information and assurance.

B/2024/134 Integrated Delivery Report (agenda item 9.1)

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

In January 2024 NHSe wrote to ICBs and provider trusts to ask for particular focus on delivery in three key areas during March 2024;

1. Urgent and emergency care
   It is unlikely that the category two ambulance response time target of 27minutes and 5 seconds will be met by the end of March, but there is a two-minute improvement compared to February 2024. The month to date position for accident and emergency four-hour performance is 75.4%, an improvement on February's position, however it is unlikely the target of 76% will be met by the end of March 2024.

2. Elective waiting times
   It is likely that the delivery of the 78 week waits (167) and 65 week waits (1145) will be met by the end of March 2024. As at Sunday 17 March 2024 the actual number of patients over 78-weeks had fallen to 116 and 65-week waits was 1261.

3. Cancer waiting times
   The delivery of the 62-day urgent suspected cancer backlog plan (817) is highly likely, as at 17 March 2024 the backlog stood at 747 with all eight trusts below their plan.

The Executive Chief of Strategy and Operations drew the Board's attention to further performance updates as follows:

Ambulance handover times
The NHS Standard Contract sets the target that all handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes. No specific objective was set as part of 2023/34 planning round. A related local metric was agreed that all ambulance handovers would be less than 59mins:59s.

North East and North Cumbria's average in February 2024 was 22mins:19s, with a plan to reach 19mins:4s by March 2024.

A&E 4 hour wait times

The current plan has been revised as part of H2 2023/24 from 81% to 79.2%. January and February 2024 performance was slightly lower than the same months in the previous year but this is in the context of significantly higher attendance. There remains considerable variation between providers in North East and North Cumbria of 86.0% - 64.2% in February 2024. The operational planning ambition is 77% by March 2025.

A&E 12-hour delay

There was no specific objective for 2023/24 but there has been a longstanding expectation nationally that no patient should wait beyond 12 hours from the decision to admit.

In the week ending 10 March 2024, there were 163 patients waiting beyond 12 hours. North East and North Cumbria (NENC) follows a similar trend to England and in February 2024 accounted for 1.6% of 12-hour delays from decision to admit in England.

Diagnostic 6 week waits

The national objective is 5% by March 2025. The NENC ICB position in January 2024 was 18.6%, the 11th best performing ICS.

There is significant variation across providers, 3.3% - 32.9%. Diagnostics is now considered in the Mutual Support Group to reduce the variation.

Wating time for children and young people in mental health services

As at the end of December 2023 there were;

- 24,976 waiting for their second direct or indirect contact. 34% of these have been waiting under 18 weeks and 9% waiting 104+ weeks.
- 15,555 (62%) waiting for their second direct or indirect contact with a referral reason of autism or neurodevelopmental conditions. This group continues to follow an increasing trend. 33% of these have been waiting 53-104 weeks and 7% waiting 104+ weeks.

The annual health check and plan for people with learning disability and autistic people is 75%, with the current position at 39.3%. Quarter four was observed to be a busy period for annual health checks in the previous year, therefore will be useful to see the full year data in the next report to see the progress.

Following on from the recent Quality and Safety Committee where three accounts of interaction with children's mental health services and personal reflections were given, work is underway to look at what can be offered differently and signposting to other services available.

The ICB has invested additional resources for acute providers on paediatric pathways and with community providers for some additional diagnostic work February – April 2024 to tackle some of the longest waiters.

A full system event is scheduled for 5 April 2024 in Cumbria to look at the neurodiversity model.

A more detailed piece of work on mental health is scheduled to be presented at the May Board on transformation work.

Adult mental health waiting times

As at the end of December 2023 there were;

- 35,464 adults aged 18 and over waiting for their first direct contact. 32% of these have been waiting under 18 weeks with 17% of patient waiting 104+ weeks.
- 22,719 (64%) of adults waiting for their first direct contact with a referral reason of autism or neurodevelopmental conditions. 31% of these have been waiting 53-104 weeks and 13% waiting 104+ weeks.

The NENC plan for inappropriate out of area placement bed days shows improvement in performance reaching 162 by quarter 4 2023/24.

Health and Healthcare Inequalities

The report provides an update on progress against the health and healthcare inequality metrics. A detailed narrative to explain the data source, inequality gap, the actions currently underway to address this, and plans for further activity to reduce the gap was also included as an appendix to the report. The Board welcomed this new section of the report and the need for a more in-depth discussion and focus on this.

Board members suggested items to consider for future reports;

- Data on transfer of patients from trust to trust.
- Antimicrobial overview of the different elements.
- Targeted work on children in dental services.
- More detailed data on the criteria to reside.
- Metrics on health inequalities from a preventative care perspective.
- More specific oral health and units of dental activity metrics and data.

Set of procedures agreed under the Strategic Elective Care Board which focuses on mutual aid. It is still early days, but there is data available which will be included in a future report highlighting.

Work on the dental recovery plan is underway with focus on;

- Reducing the waiting list.

- Linking in with and supporting local authority oral health strategies particularly supervised toothbrushing.
- Water fluoridation.

ACTION:
A suggestion was made that the Healthier and Fairer Group look to incorporate preventative measures for dental such as lifestyle changes into the programmes.

ACTION:
The Board welcomed the opportunity to have a focused development session on data insight and bring the outcome to a future public Board meeting.

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

B/2024/134 Finance Report (agenda item 9.2)

The Executive Director of Finance provided the Board with an update on the financial performance of the NENC ICB and ICS in the financial year 2023/24 for the period to 31 January 2024.

ICS Revenue Position
The forecast ICS position continues to be a deficit of £35m, which we are on track to deliver.

In month 11, an additional non recurrent funding allocation of £35m has been received from NHSE. This is effectively funding that was held by NHSE at a national level to offset the agreed planned deficit at the start of the year which is now being transacted to allow cash to flow to the system. This funding is intended to offset deficits within relevant organisations within the system and will enable an overall breakeven position to be reported for the year. It will reduce cash borrowing costs in deficit organisations. It is important to note from a system financial performance perspective, the ICS will still be deemed to have over-spent its funding by £35m which will still be subject to repayment from 2025/26 and that this £35m is not funding that can be spent on revenue items such as additional staffing – it is effectively cash support to reduce borrowing costs.

ICB Revenue Position
The ICB forecast surplus for the year continues to be £32.4m in line with plan, we remain on track to deliver this despite the pressures.

Proposed amendment to ICB Revenue Position in Month 12
The proposal to the Board is that in line with the £35m allocation from NHSE, the ICB would reduce its planned surplus by £28m with a corresponding reduction in deficit by a reduction within one or more of the three FT providers in deficit this year. The change in forecasts and any cash transfers to be agreed with those organisations in the

coming days with a focus on ensuring the maximum value for money is achieved from any transactions for the ICS as a whole.

The Board is asked to support this approach to deliver cash benefits for the system and agree delegated authority for the Chief Executive and the Chief Finance Officer to agree the allocation of a £28m reduced ICB surplus across NENC ICS FT providers in deficit this year ensuring the maximum value for money from such a transfer is achieved.

ICB Running Costs

The ICB is reporting a relatively small underspend against running costs budgets (£1.2m YTD and £1.5m forecast underspend). This underspend helps to offset pressures where certain costs have been realigned to programme budgets.

ICS Capital Position

In month 10, the ICS capital spending forecasts include the impact of IFRS16 (lease accounting), resulting in a forecast overspend of £33m. This overspend relates to the impact of IFRS16 with some additional funding held by NHSE which is expected to largely offset this pressure.

The ICS has recently received an additional capital allocation which has been evenly shared out with providers through the Infrastructure Board.

2024/25 Planning

A draft financial plan was submitted to NHS England on 22 March 2024, with a further submission scheduled for 2 May 2024 following Board approval.

RESOLVED:

The Board **NOTED** the latest year to date and forecast financial position for 2023/24, the number of financial risks across the system still to be managed and that the overall ICS position will be reported as breakeven at month 11 following receipt of additional funding from NHSE.

The Board **AGREED** the proposed redistribution of £28m of the ICB surplus across the ICS with delegated authority to Chief Executive and Chief Finance Officer to agree the allocation across deficit FT providers.

B/2024/135 Primary Care Access Recovery Plan (agenda item 9.3)

The Primary Care Access Recovery Plan was presented to the ICB Board in November 2023 and recognised the need for a system wide approach.

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The Executive Area Director (South and Central) proposed to give a brief update on progress with the view to bring an end of year report on primary care recovery to the Board in May.

The Board recognised there was still some key gaps and areas for focus / development;

- Interdependencies – mental health and urgent care
- Patient experience
- Long term financial impact.

An overview of the PCARP dashboard was presented highlighting the following:

- 19.5m appointments carried out over 12 months
- 40% appointments held on the same day
- 82% of appointments booked within 14 days
- 73% of appointments were in-person
- 602 completed GP CPCS referrals
- 92% practices have at least one online consultation system

The dashboard also included some workforce metrics.

The new arrangements from the ICB 2.0 programme resulted in more senior resource allocated to the local delivery teams, so more support can be given to general practice locally.

It was noted the use of patient participation groups is variable across the patch and is something the Patient Voice Group could explore further and feedback to the Board through the Quality and Safety Committee.

ACTION:
An end of year report on primary care recovery to be presented to the Board.

RESOLVED:
The Board **RECEIVED** the update for information.

B/2024/136 Voluntary, Community and Social Enterprise (VCSE) update and confirmation of Memorandum of Understanding (agenda item 9.4)

The Executive Director of Corporate Governance, Communications and Involvement presented an update on developing a Memorandum of Understanding with the Voluntary, Community and Social Enterprise Sector.

The work with the voluntary sector pre-dates the Integrated Care Board and is in its fourth year. £50m is invested in voluntary sector organisations across our region at any given time.

There are more than 11,000 VCSE organisations in NENC. Organisations may be condition-specific (e.g. mental health or cancer) or organised around a geographical or virtual community.

On the advice of NHS England, we were invited to work with lead partner VONNE (Voluntary Organisations' Network North East), the regional support body, known as an infrastructure organisation, for the VCSE sector.

VONNE partnered with Cumbria CVS to ensure that work is carried out across the ICS footprint.

Jon Rush, Independent Non-Executive Member, already declared an interest with regards to his role as a Trustee for Cumbria CVS and this was noted.

VONNE represents more than 1,400 members and also acts as the umbrella body for our place-based local infrastructure organisations.

There is a national expectation that ICBs work with the VCSE sector, with some of our work recognised as an exemplar. The original plans four years ago were developed in partnership with NHS England. We were delighted to host Amanda Pritchard last week and have the opportunity to share some of the work that the VSCE organisations are doing across the North East to around mental health.

The ICBs ambitions for working with the VCSE sector include;

- Ensuring that we continue to work with and support the VCSE sector as we develop our ICB operating model.

- Utilising the ICS VCSE Partnership Programme to represent the views of our diverse VCSE sector shaping the design and delivery of health and care services.

- Working with the VCSE Partnership Programme to ensure VCSE engagement in our work programmes and clinical networks.

- Helping us identify priority issues for communities of interest and place, particularly communities that connect less often with health services and those experiencing health inequalities.

- Strengthening two-way communication and engagement mechanisms with the VCSE sector.

- Utilising VCSE networks to strengthen our approaches to patient and public involvement and co-production, and the evaluation of health and care services.

There are challenges to overcome in the development of the North East and North Cumbria VCSE Partnership programme. We are really keen to engage with the sector and develop a very clear infrastructure, aligning the work to the delivery of our Health and Wellbeing for All Strategy and creating an evidence base of the work being carried out on the ground.

Next steps include;

- Jointly agree a Memorandum of Understanding between the ICB and the VCSE sector, via the VCSE Partnership Programme hosted by lead partner VONNE – For one year.

- Carry out a stocktake of current ICB spend on VCSE infrastructure services to inform our future investment priorities.

- Utilise the learning from pilot programmes, including our 'Back to Health' volunteering project with Helpforce and VODA in North Tyneside, and information from our regional and local VCSE infrastructure organisations, to inform future models of infrastructure support.

The Board VCSE representative, Lisa Taylor, supported the presentation and drew the Board's attention to the key points of the MOU which;

- Recognises that the VCSE sector is a key and equal partner in achieving the ICB’s shared ambitions.

- Commits the ICB to action and the involvement of the VCSE at system and place level - including the ICB, ICPs and place-based partnerships.

- Promotes connectivity, collaboration and communication between and within the VCSE sector and the ICB.

- Commits the ICB to support the VCSE Partnership Programme as the VCSE Alliance for the North East and North Cumbria.

The MOU is values-based, drawing on the commonalities between the sectors and is created with input from a wide range of VCSE organisations to ensure good representation of sector voice.

The MOU includes built-in annual reviews to support amendments, ensuring it is always relevant.

Last year the partnership programme had a unique opportunity for measurement of progress as a "test and learn" site for the NHSE Quality Development Tool.

It is recognised that there is a need for longer term arrangements with regards to awarding grants, at a local.

ACTION:
A more detailed report will be presented to the Board later in the year.

RESOLVED:
The Board **RECEIVED** the report for information.

Christopher-Akers Belcher left the meeting.

B/2024/137 Clinical Strategic Plan (agenda item 9.5)

The Executive Medical Director presented the Clinical Conditions Strategic Plan 2024 - 2030.

The vision is to use populating health information to get the best outcomes form health services in the North East and North Cumbria to support the Better Health and Wellbeing for All Strategy.

The strategic plan outlined the scale and size of the population health challenge in the North East and North Cumbria population. The data highlighted;

- 28% of people live with two or more long term conditions
- 16% are smokers
- 38% are obese
- 19% have increased or high alcohol risk
- 4% of children and young people have Autism
- 31 deaths by suicide (aged 4 to 18 years)
- 9.5% of adults had a respiratory disease
- 36,400 accident and emergency attendances in the last two years were for back pain
- 60% of adults expected to experience back pain during their lifetime.

The approach to developing the clinical conditions strategic plan is underpinned by what the local NHS can contribute to support the prevention agenda and provides a framework for service model development.

The ICB is working in partnership with provider networks to ensure robust and sustainable services are developed and nurtured.

The clinical conditions strategic plan provides a greater understanding of the needs through population health management and a prioritisation framework was used to identify the clinical priorities with professional networks and clinical groups.

The clinical priorities identified for adults were;

- Lung cancer
- Cardiovascular health
- Respiratory health
- Lower back pain
- Anxiety / depression.

The clinical priorities identified for children and young people were;

- Diabetes
- Asthma
- Epilepsy
- Obesity
- Oral health
- Anxiety and mental health
- Autism and learning disabilities

The Executive Medical Director drew the Board's attention to the scale of the challenge for two of the identified clinical priorities and an overview of the agreed recommendations.

<u>Lung cancer</u>
Lung cancer is one of the leading causes of premature mortality and the gap in life expectancy between deprived and affluent areas.

Almost half of our lung cancer diagnosis is at stage four in line with the national average with North Cumbria having the highest rate.

Recent years have seen an increase in proportions of lung cancers diagnosed at stage one and a reduction at stage four in North East and North Cumbria.

Lung cancer recommendations were developed in collaboration with the Northern Cancer Alliance, who have worked with patients and clinicians from across NENC to co-produce a regional lung cancer strategy and included;

- Support in the roll out of the regional tobacco control strategy and the aim to reduce prevalence of smoking to 5% by 2030.
- Scale up targeted lung health checks to progress further and faster than the national ambition for 100% coverage by 2030.
- Continue the work on reducing barriers to accessing services.
- Ensure equity of access to diagnostic tests and effective treatment.
- Embed a holistic approach to improving fitness and management of comorbidities.

Obesity in children and young people

The North East has the highest rates of obesity in reception and year six of any region in England. One in four (25.5%) children in year six are obese, a slight decrease from the previous year.

Data available in the North East region shows a clear relationship between deprivation and obesity.

Obesity was identified as a key priority for Children and Young People (CYP) due to the need to develop services for overweight and obese children, to support CYP health and wellbeing and to ensure we tackle the lifelong impact of obesity.

The CYP obesity recommendations were developed in collaboration with the Child Health and Wellbeing Network and included;

- Support the development of a regional who systems approach for healthy weight and treating obesity.
- Family approach, utilising making every contact count and offering opportunistic interventions.
- Deliver actions to improving the recording of weight / BMI in primary care.
- Ensure children and young people have access to weight management services.
- Ensure tertiary centres are sustainable in the long term for regional referrals, advice and shared care.

A summary of the recommendations agreed for each of the clinical priorities was provided and discussed within the meeting.

The Board are asked to support the approach with a more detailed paper outlining all priorities, the expected outcomes and the plan to deliver these to be brought back to a future Board meeting.

The Board discussion highlighted some suggested considerations;

- Work is needed on how we better coordinate care across primary and secondary care.
- The way we deliver interventions need to be tailored towards the populations we're trying to targe i.e. those who are not as digitally enabled.
- We would want to see how we provide equitable access and reduce impact of inequality as an overarching principle in delivery plans.
- There is an opportunity to look at improving access to diagnostics.
- It is important to think about the psychosocial approach when looking at clinical conditions ensuring any models of care look at the whole person holistically.
- There is a real opportunity using the success from some of the recent campaigns to be specific around messaging to get

the most impact. An initial investment may be needed but could ultimately add value and save money.

- The strategic plan to link in with the work of the Provider Collaborative who are doing some clinical strategy work with a specific focus on acute services, looking at inconsistency and variation, issues round critical mass and undoubted issues of sustainability.

ACTION:
A detailed update on the clinical priorities, expected outcomes and plan to deliver these to be presented at a future Board.

RESOLVED:
The Board **RECEIVED** and **SUPPORTED** the Clinical Conditions Strategic Plan 2024 – 2030.

B/2024/138 Clinical correspondence failures between point of care: Information Technology implications (agenda item 10)

The Executive Chief Digital and Information Officer provided an update on clinical correspondence failures between points of care supported by Primary Care Partner Member, Dr Mike Smith.

There was a recent highly publicised discovery of a large backlog of clinical letters that failed to transfer from local (and national) hospitals to General Practice recipients. Similar 'smaller-scale' issues in other provider organisations have been identified, sometimes the correspondence was clinical documents but also radiology and pathology test results, which presents a risk to patient safety.

The challenge it to make sure we maintain visibility and awareness of these issues whilst trying to develop interventions and mitigations.

A high level (local) estimate suggests around 15 million data items transfer into primary care per year within the North East and North Cumbria Integrated Care System, which equates to approximately five items per patient per year.

14.98 million of these transfers are successful with an estimated 15,000 (0.1%) failed transfers, resulting in a delay and potential risk to patients.

Causes of the problem are multifactorial;

- People
- Process
- Technology

The current priorities are;

- Exploring options and raising awareness to confirm "data receipt" known as "closed loop".
- Encourage technology providers to develop and build in a 'closed loop' capability in new and updated system/services.
- Data 'senders' become more responsible for safe systems to ensure data reaches recipients, implement error checking solutions (many exist). Regular checks to ensure safety nets are in place.
- Increasing NHS app adoption to allow patients to be their own safety net where possible.
- Ensure action points are clearly and consistently communicated.
- Reactive responses to newly discovered issues / expand system-wide learning from such events.
- Forming a digital clinical safety community to learn and share best practice.

It is recognised systems will fail, but it is critical that we act in a timely manner. Having regular reviews / check points quarterly can help to ensure the systems are working as designed.

Digital transmission systems and receipt systems need to be closely coupled with "closed loop" feedback to identify failures in as near real time as possible and thereby reducing the risk of harm.

The Great North Care Record is a capability that should be utilised more. The future plan is for the integration of all records into the NHS app i.e results, hospital records, maternity.

For each incident reported over the last year, a root and branch review has been undertaken and, in some cases, moderate harm was identified but no severe harm.

This is a great story of improvement and will continue but there is further work to do before the system is fail safe.

RESOLVED:
The Board **RECEIVED** the update.

B/2024/139 Martha's Rule (agenda item 11)

The Executive Chief Nurse and People Officer presented Martha's Rule and provided an overview of the provider trusts progress.

Martha Mills died in 2021 after developing sepsis in hospital. Martha’s family’s concerns about her deteriorating condition were not responded to promptly, and in 2023 a coroner ruled that Martha would probably have survived had she been moved to intensive care earlier.

The Secretary of State for Health and Social Care and NHS England (NHSE) committed to implement 'Martha's Rule'; to ensure the vitally important concerns of the patient and those who know the patient best are listened to and acted upon.

The three proposed components of Martha's Rule are:

- All staff in NHS trusts must have 24/7 access to a rapid review from a critical care outreach team, who they can contact should they have concerns about a patient.

- All patients, their families, carers, and advocates must also have access to the same 24/7 rapid review from a critical care outreach team, which they can contact via mechanisms advertised around the hospital, and more widely if they are worried about the patient's condition. This is Martha's Rule.

- The NHS must implement a structured approach to obtain information relating to a patient's condition directly from patients and their families at least daily. In the first instance, this will cover all inpatients in acute and specialist trusts.

The implementation of Martha's Rule in the NHS will take a phased approach, beginning with at least 100 adult and paediatric acute provider sites who already offer a 24/7 critical care outreach capability. NHSE have asked Trusts for expressions of interest to be part of the first phase of the programme.

This first phase will take place during 2024/25 and will focus on supporting participating provider sites to devise and agree a standardised approach to all three elements of Martha's Rule, ahead of scale up to the remaining sites in England in the following years.

Martha's Rule applies primarily to Acute and Specialist Trusts but we have requested that our Mental Health Trusts also review the rule to apply to their organisations.

There is variation across the Trusts as to their readiness to adopt Martha's rule.

County Durham and Darlington Trust have been an early adopter and will be in a position to apply for additional NHSE support from April 2024.

All Trusts have a plan in place to meet the requisites but County Durham and Darlington will be the only Trust able to apply to have support in 24/25. The ICB will monitor the plans of all providers to meet the requirements of Martha's rule.

Item: 5

RESOLVED:
The Board **RECEIVED** the update and **NOTED** the current position of providers against the three elements of Martha's rule.

B/2024/140 Questions from the Public on Items on the Agenda (agenda item 12)

No questions were received from the public relating to items on the agenda.

Two questions were received in relation to how many Physician Associates are employed in the region and how BMA standards are adopted.

ACTION:
A written response will be sent and made available on the ICB website.

B/2024/141 Any other business (agenda item 13)

There were no other items of business.

The meeting closed at 15:00.