

Item: 8

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

## BOARD

28 NOVEMBER 2023

**Report Title:**

**Chief Executive Report**

### Purpose of report

The purpose of this report is to provide an overview of recent activity carried out by the ICB Chief Executive and Executive Directors, as well as some key national policy updates.

### Key points

The report includes items on:

- Maternity and Neonatal Programme Board
- ICB Running Cost Reduction
- Integrated Care Partnership Update
- System Leadership Group
- Winter Plan preparation
- Women's Health
- The launch of Boost
- Children and Young People Mental Health Summit
- Gender / Ethnicity Pay Gap
- Personal Health Budgets

### Risks and issues

The report highlights ongoing areas for action linked to financial pressures and delivery of the ICB running cost reduction.

### Assurances

The report provides an overview for the board on key national and local areas of interest and highlights any new risks.

### Recommendation/action required

The Board is asked to receive the report for assurance and ask any questions of the Chief Executive.

### Acronyms and abbreviations explained

A&E – Accident and Emergency  
CQC - Quality Improvement Group

ICB – Integrated Care Board ICP – Integrated Care Partnership ICS – Integrated Care System NENC – North East and North Cumbria NECS – North East Commissioning Services NHSE – National Health Service England NUTH – Newcastle upon Tyne Hospitals SLG – System Leadership Group TEWV - Tees Esk Wear Valley Foundation Trust WDES - Workforce Disability Equality Standard WRES - Workforce Race Equality Standard						
<b>Sponsor/approving executive director</b>	Professor Sir Liam Donaldson, Chair					
<b>Report author</b>	Samantha Allen, Chief Executive					
<b>Link to ICB corporate aims</b> (please tick all that apply)						
CA1: Improve outcomes in population health and healthcare						✓
CA2: tackle inequalities in outcomes, experience and access						✓
CA3: Enhance productivity and value for money						✓
CA4: Help the NHS support broader social and economic development						✓
<b>Relevant legal/statutory issues</b>						
Note any relevant Acts, regulations, national guidelines etc						
<b>Any potential/actual conflicts of interest associated with the paper?</b> (please tick)	Yes		No	✓	N/A	
If yes, please specify						
<b>Equality analysis completed</b> (please tick)	Yes		No		N/A	✓
<b>If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?</b> (please tick)	Yes		No		N/A	✓
<b>Key implications</b>						
<b>Are additional resources required?</b>	None noted.					
<b>Has there been/does there need to be appropriate clinical involvement?</b>	Not applicable – for information and assurance only.					
<b>Has there been/does there need to be any patient and public involvement?</b>	Not applicable – for information and assurance only.					
<b>Has there been/does there need to be partner and/or other stakeholder engagement?</b>	Engagement has taken place throughout the ICB 2:0 assurance process with NHS England and provider organisations. We continue to engage with all stakeholders on a wide range of subjects.					

## Chief Executive Report

### **1. Introduction**

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

### **2. National**

#### **2.1 Maternity and Neonatal Programme Board**

It is a real privilege to have been appointed as Chair of the Maternity and Neonatal Programme Board. My role is focused on chairing the group responsible for the delivery of the Three Year Delivery Plan for Maternity and Neonatal Services. This work will ensure vital improvements are made so care is safer, more personalised and equitable.

#### **2.2 Financial Position**

NHS England wrote to all ICB and Trust Chief Executives on the 08 November setting out the funding and associated actions the NHS has been collectively asked to take to manage the financial and performance pressures created by industrial action following discussions with Government.

Consequently, for the remainder of the financial year our objectives are to protect patient safety and prioritise urgent and emergency performance, while supporting high priority elective and cancer care and achieving overall financial balance across the NHS.

Funding of £46m has been allocated to the North East and North Cumbria and we have been working with our partners to ensure this funding support, along with other associated financial flexibilities, is used to ensure that as a system we achieve the aims set. NHSE have formally requested that our ICB Board sign off the plans by 22 November 2023. This was a demanding timescale but I can confirm this was formally signed off on 21 November.

### **3. ICB Development**

#### **3.1 ICB Running Cost Reduction**

We continue to work on our plans to achieve the national requirement to reduce our running costs by 30%. This equates to around £17.6m in real terms. In November we launched staff consultation on a new structure and way of working, this consultation will conclude on 15 December 2023.

In addition, recognising the significant service level agreement we have with the North East Commissioning Support Unit (NECS), it is inevitable that the running cost reduction will also impact on their organisation too. As a result, NECS have opened consultation with their staff regarding changes to their structure.

Regular meetings are occurring with the Partnership Forum, our formal meeting with the trades unions, as well as fortnightly meetings with the Staff Side Chair.

We continue to be confident that we will achieve the national target set however this is and will continue to be challenging for all involved. As a result, we have a support offer in place for all staff and we will continue to support staff throughout this process.

## **4. North East and North Cumbria**

### **4.1 Integrated Care Partnership Update**

Our Integrated Care Partnership (ICP) arrangements have been in place now for 12 months. Recognising our scale and size across the NENC following on from discussions with partners, it was agreed that we would convene a Strategic ICP alongside having four Area ICPs, the latter of which were designed to allow more specific and local collaboration with key partners.

As we prepared for the next Strategic ICP we are taking the opportunity to review the current arrangements regarding the future geographical footprints of the Area ICPs. As part of this, consideration will be given to the new combined authority areas and the opportunities for alignment as a result.

### **4.2 System Leadership Group**

The second session of the System Leadership Group was held on 29 September 2023 and facilitated by Sir David Pearson CBE and was well attended by partner members.

The key focus of this session was to understand the challenges and responsibilities of each senior leader in their roles providing support to each other. Agreeing values, behaviours, and ways of working with the members.

The group agreed the top three priorities and will work with the wider teams with specialist knowledge including Primary Care Networks and Neighbourhood Teams to define outcomes and build a system around levelling up equalities.

1. Children and Young People, including Child Poverty
2. System Leadership
3. Workforce

These priorities support and complement the Integrated Care Partnership Health and Wellbeing Strategy.

The first structured meeting of the newly established group will take place on 29 November 2023. I will co-chair the meeting with Mike Greene, Chief Executive Officer of Stockton-on-Tees Borough Council and future meetings will be held bi-monthly across the region.

A review of the groups achievements and developments will be undertaken in six months with the support of Sir David Pearson CBE.

### **4.3 Appointment of Chief Executives**

Since the last Board meeting there have been two appointments of NHS Chief Executives locally.

Sir James Mackey has been appointed as the new Chief Executive for Newcastle upon Tyne Hospitals.

North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust have appointed Stacey Hunter, current Chief Executive at Salisbury NHS Foundation Trust as their Chief Executive.

Sir James and Stacey will take up their new roles in early 2024. Northumbria Healthcare NHS Foundation Trust are currently out to advertisement for their new Chief Executive with Birju Bartoli appointed as Interim Chief Executive.

#### 4.4 Newcastle upon Tyne Hospitals NHS Foundation Trust

The ICB and NHSE have placed Newcastle upon Tyne Hospitals Foundation Trust into a Quality Improvement Group to enable oversight of the improvement plan and actions taking place as a result of the Care Quality Commission (CQC) inspection and issues identified ahead of the CQC inspection. I chair this group with the Trust and both NHSE and the CQC are in attendance.

On 30 October 2023 the CQC publicly suspended the rating of the Trust. The CQC has taken this step as the draft report from the recent inspection has identified a significant variation from the Trusts current rating and their findings during the inspection. As yet there is no agreed publication date for the CQC inspection report.

#### 4.5 Tees Esk Wear Valley Foundation Trust

Tees Esk Wear Valley Foundation Trust received their CQC report at the end of October with an overall rating of Requires Improvement. The CQC recognised that improvements have been made since the 2021 report with no areas rated inadequate.

Patients and carers told the CQC that the care they received from our staff was kind and compassionate, and that they were actively involved in their care planning. The backlog in series incidents was highlighted. The Trust has made progress since the inspection with 90% of the backlog been cleared. Staffing was another area of concern, and whilst this is not unique to TEWV, there are plans in place to address the shortfalls. The Trust have 27% more nurses than this time last year and the Trust's retention rate is in the top 10 of mental health trusts in England. The Trust remains in the Quality Improvement Group framework to maintain oversight of the improvement plan in place.

#### 4.6 North Cumbria Integrated Care

On 17 November 2023 the CQC published their findings after they carried out inspections of Urgent and Emergency Care and Medical Care services in June and July 2023. They also published findings after they carried out a 'well-led' inspection, which was rated by inspecting the Trust management team.

As part of the inspection, the CQC spoke to senior leaders in the organisation and visited Accident and Emergency departments and medical wards at both Cumbria Integrated Care and West Cumberland Hospital.

The Trust's overall ratings have remained the same as 'requires improvement'. However, the CQC notes that they have seen clear improvements since the last inspection in 2020.

## 4.7 North East Ambulance Service

The first Independent Oversight Group, chaired by Graham Prestwich, was held on the 27 October 2023. The creation of this group was one recommendation from the external review authored by Dame Marianne Griffiths.

The purpose of this oversight group is to ensure the recommendations detailed within the independent review are actioned and that learning is shared across ambulance services. The group includes representatives from families identified in the report.

The ICB Quality Committee will receive regular updates from this group.

## 4.8 Winter

Our Urgent and Emergency Care Network has three winter priorities at a system-wide level to provide focus and capacity on delivering the Category 2 Ambulance Performance, Reduced Ambulance Handover Delays; and delivery of 4 Hour A&E Performance and Discharge requirements.

The choice of priorities has been made based on patient quality and safety and underpinned by the system-held principles of 'zero tolerance of undifferentiated clinical risk in the community' and 'home first' which reduces or removes the de-conditioning of patients within hospital or other bed-based settings. Unwarranted variation across the system is the biggest risk factor related to the delivery of urgent and emergency care hence the relentless focus on system-agreed priorities and their delivery; supported by robust evaluation and agile service delivery. These priorities have been signed off by all leaders across the system and tested clinically through the Clinical Advisory Group.

The three priorities are:

- **Priority Part 1a: Integrated Urgent Care + Category 3 and 4 Clinical Assessment Service (CAS) Proposal**

Implement a Clinical Assessment Service with a focus on Category 3 and Category 4 ambulance validation. This allows NEAS to focus on Category 2 delivery.

- **Priority Part 1b: Focus on Frailty**

Areas of focus include the integration of acute frailty services with community pathways, development of single points of access, frailty SDEC and acute frailty services, step up frailty virtual wards, urgent community response services, and meeting standards and outcome metrics associated with responsive services.

- **Priority 2: Move to 15 Minute Ambulance Handovers**

All Local A&E Delivery Boards have been working with local NHS Trusts to set trajectories to 15 minutes.

- **Priority 3: Senior Front Door Navigation/ Streaming at ED as part of ongoing development towards Urgent Treatment Centres (UTCs)**

The journey into winter so far has been a story of increased system pressures and challenges, generally high acuity of patients and those with conditions related to frailty; with the impacts of these conditions seen in reductions in performance and pressure on delivery. We are focused on integration and consolidation of services across the system to improve utilisation and navigation and this includes Same Day Emergency Care, Virtual Wards, Urgent Community Response services, Acute Respiratory Hubs, Care Transfer Hubs and Single Points of Access.

As an ICB we do perform strongly at an aggregate level when compared nationally or regionally in particular for the 4 Hour A&E Performance and, the lower volume of patients in hospital than other systems that do not meet the Criteria to Reside. However, the aggregate position does mask unwarranted variation in performance and there continues to be pressures in the Durham and South Tees systems. We continue to work with teams to support these systems with recovery plans and ensure safety and quality, alongside performance standards.

Given past and current performance the health and care system is in a strong position to manage the challenges the winter will bring while remaining realistic about the risks and pressures it will be required to manage and mitigate. System-wide relationships and ways of working are the added strength of the NENC system that will focus on the priorities and choices made with the ability to adapt our approach where needed.

#### 4.9 Better Care Fund

All Better Care Funds with Local Authorities across the NENC have been agreed locally with Health and Wellbeing Boards and also nationally by NHS England.

The linked section 75 agreements are being signed, following this and a paper will be discussed at Executive Committee with a review of what is included in the Better Care Funds and to complete our assessment on the value for money these present.

#### 4.10 Women's Health Update

We held our first ever women's health conference, which we held jointly with the Office for Health Improvement and Disparities in October.

It was a real honour for me to join Dr Claire Sullivan, deputy director for health, wellbeing and workforce and Dame Lesley Regan, women's health ambassador for England, on stage to introduce and speak at the event, and of course join so many amazing colleagues from across the region from local government, health and our community and voluntary sector partners.

Nationally, it was just one year ago that the first ever women's strategy for England was launched which sets out a 10-year ambition for boosting the health and wellbeing of women and girls. It was born from a need to level-up and ensure the health service, which has historically been designed by men, is delivering for the 51% of the population which is women.

The challenge we have now set ourselves is to turn our ambition for women's health in our region into action – using the strength, collaboration and energy we have to create our own strategy and make the changes we want to see now and for future generations. I truly believe that if we make things better for girls and women – everyone benefits.

We have set up a Women's Health Steering Group and are developing our implementation strategy which is due to come to our Board in the new year.

In addition, Government have made available to all ICB's £595k funding for systems to develop a Women's Health Hub. We have recently finalised a process in which local areas expressed an interest in fulfilling the requirements set. We had 9 expressions of interest and are close to finalising the announcement of the project/s that will be implemented.

## 4.11 Boost

Evidence tells us that connectedness and strong, trusting relationships matter for improvement. Analysis of high performing systems shows how strongly connected networks create a capacity to facilitate knowledge exchange for innovation and improvement across a system.

Before the ICB was established, we set out our commitment to build a learning and improvement community. For us, setting up 'our system' to act as a system convenor, helping to connect people and build relationships across the system, with people united by shared goals for improvement, it isn't just a priority, it is a precondition for success.

Early discussions drew on previous successful work such as the North East Transformation System and the Cumbria Learning and Improvement Community. We secured £250,000 of development monies from the Health Foundation and over the past 12 months, our community has grown from strength-to-strength.

In October 2023 we held our fifth whole system learning event 'always the right door' which focused on how we can ensure children, young people and families get the right mental health support at the right time. It was at this event that we introduced our learning and improvement community with a new look and name – Boost.

Boost is the hub that brings people together to promote innovation, idea sharing, networking, learning and improvement efforts across the NENC ICS. Supporting this was the launch of the Boost website ([www.boost.org.uk](http://www.boost.org.uk)), which will evolve over time, enabling people to sign up to the community, events, improvement resources and tools, bulletins, and blogs, and find out more about the work being developed.

Current members include people with lived experiences, local authorities, the NHS, public health, the voluntary, community and social enterprise sector, academia, private sector providers and many more.

Since going live with the Boost website on 09 October 2023, we have seen 350 new members sign up with total membership for the community now standing at 6322.

Finally, NHS Confed and The Health Foundation commissioned Professor Sir Chris Ham to write a report on self-improving systems. I am delighted to share that we have featured in this report which was published on 21 November 2023. A copy of this report can be viewed online.

## 4.12 'Always the Right Door' - Children and Young Peoples Summit

Improving the mental health of our children and young people is a key priority for our region, and we have some clear goals of where we want to be by 2030 as part of our Better Health and Wellbeing for All strategy.

Our Children and Young People's Mental Health Summit took place on 25 October 2023. There was a fantastic response from the system with over 250 delegates attending. The aims of the day were to:

- Explore and overcome what is getting in the way of people getting support.
- Work out how to make every door the right door.
- Understand how our workers can better support people who have been through trauma.

The day was action packed with interactive sessions including a world café - all showcasing services from across the region, as well as some problem-solving activities where all delegates



all got to vote on our top five 'big ideas' to take forward. The ideas attracting the most support on the day included:

1. More integrated teams and posts across sectors to include the voice of children and young people, families, and carers.
2. Young people lead and design services involved in commissioning process and deciding how best money should be spend.
3. Commitment to understanding the individual in their context, instead of focusing on diagnosis.
4. The development of "while you are waiting 'family hubs".
5. Improved co-production including children, young people and families in the redesign of the system based on need.

All of the rich content and ideas from the event has been pulled together and will shape our plans for action.

#### 4.13 Personal Health Budgets, Listening to Families

Within the NENC there is a significant range in current practice relating to personal health budgets. This impacts on the experience of being offered a personal health budget, receiving personalised care and support, and on the ICB's governance and oversight arrangements.

I have attended two meetings with the North of Tyne Coproduction Group who generously shared their personal experiences of managing personal health budgets on behalf of their children with me.

Following these meetings and a discussion with senior clinical and operational leads the following actions have been agreed:

- Making Families Count will be engaged to capture the experiences of family carers (positive and negative) to inform staff training.
- A personal health budgets working group will be established as part of a programme of work on Continuing Healthcare.
- This working group will undertake a baseline assessment of the current practices across the ICB and devise a 3-year plan to address issues and move to best practice.
- This plan will be coproduced with families, people who use personal health budgets and partners.

I am personally grateful to the families who have shared their experiences so generously with us. Without these experiences being shared I am not confident we will have grasped the issues we have with personal health budgets, from their availability to implementation as quickly as we have.

#### 4.14 Gender / Ethnicity Pay Gap

The ICB created, analysed and published the Gender, Disability and Ethnicity pay gaps<sup>1</sup>, at the end of October. The mandatory ICB reporting date is March 2024.

We have also sought feedback from the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) teams for the Disability and Ethnicity, who have informed us they are not aware of any other ICBs undertaking this in a voluntary capacity.

We have also published our ICB WRES and WDES reports, again ahead of the 2024 reporting deadline.

<sup>1</sup>[nenc-icb-pay-gap-report-30-oct-23.pdf](https://www.nenc-icb-pay-gap-report-30-oct-23.pdf) ([northeastnorthcumbria.nhs.uk](https://www.northeastnorthcumbria.nhs.uk))

Both sets of the WDES / WRES and pay gaps report have been delivered well ahead of our planned delivery dates contained with the one-year ICB interim EDI strategy in March 2024. Reporting the data is the start, we will now work to identify the actions we can take to address the pay gaps.

#### 4.15 Down Syndrome

The ICB are developing a pathway that will be co-designed and co-developed as part of the Learning Disability Network Diamond Standards work and will include relevant resources and workforce education. Meetings have been arranged with clinical leads to minimise duplication across the ICB and it has been agreed to link the pathway work to the ICB five priorities for learning disabilities and autism. We are planning a scoping and design workshop in early in 2024 and have a plan to develop a working party / steering group which will include families and people with Down Syndrome.

To date the key themes emerging from this work are, the importance of early intervention and cognitive assessments at aged 30 to establish normal levels of functioning before a decline begins.

Lastly, the ICB has been invited to attend a Down Syndrome Symposium on 20 November in London to deliver a presentation on the work we are leading.

### 5. Recommendations

The Board is asked to:

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

**Name of Author:** Samantha Allen

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

**Date:** 14 November 2023

## Appendix 1

Between 19 September – 17 November 2023 the NENC Executive Team have undertaken the following visits:

<b>NENC Organisations</b>	<b>Number Of Visits</b>
NHS Foundation Trust / Providers	32
Local Authority	15
Place (including community and voluntary sector)	19
Community and primary care (including general practice)	10