

North East and North Cumbria Integrated Care Board

**Minutes of the meeting held on 28 March 2023 at 09:30,
The Mayors Parlour, City Hall Sunderland**

Present: Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
Dr Hannah Bows, Independent Non-Executive Member
Ken Bremner, Foundation Trust Partner Member
David Chandler, Executive Director of Finance
David Gallagher, Executive Area Director (Central and South)
Tom Hall, Local Authority Partner Member
Professor Eileen Kaner, Independent Non-Executive Member
Annie Laverty, Executive Chief People Officer
Dr Saira Malik, Primary Medical Services Partner Member
Catherine 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
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
Aejaz Zahid, Executive Director of Innovation

In Attendance: Deborah Cornell, Director of Corporate Governance and
Involvement
Jane Hartley, Voluntary Organisations' Network North East
(VONNE)
David Thompson, North East and North Cumbria Healthwatch
Network Representative
Toni Taylor, Governance Officer (minutes)

B/2023/87 Welcome and Introductions

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

The following individuals were in attendance under public access rules:

- Darren Bennett, AbbieVie Ltd (biopharmaceutical company)

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- Mark Druzynski, Vitalrad (vital radiology services)
- Scott Jamieson, Healthcare Development Manager, Eli Lilly and Company (pharmaceutical company)
- Fiona Paton, Crown Commercial Service
- Carolyn Smith, Pfizer Internal Medicine

Juliet Bouverie, Chief Executive of the Stroke Association was in attendance to observe as part of the National Chief Executive Connections Group.

Following a successful recruitment process the Chief Executive announced the final two appointments of the Board.

1. Levi Buckley, Area Executive Director (North)
2. David Chandler, Substantive Executive Director of Finance

B/2023/88 Apologies for Absence

Apologies were received from Nicola Bailey, Interim Executive Area Director (North and North Cumbria), Professor Graham Evans, Executive Chief Digital and Information Officer, Councillor Shane Moore, Local Authority Partner Member, Ann Workman, Local Authority Partner Member.

B/2023/89 Declarations of Interest

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

B/2023/90 Minutes of the previous meeting held on 31 January 2023

As a point of accuracy, the following amendment was to be made to the minutes;

- Item B/2023/75, page 8, ICB running costs – should read running costs for 2022/23 are expected to be around £2m underspend.

RESOLVED:

The Board **AGREED** that subject to the requested amendment regarding ICB running costs, the minutes from the meeting held on 31 January 2023 were a true and accurate record.

B/2023/91 Action log

There were no further updates to the action log.

B/2023/92 Matters arising from the minutes

Follow up on the data examples from the digital presentation

The Chair presented in the absence of the Executive Chief Digital and Information Officer. The paper and presentation provided a

further update to the series of questions being used to determine the current data provision capabilities.

Four areas were selected and explored as follows:-

1) How early is bowel cancer being detected and treated?

In 2020, North East and North Cumbria (NENC) had a higher incidence rate of colorectal cancer (68.8 per 100,000) than the national rate (63.3 per 100,000). All areas within NENC are above the national incidence rate, with Sunderland being the highest.

The data also shows a variation in the stage of detection of bowel cancer. South Tyneside had the highest proportion of colorectal cancers being diagnosed at an earlier stage within the North East and North Cumbria region.

Some data was incomplete, which could distort the comparison figures.

2) How good is population uptake and coverage for preventive health interventions?

The data looked at four preventive services;

i) Childhood immunisation

In 2021-22, the North East and Cumbria local authorities performed better than the national average for vaccine uptake in children in most cases.

The North East region is the highest performing region in England across all vaccine uptake metrics, with South Tyneside, Sunderland and County Durham local authorities being the highest of all local authorities in the country for vaccine uptake in one and two-year-olds.

ii) Bowel cancer screening

The bowel cancer screening uptake was higher in North East and North Cumbria (72.7%) than the national average (70.3%).

iii) Breast cancer screening

The breast cancer screening uptake was higher in North East and North Cumbria (67.8%) than the national average (64.9%).

iv) High blood pressure

The prevalence of controlled hypertension in North East and North Cumbria is significantly higher than the latest published national figure.

3) What is the level and causal nature of avoidable harm generated by care providers and in care settings?

In the past five years (2018 to 2022), there have been 4,655 serious incidents together with 140 never events recorded and reported regionally.

Main causes of recorded incidents for mental health related services include apparent/actual/suspected self-harm being the most common recorded.

Acute secondary care providers most common incident types include slips/trips/falls through to medication incidents.

The reported never events are predominately related to surgical invasive procedures, followed by medication incidents, other reported problems relate mainly to screening and medical equipment events.

4) Children and young people's mental health

The number of deaths by suicide recorded for people aged 15 to 19 years old in North East and North Cumbria is an area of greatest concern, with further focus and exploration work being carried out.

Observational data or descriptive data does not give definitive answers on its own but provides insight for further exploration and investigation which overtime will inform ways to improve health, reduce inequalities and improve standards of care.

There are some remaining data gaps that continue to be addressed in order to fully complete the challenge requirements.

A lot of the data is already in use through Health and Wellbeing Boards and across the Integrated Care System working with Directors of Public Health.

The ICB is developing a one-year operational plan and five-year delivery plan for the Integrated Care Strategy. Specific metrics will be used to measure success and track whether interventions are moving in the right direction.

Cancer Alliance have a specific plan to improve cancer outcomes and survival rates. Identifying cancer at an earlier stage and a screening programme is a significant part of this work, which will feed into the five-year delivery plan.

It was recognised that when looking at data it is important to triangulate the voice of patients, community leaders, voluntary sector etc to determine the issues, as the solution often sits within our communities.

Follow up on the Bill Kirkup presentation on maternity – developing a system approach to tackling the challenges

Dr Bill Kirkup's presentation was noted to be very compelling, and has since been shared widely highlighting four key areas;

1. Monitoring safe performance and finding signals amongst the noise

Clinical audits of implementation of shared standards. Providing a standardised tool for assurance against a number of key clinical pathways specifically for maternity and the saving babies lives care bundle. When looking at the Clinical Negligence Scheme for Trusts (CNST) returns, out of eight providers of maternity services, four had not achieved this. Work is being carried out with a particular focus on saving babies lives.

There is an ICB wide dashboard to support benchmarking and improvement. The dashboard triangulates metrics including information received from regulators and feedback from carers and patients. The lived experience strategy outputs will feed into the Quality and Safety Committee.

2. Standards of clinical behaviour

Overall success will be determined by listening to women and their families. The implementation of the NHS England Equity and Equality Action Plan 2022-27, including work on organisational boundaries is being led by the Local Maternity and Neonatal System.

Maternity Voices Partnership work together with women, their families, commissioners and providers to review and contribute to the development of the local maternity and neonatal care.

3. Floor to teamwork

Will determine the overall success by listening to colleagues. Staff in maternity, neonatal and other services are supported to work with kindness, compassion and respect. The aim is to create psychological safety making sure people feel safe to voice their thoughts and are open to constructive challenge. There is a need to ensure individuals receive constructive appraisals to support development and to work, learn and train together as a multi-disciplinary team across maternity and neonatal care.

The Freedom to Speak up Strategy was launched providing a pathway where people can speak, and their concerns can be taken constructively.

4. Organisational Behaviour

Ensure a shared commitment to safety and improvement at all levels and that focus is given to how things are implemented not just what is implemented.

A need to use the data to compare outcomes with similar systems to understand variation in data and where improvements need to be made to support and gain oversight.

An ICB planning event is scheduled to take place on 10 May 2023 to look at maternity and neonatal services across North East and North Cumbria. Dr Bill Kirkup will be in attendance and the following four key areas will be discussed:-

- Working and listening to women and families with compassion
- Growing, retaining and supporting our workforce
- Developing and sustaining a culture of safety, learning and support
- Standards and structure that underpin safer, more personalised and equitable care

It was noted that a Patient Safety Incident Response Framework will be launched in September 2023. Some early learning has been identified, particularly in Durham who were an early adopter to ensure process is adhered to, and will form part of the ICB quality strategy.

Following the Dr Bill Kirkup presentation at the last Board meeting, a system wide learning event across health took place which also included local authority colleagues. This event looked at the impact of culture and the effectiveness of team working.

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Chief Executive's Report

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

Tees, Esk and Wear Valleys NHS Foundation Trust

The Board acknowledged the publication of the independent reports into Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) following the sad deaths of three patients in their care.

This report included actions for the ICB and will inform a system wide review, looking at the governance, leadership and the holistic models of care available.

ACTION:

A report will be presented at a future Board meeting in the

next six months with regards to progress against the recommendations and actions.

Running Costs

NHS England have confirmed the expected 30% cut to the Running Cost Allowance for the ICB by 2025/26 including a 20% reduction by the end of 2023/24.

A working group has been established to develop an approach to deliver this national requirement. Whilst it is a challenge, it does present opportunity to ensure the ICB is operating efficiently and effectively to deliver core aims and the Better Health and Wellbeing Strategy.

Immediate measures have been put in place including a restriction on recruitment with the exception of roles with statutory responsibility.

ACTION:

An update to be given at a future Board meeting with regards to progress on running cost reduction.

Strategic Integrated Care Partnership (ICP)

The appointment of four elected members responsible for chairing the Area ICPs have now been confirmed – the tenure will be for two years.

Placed Based Working

Through the work of the Joint Management Executive Group (JMEG) it was agreed to adapt existing Place Based Partnerships to allow oversight of functions and resources delegated to place from the ICB. Proposed place governance arrangements and associated financial delegations will be tested in 2023/24.

The Board **NOTED** the current arrangements for learning disabilities oversight have been reviewed and action taken.

The Board **NOTED** the risks linked to the specialist commissioning, pharmacy, optometry and dentistry delegation, mitigation for these and **APPROVED** the planned delegation of commissioning to the ICB.

RESOLVED:

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

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Learning and Improvement System

The Executive Director of People updated the Board on developing a learning and improvement community for the North East and North Cumbria.

Prior to the formation of the ICB in July 2022, 40 senior leaders across the system were interviewed where developing a learning and improving system was identified as one of eight key priority areas for the integrated system.

The development of a learning community is a critical part of North East and North Cumbria's system and strategy. The aim is to tackle some big challenges whilst building on strengths and learning.

The improvement hub on the NHS England (NHSE) website brings together a wealth of information, improvement knowledge, guidance and toolkits from across the health and care system.

Amanda Pritchard, Chief Executive of NHS England, will launch a new national improvement strategy in April 2023 at a meeting of NHS Chief Executives. This follows a review undertaken to consider how the NHS working in partnership through integrated care systems, deliver on current priorities while continuously improving for the longer term.

Current thinking around learning systems is taking place locally, with the support of academic expertise in this area to help us understand learning health systems - what they are, how to develop them and how to evaluate them. High quality data is also a key asset in our learning systems.

An application made to the Health Foundation for additional funding to support the ICS learning approach was successful and the ICB were awarded £250,000. The money will provide opportunity for collaborative working with local academic partners to evaluate and understand the learning and improvement community in the first year of development.

It was noted that the North East and North Cumbria Learning and Improvement Community was convened on 21 September 2022. The event was well attended and attracted significant attention on social media. The Board was advised that there had been opportunity at this event to hear real life stories which generated discussion on how to improve the learning experience.

The commitment on the day was to be the best at getting better and seven key priority areas were identified for the learning and improvement community to take forward, namely:-

1. Waiting times and crisis support for children and adolescent mental health services
2. Collaborative leadership across the system
3. Shifting from treatment to prevention
4. Sharing learning and joining up as a system

5. Social care workforce – influence the market and impact on patient flow
6. Workforce retention and well being
7. Safe transfer / discharge out of hospital

To develop thinking, the ICB are drawing on international experience and expertise at events including;

- Dr Christine White, Cincinnati Children's Hospital
- Goran Henriks, Chief Executive of Learning and Innovation at Qulturum Jönköping, Sweden
- Helen Bevan, Strategic Advisor and Professor of Practice in Health and Care Improvement

The evaluation of the NHS partnership with Virginia Mason Institute, examined how five NHS trusts in England attempted to build a culture of continuous improvement and provided important lessons about how to plan and implement an organisation-wide approach to improvement.

The evaluation found;

- that a strong culture of peer learning and knowledge sharing was a critical enabler of organisation-wide improvement
- trusts with highest CQC ratings had much greater levels of social connectedness between staff than those with the lowest ratings
- visible and sustained commitment to improvement programmes from trust leaders is essential if they are to gain organisation-wide traction and support. Without this there is a risk that performance gains from improvement programmes will be restricted to specific care pathways and services, and not generate organisation-wide benefits
- Importance of ensuring that improvement priorities and metrics are aligned with organisational and national objectives.

The ICB held a summit on 9 March 2023 which focused on safe, effective and timely discharge and involved sharing learning from local, regional, national and international teams. Feedback following the event was positive and learning noted to develop.

£350,000 of ICB funding was received to support in the first year of implementation alongside the £250,000 received from the Health Foundation. This has been used to support events, a proactive communication and engagement strategy, data analysis and evaluation.

A bi-monthly steering group has been established and is representative of the partnership working. Feedback to date has

been positive around community engagement, third sector involvement and local authority partnerships. Representation has been monitored and tracked for each event and any learning identified will be taken to future events. Each event has patient and family representation to ensure the patient's voice is captured.

The learning and improvement system is aligned to the delivery of the Integrated Care Strategy. The aim is to provide a safe space, and opportunity to convene and connect people together to share their learning.

A combination of bespoke events and briefings will be looked at to ensure Boards of NHS and partner organisations are kept up to date with the progress of the learning and improvement system.

RESOLVED:

The Board **RECEIVED** the presentation.

B/2023/95

Interim ICB Equality, Diversity and Inclusion Strategy 2023/24

The Director of Health, Equity and Inclusion attended for this item and presented an overview to the Equality, Diversity and Inclusion Strategy duties.

It was acknowledged that the North East and North Cumbria are the only Integrated Care Board to have a Director of Health, Equity and Inclusion role.

Work is ongoing to create an interim Equality, Diversity and Inclusion Strategy for the ICB representing one year. Within the one year, a five-year strategy across the system will be developed.

The Equality Act came into force on 1 October 2010 bringing together over 116 separate pieces of legislation into one single Act. The legislation highlights the importance of protecting service users and staff in the delivery of services and policy from direct discrimination; indirect discrimination; harassment and victimisation.

It was noted that there are nine protected characteristics:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity
- Marriage and civil partnership
- Race
- Religion and Belief
- Sex
- Sexual Orientation

As an organisation the ICB will look beyond these nine characteristics and look to include other characteristics such as carer responsibilities and menopause.

The Public Sector Equality Duty (PSED) within the Act came into force on 5 April 2011. This outlines that public bodies must consider all individuals when carrying out their day-to-day work and have due regard to the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations between different people when carrying out their activities

It was outlined that the ICB has specific responsibilities to fulfil. The Equality and Human Rights Commission are the regulator who oversee the delivery of the Equality Act and advise that a Board sets strategic direction, reviews performance and ensures good governance of the organisation.

The **Messenger** report (2022) states; "a step-change in the way the principles of equality, diversity and inclusion (EDI) are embedded as the personal responsibility of every leader and every member of staff".

The **Messenger** report also states: "There is widespread evidence of considerable inequity in experience and opportunity for those with protected characteristics, of which we would call out race and disability as the most starkly disadvantaged".

As part of the NHS contract the WRES and WDES are mandated;

- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)

Attention was drawn to some key highlights from data received:

- Trusts rated outstanding in the CQC well-led domain show evidence of being better employers for disabled staff – NHS WDES 2021
- 'Glassdoor' a recruitment website's report in 2020 found 75% of respondents said that a diverse workforce is important when evaluating companies and job offers. This rises to 80% for black people and 79% for LGBTI+ people
- 59% of trusts have five or fewer disabled staff in senior positions (bands 8c and above, including medical consultants and Board members) – NHS WDES 2021

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- Discrimination is highlighted in the Royal College of Nursing report (June 2022) demonstrating that black and ethnic minority nurses were half as likely as white nurses to be promoted.
- In the 2021 national staff survey, the percentage of staff saying that they are considering leaving the NHS rose from 26% to 31%
- Organisations with better WRES metrics have better all-staff vaccine uptake
- Maternity units with best CQC ratings had better overall WRES rankings, and vice versa
- The NHS national staff survey 2022, shows staff experience of discrimination is getting worse
- Black and ethnic minority staff in North East and North Cumbria Integrated Care System workforce is well below the national average; one Foundation Trust is the lowest in the country.

ICB NENC representation data from the staff survey highlighted:

- 18.8% of staff would prefer not to disclose sexuality
- 21.9% of staff would prefer not to disclose gender
- 22.6% of staff would prefer not to disclose ethnic background
- 18.5% of staff declared they had a disability.
- 13.7% of staff would prefer not to disclose whether they have any additional caring/support responsibility outside of work

The North East and North Cumbria Integrated Care Board's vision is to become the most equitable and inclusive ICB in the Health and Social Care sector, creating fairer outcomes for all by creating an environment, workplace and system where our people feel that they belong, are listened to, invested in and are valued.

Some objectives identified include:

Improved EDI capability and knowledge

We will improve NENC ICB EDI capability and knowledge by providing our people with opportunities for learning, experiences and development at all bands and professions.

Legally compliant and confident

We will focus our attention to becoming compliant with the statutory and mandatory elements of being part of the health and social care system and will set out to exceed expectations beyond legal compliance.

Consciously inclusive

We will listen and work with our people to build psychological safety, improve their lived experience, to create the best workplace environment, providing them with the opportunities to perform at their best.

It was reported that an online community has been created on NHS Futures to include all EDI leads across the organisations to ensure they have a voice and can share their learning and best practice.

The Board acknowledged that the North East and North Cumbria have significant health inequalities in the community, specifically deprivation and therefore this EDI strategy is integral to ensure fairer outcomes for all.

The ICB is currently working with analysts to triangulate and understand data. For example, looking at maternity and the impact this has on black women including the use of interpreters and literacy available.

RESOLVED:

The Board **RECEIVED** the presentation.

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Healthier and Fairer Advisory Group Progress

The Executive Medical Director presented a progress update on the Healthier and Fairer Advisory Group.

A new Healthier and Fairer Advisory Group was established as a subcommittee of the ICB's Executive Committee and held the first meeting in February. The group integrates and coordinates the work of several pre-existing advisory structures dealing with population health and inequalities.

National monies were allocated to ICB's over a three-year period, with the North East and North Cumbria receiving £13.6m. Other funding sources include adhoc NHS England funding, Cancer Alliance funding and NECS transformation funding.

A multi-agency working group met to develop an outline proposal for the funding; this was jointly approved by the ICB's Executive Committee and the Integrated Care Systems' Directors of Public Health.

Key workstreams were approved as follows:

- The Waiting Well programme
- The health Inequalities Academy

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- Existing programmes such as Smoking Cessation, Deep End, Alcohol, Weight Management
- Support for vulnerable people through joint working at Place
- Health literacy, poverty proofing, digital inclusion, Anchor Institutions
- Evaluation.

The Healthy and Fairer Advisory Group will provide oversight of each workstream plan and provide the Executive Committee with regular assurance on delivery. A performance dashboard will be created for identification of needs, resource allocation and programme focus.

A broad-based system partnership has been created, membership includes:

- Directors of Adult Social Services
- Directors of Children Services
- Officer for Health Improvement and Disparities
- Voluntary Organisations' Network North East
- Healthwatch
- Applied Research Collaboration North East and North Cumbria
- Association of Directors of Public Health
- NHS provider Collaboration North East and North Cumbria Integrated Care System
- NHS North East Quality Observatory Service
- North East Commissioning Support

Attention was drawn to the overall scale of the challenge on multiple measures comparing the North East and North Cumbria with England, these challenges were highlighted in the report which were noted by the Board.

Life expectancy

It was noted that deaths from accidental poisoning, suicide and injury of undetermined intent, cirrhosis and liver disease have been referred to as 'deaths of despair'. In the North East and North Cumbria 'deaths of despair' contribute 20% (310 excess deaths) to the life expectancy age gap in women and 39% (700 excess deaths) in men.

The group are currently working on a suicide reduction plan. The aspiration is to reduce the suicide rate to 10.4 per 100,000 in North East and North Cumbria. 23 deaths by suicide would be prevented each year.

Tobacco reduction

The North East and North Cumbria will further continue to progress its trailblazing work on tobacco control which has shown a steady decrease in the number of smokers.

In July 2019, the UK Government announced an ambition for England to be smoke-free by 2030; with rates below 5% of the adult population. If the 5% ambition is met across North East and North Cumbria, there will be around 206,000 fewer smokers.

Plans to achieve the tobacco target were outlined in the presentation.

Alcohol Reduction

'Drink-coach' support to NHS and social staff ongoing with an evaluation by Sunderland University underway. 690 health and social care staff have been supported to reduce their drinking in the first six months with the aim to embed Alcohol Care Teams and Recovery Navigators in all North East and North Cumbria Trusts.

Plans to achieve the alcohol target were referenced in the presentation.

Learning Disabilities

North East and North Cumbria have worked with the North East commissioning support team to look at data and develop learning disability profiles which have been used to support the elective care recovery board. The profiles provide an overview on elective waiting lists and our population with learning disabilities to ensure each Trust can implement the Learning Disability Diamond Standard Acute Care Pathway.

Waiting Well Project

The aim of the waiting well project is to support patients across North East and North Cumbria on the routine list for surgery to prepare physically and psychologically ahead of their procedure.

There is a focus on those in clinically and socially vulnerable groups who are most likely to suffer poorer surgical outcomes.

RAIDR Waiting Well Dashboard which combines primary care and elective waiting list data is used to stratify patients into target groups based on clinical and social vulnerability.

In January 2023, 423 patients across North East and North Cumbria were contacted to offer support and 190 accepted an offer of support.

ACTION:

Updated data on the Waiting Well Project to be brought to a future Board meeting.

It was noted that the region is above average to being vulnerable to the cost of living, the most vulnerable population in England being Middlesbrough.

Fairer outcomes for all is one of four goals within the Better Health and Wellbeing Strategy. Within this goal there is an aim to reduce inequality and life expectancy and healthy life expectancy at birth. There are also several other supporting goals including reducing tobacco. This strategy has been signed off by the Strategic Integrated Care Partnership. The operating plan and five years forward plan will set out how to deliver these goals and how progress will be measured.

It was agreed from an executive perspective to make recommendations to the Quality Committee to establish a patient voice group which will triangulate information that allows intelligence to be reviewed regionally but also at a more granular level working with local Healthwatch's and other representative bodies to ensure there is a representative picture across North East and North Cumbria.

Public members are part of the design, delivery and dissemination of all evaluations carried out in partnership with the National Institute for Health and Care Research – funding has been set aside for the evaluation and work is ongoing with academic partners on how this is structured.

RESOLVED:

The Board **RECEIVED** the presentation.

B/2023/96

Integrated Delivery Report

The report provided an Integrated Care System overview of quality, performance and finance and highlighted any significant changes, areas of risk and mitigating actions.

Key points were highlighted as follows:

Care Quality Commission (CQC) Inspection and updates

- i) CQC have classed North Cumbria Integrated Care NHS Foundation Trust as high risk particularly in relation to the medical wards.
- ii) South Tyneside and Sunderland NHS Foundation Trust received an overall rating of 'requires improvement'.
- iii) North East Ambulance Service received an overall rating of 'requires improvement'.

- iv) British Pregnancy Advisory Service has undertaken an extensive improvement programme and completed the required actions outlined in the CQC report. The conditions imposed on the registration have now been removed.

Performance

- v) Handover delays have significantly improved week ending 18 February 2023 with an average of 20 hours lost per day.
- vi) Patients waiting in Accident and Emergency Departments more than 12-hours following decision to treat has decreased significantly in January to 1583 following a significant increase to 2347 in December.
- vii) Ambulance response times for category 2 calls have shown significant improvement from 1 hour 36 minutes in December 2022 to 32 minutes in January 2023.
- viii) Progress continues to eliminate elective treatment waits of 78+ weeks. Challenges remain around complex spinal procedures. It is expected to end the month with fewer than 180 patients compared to 990 at the end of December.
- ix) Reducing reliance on inpatient care for people with learning disabilities is off track overall as of 13 February 2023, with a total of 168 adult patients in inpatient care. The aim is to work towards no more than 71 adults by 2023/24. A comprehensive action plan is being developed with a wide range of measures around working together with providers of care for patients with complex needs. This action plan will be presented at a future Board meeting.

ACTION:

Reducing Reliance on inpatient care for people with learning disabilities action plan to be brought to a future Board meeting.

RESOLVED:

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

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Operational Plan and Joint Forward Plan 2023/24

NHS England requires each ICB and partner NHS Foundation Trusts to submit a joint plan showing how the system will deliver the national operational requirements for the NHS for 2023/24.

The national timescale for the final Operational Plan submission is 30 March 2023.

Some of the key National requirements and NENC planned position as of 27 March 2023 are summarised below.

Urgent and Emergency Care

National Ambition	NENC Plan
Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	80.7%
Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25	30-minute average response time.
Reduce general and acute bed occupancy to 92% or below	92.2%

Elective Care and Diagnostics

National Ambition	NENC Plan
Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)	NUTH final submission is for 14 patients to exceed a 65 week wait at the end of March 2023, all of which are adult, complex spine cases.
Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024	89%, only one Trust is currently showing 75% or lower.

People with a Learning Disability and/or Autistic People

National Ambition	NENC Plan
Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024.	77% (March 2024)
Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability	47.6 per million adults (March 2024)

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and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit	13.6 per million children and young people under 18 (March 2024)
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The Board was asked to approve the Operational Plan submission, noting the process to develop the plan, the key commitments in the plan, and the risks and issues associated with the implementation of the plan.

RESOLVED:

The Board **APPROVED** the submission of the Operational Plan to NHS England.

The Board **AGREED** delegation to the ICB Executive Chief of Strategy and Operations and Executive Director of Finance to authorise the final submission in the context of potential changes between the ICB Board paper and final national submission date of 30 March if required.

B/2023/98

Finance Report

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

ICB duty to break-even

Continue to forecast a surplus of £2.7m. Additional funding was received from NHS England in respect of additional independent sector activity.

ICS duty to break-even

NHS England have officially agreed to allocate £19.9m towards pressures of the ICB duty to break even. Month 11 submission confirmed that the organisation is on target to achieve.

ICS capital position

On target to be under the ICS capital departmental expenditure limit (CDEL) allocation, following the receipt of late funding allocation of c.£20m for the Care Environment Development and Re-provision (CEDARs) development at Cumbria, Northumberland, Tyne and Wear Mental Health Trust.

ICB running costs

Forecast to be approximately £4m under on running costs due to reduced redundancy provision and reduced non-staff spending.

RESOLVED:

The Board **NOTED** the latest year to date and forecast financial position for 2022/23 and received assurance that overall performance is in line with the plan.

The Board **NOTED** the potential financial risks across the system still to be managed between now and year end.

B/2023/99 Draft Financial Plan and Budgets 2023/24

The Board was advised that work will continue to produce a balanced financial plan and noted the submission date of 1 April 2023.

However, the challenges include a loss of £100m covid funding, low level of growth funding and £127m deemed to be inflation over and above allocation.

The Board agreed the Chief Executive and Executive Director of Finance will review the financial plan before submission on 1 April 2023.

ACTION:

The final Financial Plan 2023/24 will be brought to a future Board meeting in public.

B/2023/100 Governance Handbook

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

The Board was asked to note the proposed changes to the governance documents and approve the updated versions for insertion into the Governance Handbook (issue 5) as follows;

- Scheme of Reservation and Delegation version 3.0
- Functions and Decisions Map version 2.0
- Strategic and Area Integrated Care Partnerships version 1.0
- Approve the establishment of ICB subcommittees at each place
- Approve the standard terms of reference for subcommittees version 1.0
- Delegate the approval of place subcommittees' terms of reference to the Executive Committee, including any variation to the template terms of reference except the purpose of the subcommittees
- Approve the establishment of other subcommittees and to approve their terms of reference as listed below;
 - Independent Funding Review (IFR) Panels x 2

Item 4

- Medicines Subcommittee
- Quality and Safety Area Subcommittees x 4
- Safeguarding Health Executive Group; Children, Adults and Cared for Children Subcommittee
- Antimicrobial Subcommittee
- Primary Care Strategy and Delivery Subcommittee
- Pharmaceutical Services Regulatory Subcommittee

The Board was asked to approve that the following documents may be updated and replaced in the Governance Handbook by the Executive Director of Corporate Governance, Communications and Involvement as updates arise:

- Functions and Decision Map
- Committee Structure
- Register of Interests
- Delegation Agreement Summaries
- Remuneration Guidance (subject to the approval of Remuneration Committee)
- NENC list of eligible providers of primary medical services

ACTION:

Update to be brought to a future Board meeting focusing on the work of the sub-committees and the governance support.

RESOLVED:

The Board **NOTED** the proposed changes to the governance documents and **APPROVED** the updated versions for insertion into the Governance Handbook (issue 5).

The Board **APPROVED** that the documents listed above may be updated and replaced in the Governance Handbook by the Executive Director of Corporate Governance, Communications and Involvement as updates arise.

B/2023/101

Highlight Report and Minutes from the Executive Committee meetings held on 10 January and 14 February 2023

An overview of the discussions and decisions at the Executive Committee meetings held on 10 January and 14 February 2023 was provided.

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

- Cancer care
- Next steps on place-based working
- South Tees integrated urgent care
- Primary care operating framework

The Committee identified a risk to be added to the risk register in relation to the financial risks for the Community Diagnostic Programme.

RESOLVED:

The Board **RECEIVED** the highlight report and confirmed minutes from the meetings held on 10 January and 14 February 2023 for assurance.

The Board formally **NOTED** the amendment to the minutes for the meeting held on 15 November 2022.

B/2023/102

Highlight Report from the Quality and Safety Committee meeting held on 16 February 2023

An overview of the discussions at the meeting of the Quality and Safety Committee held on 16 February was presented.

Key points were highlighted as follows:-

- Storyteller Protocol
- Subcommittee proposals and terms of reference for consideration
- Reflections on ICB development session with Bill Kirkup

The Committee had identified the following key issues:

- Committee dates to be rescheduled to align with Board timelines
- Moving toward an appreciative/learning approach (quality improvement) as well as risk

RESOLVED:

The Board **RECEIVED** the highlight report from the meeting held on 16 February 2023 for assurance.

B/2023/103

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

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

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

RESOLVED:

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

B/2023/104 Questions from the Public on Items on the Agenda

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

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

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

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

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

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

ACTION:

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

B/2023/105 Any other business

There were no other items of business.

The meeting closed at 12:50