



**North East and North Cumbria Integrated Care Partnership Strategy Meeting**

**Minutes of the meeting held on 7 December 2023 at 14:30**

**The Auditorium, The Durham Centre**

**Present:**

Professor Sir Liam Donaldson, ICB Chair (Interim Chair)  
Jane Robinson, Corporate Director, Adult and Health Services  
Cllr Patricia Bell, Lead Member (Westmorland & Furness)  
Cllr Markus Campbell-Savours, Lead Member for Adults (Cumberland)  
James Stroyan, Group Director of People, Darlington  
Cllr Lynne Caffrey, Chair of the Health and Wellbeing Board, Gateshead (Chair, North Area ICP)  
Alice Wiseman, Director of Public Health, Gateshead  
Laura Choake, Senior Advisor, Health and Social Care, Newcastle upon Tyne  
Cllr John O'Shea, Deputy Chair of the Health and Wellbeing Board, North Tyneside  
Cllr Ruth Berkley, Lead Member for Voluntary Sector, Partnerships and Equalities, South Tyneside  
Tom Hall, Director of Public Health, South Tyneside  
Cllr Bob Cook, Leader of the Council & Chair of the Health and Wellbeing Board, Stockton-on-Tees (Chair, Tees Valley Area ICP)  
Carolyn Nice, Director of Adults & Health Services, Stockton-on-Tees  
Lisa Taylor, Health and Wellbeing Programme Director, ICS VCSE Partnership  
Adam Brougham, Strategic Director of Rise, ICS Voluntary, Community and Social Enterprise Sector (VCSE) Partnership  
Paul Marriott, Chief Executive, St Cuthbert's Hospice, Durham  
Christopher Akers-Belcher, Chief Executive, Healthwatch Hartlepool  
Tracy Harrison, Chief Executive of Northern Housing Consortium  
Professor Jane Robinson, Pro-Vice Chancellor, Newcastle University  
Daniel Monnery, Chief Strategy Officer, Northumbria University  
Levi Buckley, Executive Area Director (North and North Cumbria), ICB  
Dave Gallagher, Executive Area Director (Tees Valley and Central), ICB  
Dr Neil O'Brien, Executive Medical Director, ICB

Professor Graham Evans, Executive Chief Digital and Information Officer, ICB  
Claire Riley, Executive Director of Corporate Governance, Communications, and Involvement, ICB  
Jacqueline Myers, Executive Chief of Strategy and Operations, ICB  
Deb Cornell, Director of Corporate Governance and Board Secretary, ICB  
Dan Jackson, Director of Policy, Involvement and Stakeholder Affairs, ICB  
Sam Allen, ICB Chief Executive

**In Attendance:** Amanda Healy, Director of Public Health County Durham, and Chair of North East Association of Directors of Public Health (ADPH) Network  
Alyson Scurfield, CEO of the Technology Enabled Care Services Association (TSA), the National Body of Technology Enabled Care (TEC)  
Lynda Hutchinson, Head of Corporate Governance, ICB  
Hayley Campbell, PA to Director of Corporate Governance and Board Secretary, ICB (minutes)

**ICPS23-24/01**      **Welcome and Introductions**

Sir Liam Donaldson, Interim Chair for the Integrated Care Partnership (ICP), welcomed members to the meeting.

The following individuals were in attendance under public access rules:

- Leanne Hume, Northern Region Lead Nurse, Independent Health and Social Care
- Carolyn Smith, Senior Healthcare Partnership Manager, Pfizer.

**ICPS23-24/02**      **Apologies for Absence**

Cllr Mark Fryer, Leader of Cumberland Council (Chair, North Cumbria Area ICP)

Cllr Kelly Chequer, Health City Portfolio Holder, Sunderland

Gerry Taylor, Director of Public Health, Sunderland (Chair, Central Area ICP)

Cllr Karen Kilgour, Deputy Leader of the Council, Newcastle upon Tyne

Wendy Burke, Director of Public Health, Northumberland

Cllr David Coupe, Chair of the Health and Wellbeing Board, Middlesbrough

Cllr Karen Clark, Chair of the Health and Wellbeing Board and Cabinet Member for Public Health, North Tyneside  
Liz Morgan, Director of Public Health, Northumberland  
Erik Skollay, Director of Public Health, Middlesbrough  
Dr Mike Smith, Primary Medical Services Partner Member  
Dr Rajesh Nadkarni, Foundation Trust Partner Member  
David Chandler, Executive Director of Finance, ICB  
David Purdue, Executive Chief Nurse and People Officer, ICB  
Cllr Chris Hood, Lead Member for Adult Services, Durham  
Cllr Matthew Roche, Chair of Health and Wellbeing Board, Darlington

**ICPS23-24/03**

**Declarations of Interest**

There were no declarations of interest to note against any of the items on the agenda.

**ICPS23-24/04**

**Informal notes of the previous meeting held on**

There were no matters arising from the informal notes of the previous meeting held on 21 June 2023.

The Chair confirmed that all Integrated Care Partnership (ICP) Strategy meeting minutes would be in a formal format going forward.

There were no matters arising from the informal notes.

**RESOLVED**

Members **AGREED** the informal notes from 21 June 2023 were a true and accurate record.

**ACTION**

**The secretariat to formalise the minutes going forward.**

**ICPS23-24/05**

**Housing, Health, and Care Plan – Next Steps**

The ICB Executive Chief of Strategy and Operations shared a presentation on the Housing, Health, and Care Programme.

The Housing, Health and Care Programme was a commitment to addressing housing as a wider determinant of the health and wellbeing in the ICP Integrated Care Strategy. The programme was co-led by the following four organisations:

- North East and North Cumbria Integrated Care Board
- Association of Directors of Adult Social Services (ADASS)
- Northern Housing Consortium

- Technology Enabled Care (TEC) Services' Association (TSA)

The four organisations had agreed a vision throughout 2023, along with three agreed key priority workstreams as follows:

- Complex needs - deliver integrated models of support to reduce the number of people in or at risk of long-term hospital care.
- Older people - identify and provide choices for independent living.
- Warm and dry - identify and reduce non-decent and/or cold and damp homes across both rented sectors.

Robust governance and programme resource was in place to support delivery of the plan in localities, whilst building cross boundary partnerships to address challenges and maximise a collective voice.

The programme had identified four cross-cutting themes:

- Co-production – listen to, learn from, and act on the voice of people with lived experience.
- Strategy – regional and local strategies based on a robust assessment of current supply, future needs, and evidence-based models of delivery.
- Delivery – a clear investment strategy across the region, driving integration and making use of technology enabled care.
- Ways of working – fit for purpose governance for the programme, engaging with system leaders.

The programme aimed to highlight a community of practice via multidisciplinary teams working to consider and identify what could be done at scale to improve living conditions by identifying:

- Purpose - supporting local ownership and delivery, sharing good practice, and building wider partnerships and voice.
- Key responsibilities - an open and inclusive forum, knowledge sharing, supporting delivery of the programme, self-sustaining collaboration.
- Membership - a wider group of local authority housing and commissioning, ICB commissioning, housing providers, health partners, people with lived experience to connect and complement.

The Northern Housing Consortium was the collective voice and representation for housing in the North East and North Cumbria,

in partnership with 140 councils, housing associations, arms-length management organisations and mayoral combined authorities.

TEC Quality was an organisation that had been established to develop and run the TEC Services Association Quality Standard Framework (QSF). The QSF provided a set of outcome-based standards which were developed to provide quality standards and improve outcomes, putting people at the heart of service delivery through technology enabled care. TEC could ensure better quality interactions to prevent social isolation whilst embedding Quality and Safety.

The Association of Directors of Adult Social Services (ADASS) was a charity representing directors of adult social services and a leading body on social care issues. ADASS support the programme as follows:

- Enabling local partnerships to collaborate more effectively across health, care, and housing.
- Ensuring the public and service users are heard and involved in collaborative work.
- Promote the housing sector contribution by addressing the wider determinants of health, health equity, improving experience and outcomes to prevent ill health and safeguarding.
- Promote the adaptation of existing homes and the building of new accessible housing.

North East Housing Partnership (NEHP) were collaborating with the Integrated Care Board (ICB) to drive forward integration of housing into health and care strategies across the region. NEHP aimed to strengthen partnership working with Police and voluntary sectors, to develop a North East Health, Care and Homelessness Work Programme. The priorities were to be aligned to those of the mayoral combined authorities.

The next steps for the programme included:

- A baseline assessment would be completed in March 2024
- The Steering Group had been established and the Community of Practice would meet early in 2024.
- Collaboration with the Urgent and Emergency Care Network to implement the linkage of TEC providers to urgent community response services.
- Strengthen the connection between the programme and those developing under the mayoral combined authorities.

- Support development of specific initiatives under each of the three priority workstreams.

The Pro-Vice Chancellor from Newcastle University informed members that Newcastle University was currently collaborating with partners around health innovation neighbourhoods. The ICB Executive Chief of Strategy and Operations noted it would be useful to understand the approach Newcastle University and partners were taking around this work.

The Interim Chair noted there was an opportunity to bring together a coordinated and integrated approach and present this to the partnership.

**ACTION:**

- 1) **Newcastle University Pro-Vice Chancellor to link with the ICB Executive Chief of Strategy and Operations to discuss the approach Newcastle University and partners were taking regarding health innovation neighbourhoods.**
- 2) **The secretariat to add health innovation neighbourhoods integrated approach to the meeting forward plan.**

ICPS23-24/06

**Healthy and Fairer Work Programme**

The ICB Executive Medical Director presented an update on the Healthy and Fairer Work Programme, alongside the Director of Public Health for County Durham, and Chair the ADPH Network.

The Healthier and Fairer Advisory Group (the Group) was co-chaired by the ICB Executive Medical Director and the Director of Public Health for County Durham. The Group reported directly to the ICB Executive Committee.

The Group worked under the following five principles:

- Partnership with Place, building on the work of local health and wellbeing boards.
- Biggest impact
- Strongest evidence base
- Doing things once, the benefit of at-scale working
- NHS contribution to prevention, healthcare inequalities, and the broader socioeconomic determinants of health.

The Group was funded by:

- The Integrated Care System - agreed continuation of ring-fenced health inequalities funding

- Service Development Funding and Northern Cancer Alliance contribution
- The North East Care System Support (NECS) Transformation fund

Partnership was a key theme throughout all areas of work within the Group. The Group had three areas of focus:

- Prevention
- Healthcare inequalities
- Broader social and economic determinants.

#### Prevention Workstream

The Prevention workstream was co-chaired by Dr Guy Pilkington, Clinical Lead for the ICB and Alice Wiseman, Director of Public Health for Gateshead. The workstream covered alcohol, tobacco, obesity, cardiovascular disease (CVD) and prevention in maternity.

Fresh was the Tobacco Treatment Dependency Service in all North East and North Cumbria Foundation Trusts and was jointly funded by the ICB and local authorities. Fresh had seen the biggest reduction in smoking prevalence in any region through joint working.

#### Healthcare Inequalities Workstream

The workstream was co-chaired by Dr Robin Hudson, Clinical Lead for the ICB and Gerry Taylor, Director of Public Health for Sunderland.

The CORE20PLUS5 initiative focussed on the 20% of the population who were most deprived, plus the inclusion populations and the five clinical areas to outline programmes of work. There were 10 clinical pathways in place which were led by the clinical networks across the region. Work had focused on vaccine inequalities driven by data to measure improvement.

Waiting Well was in place to ensure all patients awaiting treatment have fair access to services. This eases the burden on services for common illnesses and provides equal opportunities for all.

#### Broader Social and Economic Determinants Workstream

The workstream was co-chaired by Dr Dominic Slowie, Clinical Lead for the ICB and Mark Adams, Director of Public Health for Middlesborough and Redcar and Cleveland. The workstream

focused on the anchor network, poverty proofing, digital inclusion, and health literacy.

Poverty Proofing identified the barriers people living in poverty faced in engaging fully with healthcare. It focused on listening to the voices and experiences of patients.

The approach had so far trained 366 NHS staff and included 530 individual patients, along with family involvement. It worked to drive culture change through poverty proofing studies and development of a pledge, toolkit and kitemark.

Next steps for the Group were as follows:

- Continue to strengthen genuine system partnership working across local authorities, Office for Health Improvement and Disparities (OHID), Voluntary Organisations' Network North East (VONNE), North East and North Cumbria (NENC) Health Innovation and academic institutions
- Embed health and healthcare inequalities across all ICB workstreams
- Evaluate and prioritise work programmes to achieve goals and aspirations
- Inform and influence national policymakers

The ICB Executive Medical Director confirmed the Group workplan aligned to the 'Better Health and Wellbeing for All' Strategy.

The appendix pack to the paper would be circulated via email following the meeting.

**ACTION:**

**The Executive Medical Director, ICB to circulate the appendix pack to the members via email.**

**ICPS23-24/07**

**North Cumbria Area ICP Chair Update**

The ICB Executive Area Director (North and North Cumbria) presented an update on behalf of the Chair of the North Cumbria ICP.

The North Cumbria Area ICP (North Cumbria) had been well attended. Strategy discussions had taken place which had been supported by the two new Health and Wellbeing Boards (Cumberland and Westmorland and Furness Councils). This had been enhanced by the development of the North Cumbria Place



Based Partnership (which sat along-side the North Cumbria Place ICB Subcommittee).

System work was improving and in May 2023 a set of high-level population health management priorities had been set. Work was ongoing to progress these.

North Cumbria had reduced the frequency of its meetings to a bi-annual basis. A work programme was in place, supported by the Place Subcommittee, sharing the workplan and priorities which were based on the ICP priorities.

The Place Subcommittee and working groups were well established in North Cumbria with partnership working showing strength throughout.

The Emergency, Preparedness, Resilience and Response Team (EPRR) recently worked across health and social care services to ensure residents in the area had continued coordinated access to services throughout a severe weather event.

Workforce continued to be a challenge in North Cumbria. Cumbria University was in the process of developing a medical school. A workforce plan had been agreed across a range of disciplines with a focus on healthcare assistants to encourage engagement into a rewarding career through an apprenticeship approach. An update on this would be shared at the next Strategic ICP meeting.

**ACTION:**

**North Cumbria Area ICP Chair to update on the workforce plan at the Strategic ICP meeting scheduled for June 2024.**

**North Cumbria Action Plan – Workington**

Further work has taken place on community engagement and data collection. Discussions were ongoing around mapping and collaborative use of community assets with the focus on.

- Smoke free and tobacco dependence
- Drug related deaths
- Alcohol related admissions
- Gambling harms
- Suicide prevention
- Cardiovascular disease prevention
- Healthy weight
- Children and young people
- Isolation
- Long term conditions

### Women's Health Workstream Funding

Funding would be invested in services across rural North Cumbria, offering services in a range of venues, using digital consultations, video clinics, postal tests and creating a women's health website.

The changes would commence in 2024 with further improvements expected across the region in the future.

North Cumbria would work on a number of deliverables for March 2024 including:

- Setting up steering group for stakeholders to promote cross- partnership working.
- Coproducing with patient engagement groups to maintain relevant focus on women's health.
- Appointing a menopause specialist for online consultations
- Establish a feedback pathway from a specialist menopause clinician to primary care.
- Multi-disciplinary team upskilling training to promote team building and develop requisite competencies.
- Ensuring data (including patient and staff evaluation) reflected quality, impact, and EDI priorities.

### Dentistry

North Cumbria was experiencing issues with access to NHS dentistry. Progress had been made in hotspot areas for school aged children via focused work programmes.

### Mental Health, Learning Disability and Neurodiversity

The Mental Health Transformation Board had met four times. Meetings were widely attended, including VCSE representatives, showing a shared commitment to care. Cumbria, Northumberland, Tyne, and Wear (CNTW) was working in collaboration with North Cumbria and a detailed strategic plan would be shared in 2024.

### Westmoreland and Furness boundary

The partners working across the border remained committed to working together to provide services in Cumbria. A plan was in place for a Cumbrian Health Summit to work with partners across all sectors on the geographical boundaries. A date was to be finalised for February 2024.

### **ACTION:**

**North Cumbria Area ICP to provide an update on the CNTW detailed strategic plan at the next Strategic ICP meeting in June 2024.**

**ICPS23-24/08**

### **Central Area ICP Chair Update**

The ICB Executive Area Director (Tees Valley and Central) provided an update on behalf of the Chair for the Central Area ICP.

The Central Area ICP (Central) had met in July and November and committed to meeting face to face to ensure partnership working was maintained.

Central meetings began with an update from Healthwatch to provide members with feedback and issues experienced by local residents which included:

- Dentistry
- Access to GP primary care
- Pharmacy
- Mental health and wellbeing.

In July, Central had reviewed the Healthier and Fairer Programme, as well as the health and wellbeing strategies of the three local authorities, focusing on their strategic needs. An update was provided on the Five Year Forward Plan.

In November, Central had looked at the health inequalities toolkit, looking deeper into dental services, particularly the oral health strategies of the three local authorities. A work programme was being developed around better and fairer health which would link into the 'Better Health and Wellbeing for All Strategy'.

Meetings were attended by a broad range of partner members and plans were being developed to include members of the public.

The next Central Area ICP meeting was planned for February 2024.

**ICPS23-24/09**

### **North Area ICP Chair Update**

The Chair of the North Area ICP (North) presented an update and outlined that the North had met three times with varied attendance.

Representatives from Cumbria, Northumberland, Tyne, and Wear NHS FT (CNTW) had presented on the Trust's strategy. Discussions were held on recruitment and retention, mental health hubs and ongoing work with homeless and ethnic groups. Due to some organisations being unfamiliar with the strategy, the CNTW Chief Executive would be invited to a future North meeting.

Dr Guy Pilkington, Co-Chair of the Prevention Board, had provided an update on the prevention workstream. Discussions had taken place on the main challenges and around the metrics of increased involvement of the voluntary sector. Reducing alcohol harm, tobacco issues, obesity and gambling were also part of the Prevention Workstream.

Paul Jones, Healthwatch, had identified some of the common issues in the North as being issues with care, dentistry, and women's health.

Work would continue to ensure a fair representation of organisations at future meetings, with consideration being given to which representatives would be able to attend to add value to discussions going forward.

Items for future discussions in the North would include:

- The North East Combined Authority
- Suicide Prevention Workstream
- Community Pharmacy
- St Oswald's Hospice Strategy.

The 'Keep Our NHS Public' Campaign Group had sought permission from the North to attend the next meeting. Their attendance and contribution were welcomed by the Chair.

The next meeting of the North would take place on 7 February 2024.

The North Chair raised an issue around the VCSE Sector contract renewals and that timeframes were causing concerns for service continuity. The ICB Executive Director of Corporate Governance, Communications, and Involvement assured members that contracts were currently being assessed and a review of the ICB's investment into the VCSE sector was being undertaken.

It was noted that members of the public who were currently receiving tax credits would be automatically migrated onto universal credit by the end of March 2023. A concern was raised that people would not understand the changes within the system

and fail to make claims. There were communication campaigns taking place across the local authorities, however, not all relevant people would see these campaigns.

The ICB Chief Executive suggested a scoping exercise to take place between health, social care, and local government on this issue to establish how partners could use their collective communication and engagement mechanisms to support people to access the appropriate support. The Health and Wellbeing Programme Director for the ICS VCSE Partnership requested that the voluntary sector was also included within the scoping exercise.

The North Chair informed members that Henry Kipping from the North East Mayoral Combined Authority would be attending the next North meeting to provide an update on the Combined Authority Plan.

**ACTION:**

**The secretariat to add the Combined Authority Plan to the Strategic ICP forward plan.**

The Chief Executive of Northern Housing Consortium noted that there were themes emerging from tenants around fragmented services and difficulties in navigating resources. There was an opportunity for housing and health to work together and the potential to use community hubs more effectively. The North Chair highlighted that Gateshead had been working for nine months on a strategy and baseline assessment of housing needs and had requested this be added to the North agenda.

**ACTION:**

**The North Area ICP Chair to link with the Chief Executive of Northern Housing Consortium to add the Northern Housing Partnership to the North agenda**

**ICPS23-24/10**

**Tees Valley Area ICP Chair Update**

The Chair of Tees Valley Area ICP (Tees Valley) informed the members that Tees Valley had met on two occasions. Both meetings were well attended with a clear willingness to work together to improve outcomes for the local population.

An update was provided from Healthwatch with an overview of the voluntary sector. The Tees Valley Infrastructure Partnership (TVIP) recognised the need for a single voice and brought together the five voluntary development agencies across the Tees Valley, together with rural and regional infrastructure

bodies. The role of the TVIP was to support and champion the VCSE and wider civil society in promoting community wellbeing and to provide a framework for stakeholders to engage with the VCSE across Tees Valley.

In September, Tees Valley had received an overview of the Primary Care Access Recovery Plan (PCARP). The purpose of the PCARP was to empower patients to manage their own health, implement modern general practice access and build capacity. All 78 Tees Valley practices were involved.

The ICB Director of Place for Redcar and Cleveland had provided an update on winter planning for Tees Valley. It was noted that the Tees Valley Urgent and Emergency Care system remained under significant and sustained pressure.

The Head of Business Solutions at Tees Valley Combined Authority (TVCA) had shared an update with Tees Valley Area. The TVCA had been set up in 2016 following a devolution deal with the Government with a view of working together with constituent partners to achieve greater economic growth in Tees Valley. The TVCA had responsibility for the devolved adult skills budget which supported local residents to secure jobs, stay in work and progress their careers. It also provided support to those facing barriers such as skills or health problems.

Future items for discussion in Tees Valley would include:

- Dentistry
- Mental health
- Substance misuse
- NHS trusts – joint working across North and South
- Serious organised crime
- 'At scale' work to improve life expectancy
- Healthwatch Youth
- Women's health
- Child poverty.

Work would continue to liaise with partners who were not yet represented on Tees Valley.

The next meeting of Tees Valley would take place on 2<sup>nd</sup> February 2024 in Darlington.

**ICPS23-24/11**

### **ICP Stocktake Update**

The ICB Director of Policy, Involvement, and Stakeholder Affairs, shared an update on the overview of an ICP stocktake.

Area ICPs were continuing to become well established and provided a an increasingly valuable forum to look at multisectoral issues across the region. From one-to-one discussions with Area ICP Chairs, there was a strong advantage and benefit to be able to consider strategic issues, particularly those of elected members.

The North East Mayoral Combined Authority (NEMCA) would be established in May 2024. As a result, discussions were ongoing with the North and Central ICP Chairs to consider aligning the North and Central Area ICP geographies to the new NEMCA footprint.

The Government had announced a Work Well Partnership Programme which was aimed at systems looking at health related barriers the population faced when accessing and staying in employment. ICBs had been asked to be the lead organisations for the partnerships in a convening role, working with ICPs.

**ICPS23-24/12**

### **Boost, our Learning and Improvement Community**

The ICB Chief Executive shared a presentation on Boost, the North East and North Cumbria's Learning and Improvement Community which had been launched in the Summer of 2023.

The North East and North Cumbria Integrated Care System (ICS) was one of the largest out of the 42 in England with numerous service providers and the aim was to build a community to share learning and improvement across the region. This had been built on the previous successes of the North East Transformation System and the Cumbria Learning and Improvement Community (CLIC).

Boost was a hub that brought people together to promote innovation, idea-sharing, networking, learning and improvement efforts. The community was growing with more than 6,000 members to date. Boost was hosted by the ICB but open to all and members included:

- People with lived experiences
- Local authorities
- NHS
- Public health
- Voluntary, Community and Social Enterprise Sector (VCSE)
- Academia

- Private sector providers and many more.

Boost had identified seven priorities:

- Children and young people's mental health
- Discharge and safe transfers of care
- Working with communities to shift the balance from treatment to prevention
- Building a learning and improvement infrastructure
- Strengthening the social workforce
- Workforce retention and wellbeing
- Collaborative leadership

Funding of £250,000 had been secured from The Health Foundation to learn how to approach system level improvement. This included an evaluation by the University of Newcastle to test and define measures of strategic impact on the Boost community.

The key areas of focus would be:

- Building an effective and mature learning and improvement community.
- Growing leaders everywhere who had the skills and agency to lead improvement across the system.
- Grounding innovation and improvement in real work that mattered to people.
- Sharing the story and seeking to involve people in improvement work.
- Developing skills, capability, and capacity for learning, change and improvement for all.
- Connecting parts of the system to each other and to other systems.
- Using data and evidence to drive learning approach.
- Promoting innovation, experimenting, sharing, and learning from what does and does not work.
- An event was held on 21 September 2022, with an enthusiastic response from attendees at the idea of building a learning and improvement community across the region. A vision of becoming the 'best at getting better' was supported, which strongly linked to the Better Health and Wellbeing for All strategy four key goals.

#### Transfers of Care

In March 2023, Boost held a summit on hospital discharge, highlighting the need for safe and timely transfers of care and emphasising the collective responsibility to improve patient



experiences. A discharge and safe transfer of care collaborative was established with a focus on sharing good practice, co-production, and standardisation across the region.

### Urgent and Emergency Care

A community of practice was created to hold events which looked at ways organisations across the region could work together to improve emergency care and winter planning. This focused on key issues of handover delays, reducing falls, 111 call answering and emergency department streaming. Direct improvements have been shown from collaborative such as:

- 111 online and call answering – 44% reduction in call answering time.
- Emergency Department streaming – 2% reduction in ED attendances. Further work was required across the system to see this across all locations.
- 59 minute ambulance handover delays – 64% reduction in minutes lost to handover delays over 59 minutes since implementation of the intervention at an aggregate system level.
- Increased bed numbers with demand and capacity funding – weekly available bed numbers increased by 4%, an average of 1,768 extra beds weekly.
- Community falls service – 6% decrease in falls-related admissions to hospital due to community based response services, with a 12% decrease from care home admissions.

### Women's Health

The first Women's Health Conference was held in October 2023 in partnership with the Office for Health and Improvement and Disparities (OHID). Dame Lesley Regan, Women's Health Ambassador for England was a keynote speaker at the conference.

A health profile was launched which provided an overview of inequalities in health outcomes and risk factors for women, along with the creation of a Women's Health Plan in line with the National Strategy for England. A Women's Health Collaborative had also been established to enhance women's voices in the health and care system as part of the learning and improvement community. Alongside this, the region had signed up to the National Sexual Safety Charter.

The ICB Chief Executive encourage everyone to sign up to Boost - [www.boost.org.uk](http://www.boost.org.uk)

**ICPS23-24/12**

**Topics for Future Agenda – Forward Plan**

Members discussed future agenda items as follows:

- VCSE – Memorandum of Understanding (MoU) to underpin working relationships.
- Issues in relation to dentistry access in the North East and North Cumbria.

**ACTION:**

**The Secretariat to add the VCSE MOU and dentistry to the forward plan.**

**ICPS23-24/14**

**Any Other Business**

There were no other items of business.

**ICPS23-24/15**

**Date of Next Meeting**

Thursday 13 June 2024, 14:30 -17:00, The Auditorium, The Durham Centre.

**The meeting closed at 16:33.**

**Signed:**

**Position:**

**Date:**