NHS
North East and
North Cumbria

Item: 8

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

BOARD 01 OCTOBER 2024	
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 team, as well as some key national policy updates.

Key points

The report includes items on:

- National update
- Financial position
- Launch of Child Poverty Reduction Unit
- Women of the North Report
- GP Collective Action
- Vaccinations
- TIDE Award

Risks and issues

This report highlights ongoing areas for action linked to financial pressures, the delivery of the ICB running cost reduction, quality of services and other broader issues that impact on services.

Assurances

This 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

BCF - Better Care Fund
BMA - British Medical Association
ENEI - Employers Network for Equality & Inclusion
ICB – Integrated Care Board

ICS - Integrated Care System
CQC - Care Quality Commission
CNTW - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
DHSC - Department of Health and Social Care
EHCP – Education, Health and Care Plan
LAP - Local Area Partnership
LDT - Local Delivery Team(s)
LMC – Local Medical Committee
NENC - North East and North Cumbria
NECS - North East Commissioning Services
NHSE - National Health Service England
MMR - Measles, Mumps and Rubella
MTFP - Medium Term Financial Plan
PCARP - Primary Care Access Recovery Programme
SCC - Strategic Coordination Centre
SEND - Special Educational Needs and Disabilities
TIDE - Talent Inclusion and Diversity Evaluation
UEC - Urgent and Emergency Care
VODA - Voluntary Organisations Development Agency

Sponsor/approving executive director	Professor Sir Liam Donaldson, Chair
Report author	Samantha Allen, Chief Executive

Link to ICP strategy priorities (please tick all that apply)	
Longer and Healthier Lives	✓
Fairer Outcomes for All	✓
Better Health and Care Services	✓
Giving Children and Young People the Best Start in Life	✓

Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
Any potential/actual conflicts of interest associated with the paper? (please tick)	**Yes**		**No**	✓	**N/A**	
If yes, please specify						
Equality analysis completed (please tick)	**Yes**		**No**		**N/A**	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	**Yes**		**No**		**N/A**	✓

Key implications	
Are additional resources required?	None noted.
Has there been/does there need to be appropriate clinical involvement?	Not applicable – for information and assurance only.

Has there been/does there need to be any patient and public involvement?	Not applicable – for information and assurance only.
Has there been/does there need to be partner and/or other stakeholder engagement?	The ICB continues to engage with all stakeholders on a wide range of subjects.

NHS
North East and North Cumbria

Chief Executive Report

1. Introduction

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

2. National

2.1 Overview

Overall, it continues to be an extremely busy period for the NHS nationally.

The independent investigation into the NHS, by Lord Darzi, was published 12 September 2024 and provided a detailed position of the NHS on a wide range of areas including patient access, quality of care and overall performance. Lord Darzi also examined areas such as the health of the nation and social care system. I have detailed this further in a separate report on the Board agenda.

NHS England has announced, in the context of the Lord Darzi publication, three director appointments to support key areas of work;

- Therese Patten**,** CEO of Bradford District Care Foundation Trust, has been named national director for place development.
- Jan Thomas**,** CEO of Cambridgeshire and Peterborough ICB, will be national director of the intensive support and recovery support programme.
- I have been appointed as national director for management and leadership alongside my role within the NENC ICB.

In addition, the system has received confirmation from NHS England regarding the winter and the operating assumptions. This includes:

1. Ensuring we maximise the winter vaccination campaign, including increasing employer vaccination rates. ICBs are asked to work with:
    a. Local partners to promote population uptake with a focus on underserved communities and pregnant women.
    b. Primary care providers to ensure good levels of access to vaccinations, ensuring that plans reflect the needs of all age groups, including services for children and young people and those who are immunocompromised.
    c. Primary care and other providers, including social care, to maximise uptake in eligible health and care staff.

2. Regarding patient safety and experience, the system should ensure basic standards are in place in all care settings and patients are treated with kindness, dignity and respect. ICBs are asked to:

    a. Ensure the proactive identification and management of people with complex needs and long-term conditions so care is optimised ahead of winter:

    i. Primary care and community services should be working with these patients to actively avoid hospital admissions.
b. Provide alternatives to hospital attendance and admission:
    i. Especially for people with complex needs, frail older people, children and young people and patients with mental health issues, who are better served with a community response outside of a hospital setting.
    ii. This should include ensuring all mental health response vehicles available for use are staffed and on the road ahead of winter.
c. Work with community partners, local government colleagues and social care services to ensure patients can be discharged in a timely manner to support UEC flow.
d. Assure at board level that a robust winter plan is in place:
    i. The plan should include surge plans, and co-ordinate action across all system partners in real time, both in and out of hours.
    ii. It should also ensure long patient delays and patient safety issues are reported, including to board level, and actions are taken appropriately, including involving senior clinical decision makers.
e. Make arrangements through SCCs to ensure senior clinical leadership is available to support risk mitigation across the system.
f. Review the 10 high-impact interventions for UEC published last year to ensure progress has been made: - systems have been asked to repeat the self-assessment exercise undertaken last year, review the output, consider any further actions required, and report these back through regions.

Further assurances regarding our winter plans will be provided at Board.

2.2 NHS England Chief Strategy Office Visit

We welcomed Chris Hopson, NHS England's chief strategy officer to our region on Friday 06 September. Chris spent time with two of our GP practices in Skelton and Middlesbrough to find out about how they have transformed their ways of working to help meet the capacity and demand challenges faced in primary care. This includes using care navigation to support patients to access the most appropriate service for their needs and the use of different health and care staff to support them. This is in line with the Primary Care Access Recovery Programme (PCARP) which was published in 2023 outlining the commitment by NHSE to make it easier and quicker for patients to get the help they need from primary care.

Practices despite increasing pressures to meet patient demand, and against a backdrop of workforce issues and estate challenges, are seeing more patients face to face and also using digital tools such as e-Consult and improving access via the NHS App. The PCARP programme is key to supporting primary care by addressing a number of issues, including improving technology to help deal with the '8am rush' for patients who are struggling to contact their practice and providing funding for additional and more flexible roles within primary care and the development of multi-disciplinary teams to meet patient needs.

Chris also spent some time with ICB colleagues and our local Primary Care Network clinical directors in between his visits to Hillside Practice and Borough Road & Nunthorpe Practice. We provided background and context to our area, including the complexity of our partnerships and our level of health inequalities. We described our commitment to investing in prevention, our collaborative networks and mutual aid, and the strategic programmes we have in place to address these. We also discussed the shift and evolution needed to manage demand and create sustainable primary care services for the future.

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3. ICB Development

3.1 North East Commissioning Support Unit In-Housing

On 04 September 2024 NHS England informed both the ICB and North East Commissioning Support Unit (NECs) that the ICB In-Housing Business Case would not be reconsidered at panel until further progress had been made with the proposed stranded costs provided to the Panel by NECS and the development of a clear mitigation plan for these. In response we have continued to work together with our partners in NECS at both an Executive and Senior Manager level, to review the position and identify mitigating opportunities. It is anticipated that agreement of the stranded costs, along with further clarity around our people processes to support successful transition of post holders, will negate the need for further discussion with NHSE and ensure the national panel are able to support progression of our business case.

4. North East and North Cumbria

4.1 Financial Position

As noted within the finance report, a small year to date overspend against plan was reported for the ICS at month 4, impacted in particular by costs associated with industrial action and drugs and devices. This is expected to be managed in line with plan to deliver the agreed deficit position of £49.9m for the year.

There are a number of significant potential financial risks still to be managed, including the increased efficiency delivery assumed in plans for the second half of the year together with increasing pressures associated with NICE approved drugs and devices, and price concessions impacting on prescribing budgets.

To support delivery of the financial position, an independent review of financial grip and control measures across the ICS is underway. This review will continue over September and October, focusing on actions that can be taken to immediately reduce the rate of expenditure and ensure the financial plan for the year is delivered.

Alongside this, work continues through the System Recovery Board to progress delivery of the priority workstreams identified within the medium term financial plan (MTFP). A refresh of the MTFP is currently being undertaken for an initial submission to NHSE by the end of September 2024. The model will show the do nothing position for the ICS, together with the level of efficiencies needed for a realistic recovery but also those needed for a compliant plan for 2025/26 onwards.

4.2 ICB Assessment

The proposed Care Quality Commission (CQC) integrated care system (ICS) assessment methodology was submitted to the Department of Health and Social Care (DHSC) earlier this year. The CQC has since been engaging with the DHSC and ICSs to further refine their approach to ensure that their assessment reports are meaningful and useful for ICSs going forward.

Once the government has approved the assessment methodology, it will be published along with the reports of the pilot assessments, the evaluation of the pilots, and updated guidance on the CQC approach ahead of starting the ICS assessments.

In preparation, the ICB has appointed two heads of quality who will be joining the ICB at the end of September. These key roles will work together across corporate governance and the wider system to develop a programme of self-assessment in readiness for the forthcoming assessments.

4.3 North East and North Cumbria ICB Annual Assessment

NHS England are required to conduct a performance assessment of ICB's with respect to each financial year. I was pleased to receive a letter (appendix 2) from NHSE following on from a regular assurance meeting stating they are pleased to note our progress and we will continue to proactively work with NHSE over the coming months.

4.4 Fulfilling our Statutory Functions

ICBs were formed just over 2 years ago following the passing in Parliament of the new Health and Social Care Act. As part of this, the ICB were given statutory duties to fulfil and our executive team have reviewed all of these duties and pulled together examples on how we are fulfilling each duty. This is detailed within appendix 3.

Whilst this continues to be work in progress, you can see the work we are already delivering to achieve the duties set.

4.5 Place Better Care

The Better Care Fund (BCF) refers to the coordination and pooling of adult social care and health care budgets to improve collaborative working, with a specific focus on services for older people and people with long term conditions. BCF plans are jointly developed by health and social care partners to support integrated, person-centred care in communities. The BCF policy guidance directs the NHS and Local Authorities to utilise existing budgets in joining up and reducing the duplication of services with the aim of improving social care and health services for local people.

During August 2024, NHS England confirmed its approval of the Better Care Fund 2023-25 plans with specific approval for updated 24-25 plans and formal permission to spend NHS minimum contribution for the following place locations:

- South Tyneside
- Gateshead
- Middlesbrough
- Newcastle upon Tyne
- County Durham
- Redcar and Cleveland
- Sunderland
- Stockton on Tees
- Darlington
- Cumberland
- Northumberland
- Hartlepool
- North Tyneside

The BCF funding approval, which includes discharge funding, can now be formally released in line with the plans developed at place with the relevant Local Authority, ICB Local Delivery Team and other local partners.

NHS England requires that the BCF funding is used in accordance with the final approved place plan and subject to the national conditions set out in the BCF Policy Framework for 2023-25.

The updated plans have a focus on developing additional intermediate care capacity and are in line with local and system Urgent and Emergency Care plans.

Local places, through Health and Wellbeing Boards and ICB Place subcommittees, monitor that satisfactory progress is made towards meeting the performance objectives specified in each BCF plan. The BCF Policy Framework includes a reporting schedule for progress and performance including quarterly reporting on BCF metrics and an impact narrative.

The place teams continue to work closely with Local Authority and other partners on the ongoing implementation and delivery of BCF plans for 2024-2026.

4.6 Area SEND Inspection - Durham

Children and young people may be identified as having special educational needs due to a range of learning difficulties, physical disabilities or sensory impairments. Increasingly this is due to the impact of neurodevelopmental needs that can affect speech and language, attention and impulse control, cognitive ability, emotion regulation or motor skills. These special educational needs and disabilities (SEND) can affect a child or young person's ability to learn.

The SEND Code of Practice 2014 and the Children and Families Act 2014 gives guidance to health and social care, education and local authorities to make sure that children and young people with SEND are supported through a range of adjustments and adaptions to support their special needs and support them in achieving their full potential.

During September 2024 Ofsted and the CQC notified Durham County Council and the ICB of the outcome of the Area SEND inspection of the Durham Local Area Partnership following the inspection that took place 24- 28 June 2024. The County Council and the ICB are jointly responsible for the planning and commissioning of services for children and young people with SEND in Durham.

The outcome report noted changes to the governance structure across the local area partnership (LAP) since the previous inspection in January 2020. This includes the implementation of the Integrated Strategic Commissioning Team in 2020 and the responsibility for health services in Durham passing to the NENC ICB.

The outcome report noted some areas of positive practice, including:

- Collaborative leadership is strong across education, health and social care, for example, the joint commissioning of specialist roles such as a designated social care officer, a designated clinical officer and a project leader for SEND.
- The focus on early identification of need is a positive initiative across Durham, with several arrangements in place to provide support for families and schools to help recognise and meet SEND needs.
- The Healthy Child Programme is delivered effectively. The 0-25 service delivers.
- additional developmental checks to identify additional needs and offer support at the earliest opportunity.
- All therapy services offer open referral systems. This means children and young people and their families can access support directly.
- Schools and further education providers can access a range of guidance to support and develop children and young people. This includes support for emotional resilience and mental health and children and young people can self-refer to the emotional resilience team.

The report also identified areas for improvement including:

- Children and young people in Durham wait too long for neurodevelopmental assessments. In addition, some individuals experience lengthy waits for therapeutic support from child and adolescent mental health services (CAMHS). This mirrors the national picture.
- The most vulnerable children and young people do not routinely benefit from accelerated neurodevelopmental assessments when needed. However, there is new investment and a detailed recovery plan from the LAP and Durham executive leaders to reduce waiting times for assessments and support.
- Schools generally identify children and young people's SEND at the earliest opportunity. However, for some individuals, the lack of early assessment of needs has led to parents and carers feeling that they need to make requests for Education, Health and Care Plan (EHCP) assessments to secure support for their child.
- The needs-led offer supports children and young people and their families while they are waiting for diagnostic assessment. However, practitioners' general understanding of this offer is inconsistent, and some are unclear of what support is available. The LAP has a comprehensive workforce development plan to improve practitioners' understanding of what support is available.
- Multi-agency groups audit EHCP. Groups are well represented, and learning is shared across the LAP. However, learning from these audits has not consistently had a positive impact to improve the quality of EHCP.
- Children and young people's views are typically sought during direct work with them. However, their wishes and aspirations do not routinely feature in their EHCP. This can mean that planning across education, health and social care is not always informed by what children and young people want to happen and how they feel.
- Children and young people with less complex SEND, who are working with social workers other than the children with disabilities team, may receive inconsistent support. Their individual wider needs are not consistently recognised alongside their SEND in professionals' planning, for example the impact of neglect. As a result, some support offered may not be consistently appropriate or accessible.

The integrated County Durham Care Partnership has developed a detailed plan to respond to the recommended areas for improvement which has been shared with Ofsted. A Neurodevelopmental Board has also been established and a programme of work has been initiated to support young people and families waiting for neurodiversity diagnosis. The initial aims of this work are to provide improved support to those families whilst they were waiting for a diagnostic assessment and to promote a consistent offer that will better meet the needs of young people, families and schools. Although the initial work programme did not include the full diagnostic pathway it has since been agreed to establish an additional sub-group looking at improving the efficiency of the diagnostic pathway. This element is focussed upon the transformational elements of improving the pathway rather than the referral or waiting time data at that time.

4.7 Social Care Inspection – Durham

As part of the assessment process, the CQC reviewed services in nine different areas across four themes including leadership, support, safety and its work with people. The assessment team found that over 85 per cent of CQC regulated provision in the county was rated as 'good' or 'outstanding' and that 95 per cent of equipment aimed at supporting people's independence, such as bathing aids, were delivered on time, sometimes on the same day.

The assessment report also praised the support for people to lead healthier lives, highlighting work with community groups to provide services locally as well as council commissioned preventative services, such as peer support groups and carer breaks. It also noted that the Social Care Direct service "was able to effectively direct people to a range of preventative services in the community."

A key theme was the positive partnership working within County Durham and the inspection team identified that leaders were "visible, capable and compassionate" with the report commenting on a "positive culture of continuous learning and improvement in the local authority". This included all areas of leadership and support being rated as of a good standard, including how well services work with partners and communities to deliver services to our residents.

Although the majority of areas were rated as being of a good standard, the inspectors did find some areas for improvements. This included the challenges people can face in accessing and experiencing services based on the large geography of the county and the impact of deprivation for some communities. The report stated that there is a "to recognise the changing demographic of people accessing services".

The assessment team found some challenges in sourcing flexible respite services and some delays in mental health provision. However, it was noted that commissioners were working alongside the NHS trust to identify suitable placements for people and that partners were working positively together to address these challenges.

Councillor Chris Hood, Cabinet member for adult and health services, said: "We are pleased with the outcome of the CQC assessment. The 'good' rating reflects the hard work of all our staff and the efforts they go to in order to provide the best possible care for our residents."

The ICB Local Delivery Team will continue to work with the County Council and other partners in addressing the areas for improvement.

4.8 CNTW ADHD Waits

Locally and nationally, there are very long waiting times for appointments with the neuro-developmental services.

In a recent report to the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, it was estimated that based on the current service capacity, someone who joined the waiting list for an ADHD assessment in February 2024 will wait 7 years.

In Professor Lord Darzi's recently published stocktake of the current state of the NHS, he notes that across the nation, it would likely take the current service provision 8 years to clear the backlog of patients in these services.

Within NENC, waiting times are already far too long. It should be noted that to date there has not been a standard set of rules for counting the number of people waiting in these services. This means that any information needs to be treated with some caution as different providers may use different triggers to add or remove patients to their lists. To the best of our understanding the current longest waiting times within NENC providers are between 4 - 5 years:

Area	**Pathway**	**TEWV**	**CNTW**
Adult	**All Neuro**	**5yr 4 months**	**4yr 8 months**
	ASD	5yr 4 months	4yr 6 months
	ADHD	4yr 8 months	4yr 8 months
Children	**All Neuro**	**5yr 4 months**	**4yr 5 months**
	ASD	5yr 4 months	3yr 7 months
	ADHD	5yr 1 month	4yr 5 months

NHSE have published new mental health waiting times definitions, along with the following guidance 'Further work is needed across teams, services, providers and ICS footprints to tackle

the pathway and data quality issues that these metrics highlight. This includes the necessary investment of time and resource in inputting, using, and improving data on clinical activity and interventions, as well as patient outcomes'. In support of this, ICBs have been tasked with a 104 week wait challenge to understand/validate our current position and develop performance improvement trajectories at provider level by early November.

Tackling these extremely long waits and reforming the service for people seeking diagnosis, support and treatment, for neuro developmental conditions, is a key area of focus for the ICB's Mental Health, Learning Disabilities and Neurodiversity Transformation Plan.

4.9 Whitehaven Community Hub

Earlier this year, NHSE invited organisations to submit bids to be included in their Quality Transformation Programme's Mental Health 24/7 community pilot programme. Working with partners in Cumbria, CNTW submitted a bid which has been successful.

The bid was co-produced with service users, carers and families, local residents, community partners, and experts by experience and will be used on the development of a hub providing 24/7 access to mental health support in Whitehaven.

The model will be delivered jointly by Home Group, Everyturn Mental Health, The WELL, Cumbria Health and iCan Wellbeing Group with CNTW, as the lead organisation.

4.10 Ambulance Developments

Although improvements have been made in reducing ambulance handover times across the ICS, there has been a gradual rise in the number of long delays over the last few weeks which increases the risk to patient safety, particularly the 'unseen' patients waiting in the community. Ambulance handover delays are not an ambulance issue though, they are a whole-system issue and require a whole-system response.

Therefore, in order that we support our ambulance services to operate more effectively, reduce the time lost to ambulance handover delays so that they can get crews back on the road swiftly and more importantly reduce harm to patients, an ICS Ambulance Handover Improvement Programme is being developed which will be led by the ICB and supported by AQUA.

North East Ambulance Service NHS Foundation Trust successfully secured additional non-recurrent funding from NHSE England of £500k for June and July 2024, with a further £1m recurrent funding for the period August to March 2025 (total £1.5m for 2024/25). Non-recurrent monies have been used to provide additional crews and ambulance vehicles on the road in support of 999 pathway delivery.

Recurrent funding is being targeted in a more strategic fashion at the provision of a dedicated "Clinical Validation Hub" proposed to enable transformational change across urgent and emergency care pathways. The hub will undertake clinical assessment of 999 calls within the NEAS Control Centre through an enhanced model of clinical validation, supporting improved navigation, and making better use of alternative dispositions within the community.

The additional investment means that NEAS are expecting to see an improvement in category 2 response times by around 2 minutes per month with a final March 2025 trajectory of 23 minutes and 52 seconds compared to 33 minutes and 30 seconds in March 2024. Due to the improvement work being undertaken across the ICS, there is also an expected improvement in hear and treat rates in 2024/25.

A Strategic Group is also currently being established, made up of senior representation from ambulance and acute trusts from across the ICS who will work collaboratively to identify key opportunities to reduce delays (at a system level as well as at Trust sites) and to improve flow across the ambulance-hospital interface whilst a number of facilitated face to face events will also take place. Intensive support will also be offered to those trust most challenged by ambulance delays. The group will report to the UEC Strategic Network Board.

4.11 GP Collective Action

A non-statutory ballot by the General Practitioners Committee of the British Medical Association (GPC England) ran between 17 June and 29 July 2024, for GP BMA members to vote on a potential collective action. The ballot was held in response to the proposed incoming changes to the GP contract, due later this year. On 01 August 2024, the BMA announced that 98.3% of members that voted were in favour of, and were willing to take part in collective action. GPC England has invited GP contractor/partner BMA members to take certain actions, noting these actions may be permanent changes in some circumstances.

For this collective action the BMA is suggesting that GPs can 'pick and choose' from 10 options, including:

- Limiting the number of appointments with patients to the 'recommended safe maximum' of 25 a day.
- Actions to ration referrals, investigations and admissions (for example, by not utilising local protocols or template letters with Foundation Trusts) or stop engaging with the e-Referral Advice & Guidance pathway.
- Switching off some IT functions that would typically affect pharmacy systems with an impact upon Pharmacy First schemes or medicines optimisation programmes.
- Withdraw permission for data sharing agreements that exclusively use data for secondary purposes.
- Freeze sign-up to any new data sharing agreements or local system data sharing platforms.

Following the BMA's ballot the ICB has focused on an incident management approach with the Strategic Coordination Centre (SCC) coordinating across the system through regular meetings with Local Delivery Teams (LDT) and partners to ensure any issues are identified and managed proactively.

The system response includes regular collective action sitrep calls, with representatives from primary care, nursing, medical, contracting, and strategy teams, as well as SCC colleagues. These calls capture local intelligence directly informing the SCC's discussions with Trusts. Trusts have also been issued templates to report any collective action impacts and the information is reviewed and actioned accordingly. This structured approach ensures there is connectivity between LDTs and system partners, allowing the ICB to identify and respond quickly to emerging issues, such as changes to patient flows or referral patterns.

The ICB has regular communication with GP practices, LMCs, and system partners to stay updated on the collective action's effects. Practices have been encouraged to give adequate notice of any planned changes to services, and the ICB is closely monitoring for any reductions in care that may impact patient safety. While NHS England is also developing a communications toolkit, the ICB is ensuring that local messaging is tailored to reflect the specific mitigations and arrangements that may need to be put in place across our region.

The ICB contracting and procurement teams are involved in reviewing any contractual implications arising from GP collective action. This includes assessing notice periods, financial impacts, and any breaches of core contracts. Where actions are taken that affect service delivery, we will work

closely with practices and commissioners to ensure contractual obligations are met, or any necessary adjustments are made.

Clinical leadership is integral to our approach. There is close collaboration with the medical directorate and clinical leads across LDTs to leverage the expertise of primary care teams and ensure a whole-system perspective on managing changes to service levels. This includes assessing the secondary impacts on urgent and emergency care, elective services, mental health pathways, and community services.

At the current time there is a focus on the challenges around shared care prescribing arrangements, especially concerning the 'green and amber' prescribing lists. These areas are where we anticipate the greatest potential shift of work from primary to secondary care. This shift may place additional pressure on providers, particularly in the prescribing and monitoring of medication, and could result in some delays to care, potentially affecting RTT pathways.

This impact on pathways may also have an impact on the elective recovery program, as it will influence the future shape and size of waiting lists. The coordination between primary and secondary care teams will be critical in managing these shifts, ensuring that patients experience as little disruption as possible during this period of change. The primary and secondary care interface meetings with Foundation Trusts are key in this respect i.e. identifying solutions to local challenges.

Effective communication with general practice is key and the executive team have regular Local Medical Committee (LMC) engagement meetings to consider and discuss collective action implications. LDTs also have interface meetings with practice managers and local LMC reps and feed any intelligence through the SCC. While it remains challenging to assess the full scale of GP collective action, our incident management arrangements are designed to ensure rapid identification and response to any operational or patient safety risks.

Current work is focussed on the impact assessment and Quality Impact Assessment considerations of specific local actions and ensuring a proportional response is considered, which may include the recommissioning of activity. The teams are committed to working closely with all system partners to monitor, assess, and respond to the evolving situation, ensuring that patient care remains our primary focus.

4.12 Seasonal Vaccination 2024

The ICB is undertaking a coordinated seasonal vaccination approach between the six Local Delivery Teams, Public Health, Local Authority, SVOC and Screening and Immunisations. This will see the delivery of Covid, Flu and the continued year round offer of pertussis to pregnant women. This season sees the implementation of RSV to pregnant women, those that turn 75, and those that are 75 – 79 years of age. Shingles and pneumococcal vaccines can be offered with RSV at the same time to those 75 and over.

In Foundation Trust's, occupational health teams will deliver a staff vaccination programme for Flu and Covid from the 03 October 2024. The new RSV vaccine is offered in the eight maternity services from 01 September. The Infants and School Flu programme runs over the course of September through to December 2023. Front line health and social care workers can also be signposted to community services for their vaccinations.

Following the NHSE procurement of the new Covid 18 month contracts, the ICB network has grown by 16% from last season from 328 to 404 providers. It now includes 18 Hospital FT, 4 Federations, 63 Primary Care Networks, 319 Community Pharmacies, 7 Detained Estates and 4 Outreach providers. The ICB is delivering bespoke communication campaigns that cover all

vaccines available this season; this is across all media channels, Local Authorities and providers. This season the ICB makes use of its new TikTok account to expand population reach.

The ICB is also running bespoke, market tested, sub campaigns to health and social care workers, pregnant women and neonatal, Community and Faith Champions and Detained Estate. Monitoring of uptake by cohort, and non aged based cohorts, is available weekly in published reporting at a System, Local Delivery Team, Local Authority, Provider and Ward level, also including ethnicity and deprivation status.

The ICB Healthy and Fairer programme agreed £600k to be assigned to Public Health and Local Delivery Teams to enhance the local offer across immunisations that are not seasonal. This will be reviewed and evaluated through the emerging Local Immunisation Steering groups, which will feedback to the NENC Immunisations and Strategy Partnership Group. For Covid and Flu, the ICBs Covid and Access and Inequalities fund will be utilised to support at scale activity looking to address health inequalities and under served communities.

Covid booster concludes 31 January 2025 before transitioning to year round offer to newly severely immunosuppressed, and Flu on the 31 March 2025.

4.13 Child Poverty Reduction Unit

Unfortunately, child poverty continues to rise in our region, which simply should not be happening. However, this is a deep rooted and complex problem and sadly one that is getting worse, not better.

I was invited by Mayor McGuinness to visit Love, Amelia a baby bank charity based in Sunderland which provides new and excellent quality preloved items and equipment to children from birth who are experiencing poverty and hardship across Tyne and Wear and County Durham. It was incredibly touching to help put together boxes of essential items and how the charity responds to the needs of the community to ensure children are safe and happy.

Whilst at the visit, Mayor McGuinness announced the launch of the Child Poverty Reduction Unit which plans to tackle poverty in the region by starting with a commitment to help parents with the cost of childcare.

This commitment to tackling child poverty marks a significant and vital step in the collaborative action needed tackle the changes we need to make together. It is also very much at the heart of our ambitious health and care plans to help people in the NENC live longer and healthier lives.

Our Better Health and Wellbeing for All Strategy highlights our region's health challenges and sets demanding goals for us to tackle them by 2030. Giving children and young people the best start in life is one of our goals.

The collaborative, long-term approach outlined by the Mayor aligns with our commitment to tackling the broader social determinants of health, and the importance of us doing this together across all sectors.

The NHS can play a key role in tackling poverty and driving economic growth and we are developing an NHS Anchor Network for the NENC to create a framework for action and to share and spread good practice across our system.

4.14 Women of the North Report

I ask you all to take time to read a new report from Health Equity North published this week which lays bare the unequal challenges faced by women living in the North.

'Woman of the North: Inequality, health and work' finds that women living in the North live shorter lives, work more hours for less pay, are more likely to be an unpaid carer, and more likely to live in poverty.

These findings are a modern outrage and put into sharp focus the devastating effects of years of austerity, the cost-of-living crisis, the pandemic and the inequalities faced by many, simply due to where you are born and live.

Women of the North contribute a staggering £10 billion unpaid care to the UK economy each year. They are the backbone of our caring profession and provide amazing support.

The report recommends a wide range of evidence-informed policy solutions for central government, regional government and the NHS which, if implemented, could improve the current situation for women's health. This will take collective effort and determination and it is time for action!

Improving the health of women and girls is a priority for the ICB, working alongside our partners in all sectors across the region. We know the difference it can make. This is starting to be seen through the investment in three women's health hubs in Sunderland, Gateshead and North Cumbria, but we also know much more is needed to address the gaps in services and improve women's health outcomes particularly in our more deprived areas.

4.15 Back to Health Volunteering Programme

Earlier this year, NENC was chosen as one of six ICBs to participate in the Back to Health Volunteering Programme led by the national volunteering charity Helpforce. Helpforce were invited by government to work with ICBs given the national focus on planned care and discharge, and I was pleased to be asked to serve on Programme's Leadership Group alongside Sir Jim Mackey and FT and local authority CEOs from across the country.

Since then, we have been working on an innovative 'Pathway Zero' project in North Tyneside targeting volunteer support on those who have recently been discharged from hospital. Working with the Voluntary Organisations Development Agency (VODA), Northumbria Healthcare NHS Foundation Trust and North Tyneside Council, the project aims to support 800 people per year to settle back home after a period in North Tyneside General Hospital, and focussed on those over the age of 65 years. Research shows that volunteer interventions like this show real promise in reducing readmissions by connecting potentially vulnerable people to sources of local support.

VODA have now recruited to the coordinator post, who will be the day-to-day project lead and main point of contact with the Trust, and will be recruiting more volunteers with a focus on younger people who might be interested in pursuing a career in health and care. This is a great example of partnership working between the statutory and voluntary sectors, and I was pleased to see that the project is being funded jointly by the local authority and ICB via the local Discharge Fund. The VCSE sector are a key delivery partner for the NHS, and we are keen to encourage innovative partnership projects like this across the North East and North Cumbria.

4.16 Talent Inclusion and Diversity Evaluation Award

The ICB has been awarded a bronze level benchmark award from the Employers Network for Equality & Inclusion (ENEI).

ENEI is a UK-based, not-for-profit organisation that helps employers build and maintain diverse teams and inclusive cultures through our membership, training, and consultancy services.

It is the first round on their benchmarking assessment which is measured against multiple criteria, and organisations across sector both nationally and internationally.

This is the first time we have submitted the ICB, as I was keen to know where an external organisation would place us and where they felt we could improve. TIDE measures an organisation's approach and progress on diversity and inclusion across eight areas:

1. Workforce
2. Strategy and plan
3. Leadership and accountability
4. Recruitment and attraction
5. Training and development
6. Other employment practices
7. Communication and engagement
8. Procurement

As this is our first award assessment we are still on a journey. I am pleased we have achieved the bronze level and thank the team already for their work in making this possible.

4.17 IHR Inclusive Award

I am delighted to report, we are the first in the country to secure the commitment of all 11 NHS Foundation Trusts to the Healthcare People Management Association #InclusiveHR .

It's great we collectively recognise the importance of being an Inclusive Employer for our workforce, to lead by example, and to reduce disparities, for all of the communities that we serve.

We will continue to work collaboratively across our region to tackle Racism and discrimination, and grow to become an actively anti-racist, employer of choice for the whole of NENC and an exemplar of good practice.

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: 24 September 2024

Appendix 1

Between 18 July 2024 – 24 September 2024 the NENC Executive Team have undertaken the following visits:

NENC Organisations	Number Of Visits
NHS Foundation Trust / Providers	49
Local Authority	41
Place (including community and voluntary sector)	26
Community and primary care (including general practice)	31