

North East and North Cumbria Integrated Care Board

**Minutes of the meeting held in public on 30 July 2024 at 10.30am,
The Durham Centre, Belmont**

Present: Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
Craig Blair, Director of Strategy Planning and Performance
(deputising for Jacqueline Myers)
Ken Bremner, Foundation Trust Partner Member
Levi Buckley, Chief Delivery Officer
David Chandler, Chief Finance Officer
David Gallagher, Chief Contracting and Procurement Officer
Professor Graham Evans, Chief Digital and Infrastructure Officer
Tom Hall, Local Authority Partner Member
Professor Sir Pali Hungin, Independent Non-Executive Member
Professor Eileen Kaner, Independent Non-Executive Member
Alex Kent, Medical Director (deputising for Neil O'Brien)
Dr Saira Malik, Primary Medical Services Partner Member
Dr Rajesh Nadkarni, Foundation Trust Partner Member
David Purdue, Chief Nurse, AHP and People Officer
Claire Riley, Chief Corporate Services Officer
Jane Robinson, Local Authority Partner Member (interim).
Jon Rush, Independent Non-Executive Member
Dr Mike Smith, Primary Medical Services Partner Member

In Attendance: Deborah Cornell, Director of Corporate Governance and
Board Secretary
Christopher Akers-Belcher, Healthwatch Representative
James Duncan, Chief Executive, CNTW (agenda item 10.3)
Hamid Motraghi, Deputy Director of People and Culture (agenda
item 10.4)
John Pearce, Local Authority Partner Member
Graham Prestwich, NEAS Independent Oversight Group Chair
(agenda item 9.1)
Helen Ray, Chief Executive, NEAS (agenda item 9.1)
Lisa Taylor, Voluntary Community and Social Enterprise
Representative
Toni Taylor, Board and Legal Officer (minutes)

B/2024/29 Welcome and Introductions (agenda item 1)

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

The Chair introduced John Pearce, newly appointed local authority partner member, who is in attendance today while final confirmation was awaited of Fit and Proper Person Test requirements.

The following individuals were in attendance under public access rules:

- Kirstie Atkinson, Coloplast Wound Care
- Adam Brown, Sanofi
- Joanne Hall, member of the public
- Sarah Naylor, Coloplast Wound Care
- Roger Nettleship, member of the public
- Emma Peralta, Coloplast Wound Care
- Raj Purewal, C2-AI
- Mark Summers, Acacium Group

B/2024/30 Apologies for Absence (agenda item 2)

Apologies were received from Jacqueline Myers Chief Strategy Officer, Dr Neil O'Brien Chief Medical Officer and David Stout Independent Non-Executive Member.

Craig Blair, Director of Strategy Planning and Performance and Alex Kent, Medical Director were in attendance to deputise.

B/2024/31 Quoracy (agenda item 3)

The Chair confirmed the meeting was quorate.

B/2024/32 Declarations of Interest (agenda item 4)

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

The following declarations were highlighted under item 9.1 – North East Ambulance Services Independent Investigation Report;

- Craig Blair relative works for NEAS
- Graham Evans relative works for NEAS

The Chair noted the conflicts already declared on the register and members were able to take part in the discussion.

B/2024/33 Minutes of the previous meetings held on 4 June 2024 and 25 June 2024 (agenda item 5)

As a point of accuracy, the following amendment was to be made to 4 June 2024 minutes;

Item B/2024/10, Highlight Report and Minutes from the Quality and Safety Committee held on 14 March 2024 should read;

- Unanimous agreement the reports we received, should be seen in the context of being assured of the quality and safety of care.

RESOLVED

The Board **AGREED** that the minutes of the meetings held on 4 June 2024 and 25 June 2024 were a true and accurate record once the amend had been made.

B/2024/34

Action log and matters arising from the minutes (agenda item 6)

The following updates were received;

Action 17 - minute reference B/2023/07

The outcomes of the review of oral health to report into Board in November 2023.

An update on the dental health strategy and approach was previously brought to Board. The key actions will be circulated to members of the Board and the action marked as complete.

Meeting Minutes 4 June 2024 – minute reference B/2024/07

It was agreed the North and Central Integrated Care Partnerships would be combined into a single area to match the boundaries of the North East Mayoral Combined Authority (NEMCA).

The Chief Delivery Officer and Chief Corporate Services Officer will work with the chairs to coordinate the convergence of these meetings over the coming months.

B/2024/35

Chair's Report (agenda item 7)

The report provided an update from the Chair in relation to changes to the Board composition, committee chairing arrangements and key developments.

Diabetes

There are approximately 17,500 people with diabetes registered in the North East and North Cumbria.

7.5% of our population have South Asian heritage and are at higher risk of particular health risks such as diabetes.

A video was shared with the Board highlighting young people's experience with type 1 diabetes and the use of a new hybrid closed loop technology for the management of diabetes.

The importance of redesigning services and empowering patients was emphasised.

NENC is slightly ahead of the curve in terms of rolling out the hybrid closed loop devices to children and young people. There is a working group to look at rolling these devices out to certain adult groups.

RESOLVED:

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

B/2024/36

Chief Executive's Report (agenda item 8)

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.

National

Since our last Board meeting there has been a national election and a new Government and Secretary of State for Health and Social Care.

The Secretary of State has commissioned a review of NHS performance led by Professor Lord Darzi, which is expected to report in September 2024. There is also a commitment to develop a new 10-year plan for the health with recognition that wellbeing is impacted by wider determinants of health.

As an integrated care system there are four key shifts we need to make over the next 5-10 years in the NHS;

- From treatment to prevention and early intervention
- From all care provided in hospitals to care and support at home and in the community
- From an analogue to digital
- The NHS as a driver of economic growth, working alongside public sector and local authority partners in the North East.

Care Quality Commission

The interim review into the effectiveness of Care Quality Commissioning highlighted a number of areas of concern including poor operational performance, challenge with some of their systems and processes and a real loss of credibility and lack of clarity around ratings and how they are being used.

As an Integrated Care Board it is important to examine our approach to quality monitoring particularly around the commissioning and delivery of services. This will be the subject of a future board development session.

Quality Strategy

The Quality Strategy continues to progress well and engagement across the health and care system has been well received. The Quality Strategy is due to be approved by the Board in September.

ACTION: The final Quality Strategy to be received at the next Board meeting.

Breast Cancer

A variation has been identified in practice across North East and North Cumbria service providers with regards to resection within 12 months of surgery for breast cancer. The Northern Cancer Alliance have agreed to work with County Durham and Darlington NHS Foundation Trust to understand this variation. A surgical peer review has been conducted and the findings shared. Work is underway with the Trust to ensure immediate improvements are made and action is taken to address the wider findings detailed within the peer review.

System Leadership and Devolution

Following the Chancellor of the Exchequer's initial report into Parliament on public spending inheritance, there will be further constraints around public sector finances and greater scrutiny on how we spend our resources. Working with the two new combined authorities will be key.

There is part of our health and care system, which is the north of Cumbria, predominantly now delivered by Cumberland Council, which isn't in a devolution arrangement. The local authorities advised the Government has provided the opportunity to submit plans for devolution arrangements, with responses required by the end of September 2024. The system will work closely to support our partners with the decision their authorities take and ensure health contributes to any new proposals and arrangements.

The Chief Executive met with Lord Houchen, Tees Valley Mayor last week and discussed economic growth plans and working more closely together. The mayor has shown a key interest in supporting the development of the new hospital and recognised the importance of the health of communities and neighbours in the delivery of economic growth.

Women's Health

The Chief Executive thanked colleagues across the system for the huge interest and support in the women's health programme.

The second Women's Health and Innovation Conference was held on 11 July 2024, and a FemTech Accelerator fund launched.

The Big Conversation was also launched, a major survey gathering views from across the NENC with support from the region's Healthwatch. This will focus on areas like menstrual health and gynaecological conditions, menopause and cancer, as well as fertility, pregnancy loss and postnatal support. The Board will be updated on the survey results.

A key focus for discussion with colleagues in government will be ensuring the future allocation of resources is fair and equitable.

Industrial Action

The British Medical Association (BMA) ballot which commenced 17 June 2024 is due to conclude on 29 June 2024. The degree of

participation by GP practices in any collective action is uncertain. The BMA have announced nine potential action areas for members to consider reducing or ceasing activity, however each practice would decide which actions they would take and at what point.

The ICB would work closely with the Strategic Coordination Centre and local delivery teams to undertake an assessment of potential impact and identify contingencies. On the 1 August 2024 meetings are scheduled to understand individual practices, assess impact and coordinate with system partners to understand implications. There will be a range of services that will continue including urgent treatment centres and enhanced care offers into care homes and other settings.

Innovation

A Board discussion took place around innovation.

It was highlighted the ICS is a member organisation of Health Innovation North East and North Cumbria (HINENC) with work underway on the innovation strategy. The Femtech Accelerator Fund identified to advance innovation in women's health is directly aligned to our work programme priorities and the Chief Executive of HINENC attends the ICB Executive Committee. It was proposed the Board would receive a detailed update on the work of HINENC with a particular focus on the role of life sciences.

ACTION: Health Innovation North East and North Cumbria to be added to the Board forward plan.

Digital is a core part of our innovation pipeline, but also more broadly working with industry and research partners. During a recent digital governance review the Digital Strategy Group was changed to the Digital Strategy and Innovation Group, chaired by Dr Mark Dornan, Chief Clinical Information Officer with strong representation from HINENC. The group's focus is to look at how we get ahead of the curve and work with industry partners to look at new innovative technologies that will move from innovation to transformation. It is important to ensure communication of new technology helps patients to understand the technology, its benefits and how to embed it into their lives.

Innovation can be positive and can generate outcomes that we've never seen before but often comes at a cost, it is therefore important to weigh up the balance of investment.

RESOLVED:

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

Helen Ray and Graham Prestwich joined the meeting.

B/2024/37 North East Ambulance Service (NEAS) Investigation Report (agenda item 9.1)

The following declarations were highlighted;

- Craig Blair has a relative who works for NEAS
- Graham Evans has a relative who works for NEAS

The conflicts were already declared on the register and the Chair confirmed members were able to take part in the discussion.

Helen Ray, Chief Executive of North East Ambulance Service and Graham Prestwich, Chair of the Independent Oversight Group presented to the Board NEAS' improvement journey.

The Care Quality Commission inspected NEAS in July and September 2022, issued a Section 29A notice in October 2022, and published their first report in February 2023, and second report in July 2023 following a reinspection of Urgent Emergency Care.

The report of the independent review of NEAS into alleged failures of patient safety and governance, led by Dame Marianne Griffiths was published in December 2022.

NEAS was subsequently moved from Single Oversight Framework (SOF) segment 2 to SOF segment 3 for quality and safety, and subject to increased regulatory scrutiny, combined with additional support from NHS England and NENC ICB.

In response to the independent review NEAS;

- Established four internal workstreams and completed initial actions and created a Trust Improvement Group.
- Commenced a formal 'Buddy' arrangement with Northumbria Foundation Trust and Board/Executive development programmes were formed.
- Established an Independent Oversight Group where NEAS provided regular updates and assurance on work towards independent recommendations.
- Undertook an internal audit review of CQC actions.
- Commissioned a number of internal assurance reports;
 - Aqua well led review
 - Review of medicines management

The Independent Oversight Group (IOG) was established in October and Graham Prestwich was appointed as Independent Chair. The Group had oversight that all 18 recommendations from the independent review were sustainably implemented and provided assurance to families and regulators.

The group held five meetings between October 2023 to March 2024. An overview of progress against all recommendations were provided

at the first meeting and then over the course of the months 'deep dives' were held on;

- Culture and Staff Experience Plan
- Governance of settlement agreements
- Call handler training
- Commissioning and funding from the ICB
- Serious incident process improvements
- Coronial and legal processes
- Medical Examiner model

The IOG Chair provided assurance to the Board that the work of the IOG was complete and recommendations implemented. All recommendations were scrutinised and key evidence collated and extensively reviewed. Learning was shared beyond NEAS boundaries, with the system and nationally through networks. There was family engagement in the process October – December 2023 and the families had been invited to meet the IOG Chair to discuss the findings.

The Board thanked Helen Ray and Graham Prestwich for their update. Further discussion took place, and the following key points were highlighted;

- The changes implemented had been positively received by NEAS staff.
- The first year of the improvement journey had highlighted positive change through the annual staff survey and internal monthly staff surveys.
- The development of a clinical career framework was in its final stages.
- NEAS actively engaged with colleagues, ran roadshows twice a year and sent welfare vehicles out during busy periods.
- Freedom to speak up guardians and champions were in place right across the patch.
- The Community ambassador programme brought back identified learning from staff and patients.
- Call handlers had immediate access to clinical support if required.
- There was wider learning identified through an evaluation of the buddying arrangement to be shared.
- A national report published on culture of ambulance service highlighted the importance of looking at operational measures and people measures.
- Retention of staff in certain areas remained a challenge specifically in the Emergency Operation Centre.
- NEAS' operational performance had continued to improve and were ranked as the best performing ambulance trust in England for category one, three and four response times.

RESOLVED:

The Board **RECEIVED** the update on North East Ambulance Services improvement journey and were **ASSURED** on the implementation of recommendations.

Helen Ray and Graham Prestwich left the meeting.

B/2024/38 Board Assurance Framework (agenda item 9.2)

The Chief Corporate Services Officer presented the Board with an updated Board Assurance Framework (BAF) as part of the quarterly review for 2024/25. Minor changes have been made to ensure the BAF includes details of all corporate risks.

Minor amends have been recommended to the ICB Risk Strategy to reflect the realignment of risk reporting for all committees on a quarterly basis to support the production of the BAF.

The Voluntary, Community and Social Enterprise Sector's expertise was highlighted as an opportunity to work in an integrated way with regards to some of the principle risks identified.

RESOLVED:

The Board **REVIEWED** and **APPROVED** the Board Assurance Framework for quarter 1 2024/25.

The Board **APPROVED** the minor amends to the ICB Risk Strategy.

B/2024/39 Highlight Report and Minutes from the Executive Committee held on 14 May and 11 June 2024 (agenda item 9.3.1)

An overview of the discussions and approved minutes from the Executive Committee meetings in May and June 2024 were provided.

Detailed decisions logs were appended to the highlight report.

ICB Budget Delegation Arrangements 2024/25

The Committee approved the proposed approach to budget delegation for 2024/25 including delegation of relevant budgets to twelve ICB place subcommittees.

TUPE Business Case

The Committee approved the progression of Northumbria and South Tyneside teams to TUPE/transfer employment from the Joint Commissioning Unit into the ICB.

Foundation Trust Provider Collaboration

The Committee approved the responsibility agreement between the ICB and the North East and North Cumbria Foundation Trust Provider Collaborative for 2024/25.

RESOLVED:

The Board **RECEIVED** the highlight report and confirmed minutes for the Committee meetings held on 14 May and 11 June 2024 for information and assurance.

B/2024/40 Highlight Report and Minutes from the Quality and Safety Committee held in May 2024 (agenda item 9.3.2)

An overview of the discussions from the Quality and Safety Committee meeting held on 9 May 2024 were provided.

The Committee revisited the whole concept of quality and safety and what members would like to see on future agendas.

The Committee meeting in July was rescheduled to enable quoracy to be achieved. The minutes from the May meeting will be presented to the Board as its next meeting.

RESOLVED

The Board **RECEIVED** the highlight report for the Quality and Safety Committee meeting held on 9 May 2024 for information and assurance.

The Board **NOTED** the approved minutes from the meeting held on 9 May 2024 would be presented to the next meeting of the Board.

B/2024/41 Highlight Report and Minutes from the Finance, Performance and Investment Committee held on 2 May and 6 June 2024 (agenda item 9.3.3)

An overview of the discussions and confirmed minutes from the Finance, Performance and Investment Committee meetings held on 2 May and 6 June 2024 were provided.

The Committee received updates on;

- The ICS Infrastructure Strategy
- Capital funding
- Dental Access Recovery
- Mental Health performance
- Mortality data – time delay

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes for the Committee meetings held on 2 May and 6 June 2024 for information and assurance.

B/2024/42 Highlight Report and Minutes from the Audit Committee held on 22 April and 13 June 2024 (agenda item 9.3.4)

An overview of the discussions and confirmed minutes from the Audit Committee meetings held on 22 April and 13 June 2024 were provided.

The Committee received updates on;

- Freedom To Speak Up
- Board Assurance Framework
- Finance
- Internal Audit
- Counter Fraud

The Committee approved the removal of two audits from the 2023/24 internal audit plan and received assurance on some longstanding actions.

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes for the Committee meetings held on 22 April 2024 and 13 June 2024 for information and assurance.

B/2024/43 Integrated Delivery Report (agenda item 10.1)

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

The Director of Strategy, Planning and Performance drew the Board's attention to performance updates as follows:

Urgent and emergency care

Ambulance category two mean response times had deteriorated in May 2024 compared to April 2024. However, NEAS has improved rank to 4/11 of ambulance providers nationally and 1/11 for category one, three and four mean response times.

A&E 4 hour wait times

A&E performance at 76.9% remains above the national average of 74.4%, but behind the NENC May 2024 plan of 77.7%. There remains considerable variation across providers in NENC (63.8% - 87.2%). All NENC providers have indicated plans to delivery operational planning ambition of 78% by March 2025.

Elective waiting times

NENC ICB is the best performer nationally in terms of 78 week waits with a local focus to eliminate the remaining 78 week waits by the end of June.

A small number of patients were still waiting for renal transplants and a special spinal service.

The ICBs current position for 65-week waits is 850 against a plan of 906. All NENC providers plan to eliminate 65-week waits by September 2024.

Step up conversations are scheduled with at risk providers across NENC and weekly monitoring of actions and waiting lists.

Cancer waiting times

NENC 28-day faster diagnosis (78.7%) maintained its position above the national standard (77%).

Cancer 62-day performance dropped from 69.6% to 66.1% this is below the operational plan trajectory of 66.4%

The most challenged pathways include; Lung, Urology, Lower GI with performance below 60%. Work is underway with the Northern Cancer Alliance and provider partners to improve the position.

Targeted interventions were put in place to further support Trusts with an objective to achieve ICB plan of 79.1% by March 2025.

Mental Health

The Mental Health Core Data Pack will be available from 14 August 2024, which has caused a national delay in reporting to mental health metrics for 2024/25.

Adult and older adult (AMD) mental health waiting times and Children and Young People (CYP) mental health waiting times remain a risk. Reporting is to move to the new national standard throughout 2024/25 once this is supported by accurate MHSDS submissions.

The data for children and young people's access to mental health services showed NENC exceeded the plan for March 2024, and is marginally below the national objective. A systemwide deep dive across NENC providers and Local Delivery Teams had been undertaken in June 2024.

Board discussion further highlighted;

- A more detailed update on mental health, learning disability and autism would be brought to the next Board.
- 2019 – 2024 had seen a tenfold increase in children's neurodiversity with similar pressures in adulthood.
- Work continued with mental health providers and other partners across the system.
- The national dental recovery programme was being implemented with ongoing challenge around contracts and units of dental activity. An update would be brought to a future Board meeting.
- CQC and Ofsted recently carried out an area inspection on special education needs and disabilities provision, the findings had not yet been published.

- The number of referrals into children's neurodevelopmental pathway were overwhelming and a system wide approach was required to look at the needs led strategy alongside clinical diagnostic interventions with commitment to specific steps and actions.
- A focus on Infection, Prevention and Control (IPC) was scheduled for a future Board meeting.
- Monthly appointments in general practice increased to 1.70m. It would be interesting to look at some of the data in more detail through an inequalities lens.

RESOLVED

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

B/2024/44 Finance Report (agenda item 10.2)

The Chief Finance Officer provided the Board with an update on the financial performance of the NENC ICB and ICS in the financial year 2024/25 for the two months to 31 May 2024.

Subject to external audit, the ICB and ICS had achieved all of the financial duties.

ICS Revenue Position

As at 31 May 2024, the ICS reported a year to date deficit of £26.76m compared to a planned deficit of £24.67m.

The adverse variance of £2.09m reflected pressures in provider positions in particular costs associated with increased activity, including drugs and devices, and under-delivery of efficiency plans. This was forecast to be managed back in line with plan by the end of the year.

Across the ICS, total efficiencies of £61.63m had been delivered in the two months, slightly below plan of £64.35m. It was noted that recurrent efficiencies for the two-month period were £9.2m below plan, which is being offset by non-recurrent savings.

ICB Revenue Position

As at 31 May 2024, the ICB reported a year to date surplus of £8.94m and a forecast surplus of £53.6m in line with plan. The primary focus was to deliver the prescribing and packages of care planned savings.

At this stage of the year there is always very limited data available for the majority of commissioned services, with a time lag of two months in respect of prescribing data and other activity-based contract information.

Financial Risk

The 2024/25 financial plan submitted was challenging and ambitious with unmitigated risk of £161m across the system.

Work continued to review the position and unmitigated risk across the system with the aim to identify further mitigations to achieve plan and mitigate risk.

ICS Capital Position

The final submitted financial plan showed a potential pressure on capital funding of £20m relating to building rectification work at one provider trust. The Chief Finance Officer confirmed the funding request to support this work had been approved by NHS England.

Running Costs

The ICB was reporting a breakeven position against running cost budgets.

Debt Management Strategy

In accordance with the ICB Standing Financial Instructions (section 5.3), the ICB debt management strategy had been reviewed and updated and covered the end-to-end process from debt creation to collection or write-off.

Medium Term Financial Plan

The medium term financial plan across the ICS was being updated and would include more detail around demographic and activity pressures.

The ICB would work with partners across the system to review financial plans and financial governance arrangements to support the management of the 2024/25 financial challenges.

The ICB Chief Finance Officer meets monthly with the ICS Directors of Finance to review the ICS finance position.

The financial position of both the ICB and the wider ICS will continue to be reviewed in detail on a monthly basis by the Finance, Investment and Performance Committee and the ICB Executive Committee.

The communication strategy was due to be approved to support financial recovery and sustainability work.

RESOLVED:

The Board **NOTED**;

- the ICS financial plan position submitted on 12 June 2024
- the latest year to date and forecast financial position for 2024/25
- there are a number of financial risks across the system still to be managed.

The Board **REVIEWED** and **ENDORSED** the latest version of the ICB debt management strategy.

B/2024/45 ICB Financial Delegation and Financial Limits update 2024/25 (agenda item 10.2.1)

The Chief Finance Officer and Chief Corporate Services Officer set out the planned approach to budget delegation arrangements within the ICB for 2024/25, including proposed updates to the agreed financial limits within the ICB.

The key proposed change to the financial limits was an increase in limits for place / local delivery team limits. Previously the limits allowed approval of up to £1m with authorisation from the executive director and relevant director of finance. This had been increased to £5m, with approval of up to £1m with authorisation from the delivery director and director of finance.

Similar limits applied for budgets managed by contracting and primary care subcommittees. For other budgets, a similar limit was proposed for the ICB Chief Executive and Chief Finance Officer.

The proposed changes would facilitate increased delegation (for relevant non-discretionary spend) to relevant subcommittees. The financial limits would continue to apply to individual ICB directors in attendance at subcommittee rather than the subcommittee themselves.

Robust arrangements were in place, with additional financial controls continuing into 2024/25. The proposed updates to financial limits would support appropriate decision making at relevant levels within the ICB, while the additional financial controls in place would support the management of potential financial risks.

Further review of the ICB governance handbook was planned to consider any additional changes which may be necessary. Updates would be brought back to future meetings.

The proposed changes to financial limits were reviewed by the Audit Committee on 23 July 2024 and recommended for approval by Board.

ACTION:

A letter to be sent to the Chairs of place-based subcommittees explaining new financial delegation arrangements.

RESOLVED:

The Board considered and **AGREED** the proposed updates to financial limits and **NOTED** the governance handbook would continue to be reviewed.

*James Duncan, joined the ICB Board meeting.
Hamid Motraghi, joined the ICB Board meeting.*

B/2024/46 ICS Infrastructure Strategy (agenda item 10.3)

The Chief Digital and Infrastructure Officer introduced the item and welcomed James Duncan, Chair of the Infrastructure Board and Chief Executive, Cumbria Northumberland Tyne and Wear Foundation Trust.

The Infrastructure Board was established to include a range of key stakeholders to focus on the development of a ten-year strategy.

The ICS Infrastructure Strategy 2024-2034 was aligned to the ICP Better Health and Wellbeing for All Strategy and set out how we would work better together across the region to optimise our infrastructure in support of delivering better health and care services.

The Strategy was developed through system wide working, stakeholder engagement and due diligence and included estates, digital technology, net zero sustainability and major equipment programs.

This strategy had received full support of the ICB Finance, Performance and Investment Committee.

The draft strategy was submitted to NHS England on 31 May 2024 and would be formally submitted on 31 July 2024 in line with agreed national timescales.

Next Steps included the establishment of an Infrastructure Programme Management Office to support the mobilisation, ownership and delivery of the infrastructure strategy.

The Board welcomed the strategy and discussion highlighted;

- The Primary care estate was undersized and many buildings were functionally unsuitable and in poor condition.
- Some of the £514m backlog maintenance was a result of an aged estate.
- Some sites required significant investment to meet current health and care standards.
- Void estate costs across NENC was £17.7m, some of which was owned by NHS Property Services.
- The strategy would be reviewed and updated to reflect approved clinical priorities.
- The need for flexibility as government policies may change.
- The strategy contained interesting figures and statistics and provided real opportunity to explore discrepancies.
- The ICS and its providers continued to bid for new capital funding.
- There was a real opportunity to work with partners across the system to integrate services and bring together capital funding.
- Public health in the region were supporting the Enhanced Healthy Hospitals Framework through the Healthy Hospitals

Advisory Group where there was opportunity to link in and feed through the principles into future designs.

The Board thanked James Duncan for his leadership in the development of the strategy and the ICB Chief Digital and Infrastructure Officer for his support.

RESOLVED:

The Board **REVIEWED** and **ENDORSED** the ICS Infrastructure Strategy 2024-2034 prior to NHSE submission on 31 July 2024.

James Duncan left the ICB Board meeting.

B/2024/47 **Equality, Diversity and Inclusion Implementation Plan (agenda item 10.4)**

The Deputy Director of People and Culture provided the Board with an update on the Equality, Diversity and Inclusion implementation plan.

The three overarching objectives of the plan were;

1. **Improved EDI capability and knowledge** - We would improve NENC ICB EDI Capability and knowledge; by providing our people with opportunities for learning, experiences and development at all bands and professions.

The Executive team had been trained to undertake equality impact assessments and were working with Trusts to standardise the approach.

2. **Legally compliant and confident** - We would focus our attention to becoming compliant with the statutory and mandatory elements of being part of the health and social care system. We would set out to exceed expectations beyond legal compliance.
3. **Consciously inclusive** - We would 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.

Gender Pay Gap

In October 2023, NENC ICB published Gender Pay Gap data for 2023/24 well ahead of the mandatory deadline of March 2024. In 2023 the UK Gender Pay Gap (median) was 14.3%.

NENC ICB was the first ICB to publish voluntarily Disability Pay Gap and Ethnicity Pay Gap data.

We completed advanced reporting compliance to NHS England on;

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

The NENC ICB Pay Gap Summary data at 31 March 2023 demonstrated;

- The NENC ICB Gender pay gap was the highest among all ICBs in England at 46%.
- 75-80% of the NENC ICB workforce were women.
- Men on average were paid more than women, with a higher proportion of men in higher banded roles than women.
- Non-disabled people on average were paid more than disabled people, which was close to the national picture.
- The disability pay gap remained an issue for the ICB, with approximately 44% not declaring data reducing confidence in the accuracy of results.
- BME people were paid significantly more than white colleagues. The small number of BME colleagues in the ICB were disproportionately represented at senior bands.

There was a variation across NENC ICS in the overall Gender Pay Gap. North East Ambulance Service had very little pay gap and North Tees and Hartlepool NHS Foundation Trust had the highest at 44.6%.

The Gender pay gap can sometimes be impacted by;

- More women working part time,
- Women often working in lower paid lower skilled roles,
- Women carrying out carer roles,
- Women leaving the workforce to go on maternity leave.

Compared to other Integrated Care Systems in our region it was highlighted there was a low representation of disabled and ethnic minority individuals on Boards across North East and North Cumbria.

Actions underway to tackle inequity included;

1. A Positive action pilot for Black, Asian and Minority Ethnic Women in NENC in conjunction with NEYLA.
2. Setting up the NENC Network of Networks for a Women and Allies, in conjunction with NEAS CEO.
3. A System wide Data Dashboard to focus on Women, Disabled people and Black, Asian and Minority Ethnic people within NENC.
4. Increasing the overall number of Black, Asian and Minority Ethnic Women in NENC undertaking the Shuri Digital Fellowship.
5. Tackling Bullying, Harassment and Discrimination, and increasing sexual safety in the workplace.
6. Working in collaboration with the 3 other ICB and NHS England (4+1) on EDI – we are the lead ICB.
7. Creating a Health Inequalities Learning Academy hosted in our Boost Learning and Improvement community.
8. Co-creation 5 Year EDI Strategy for the NENC ICS, with implementation plan.

9. The first complete ICS to sign up to #InclusiveHR.
10. NENC ICB Exec Diversity Champions with personal objectives.

It was a requirement of the NHS Equality, Diversity and Inclusion improvement plan (June 2023) that Chief Executives, Chairs and Board members had specific measurable EDI objectives to which they would be individually and collectively accountable.

The Board welcomed the update and noted;

- The need for improved psychological safety and data collection on staff characteristics.
- Bespoke mechanisms needed to support staff.
- Further analysis to the factors impacting the Gender Pay Gap.
- A shared system wide measurable objective to be identified.
- The appointment of the New Minister for Women and Equalities.
- Local Authorities report in terms of the Gender Pay Gap. There was a significant piece of work ongoing for 18-months on detailed action plans around local authority EDI commitments.
- #InclusiveHR is a social movement for change focused on recognising that the racial inequalities existing in society are replicated in HR departments. The focus is on reducing these disparities, becoming more inclusive and leading by example.

RESOLVED:

The Board **RECIEVED** the update for information and assurance.

Hamid Motraghi left the ICB Board meeting.

B/2024/48 NENC ICB Safeguarding Annual Report 2023/24 (agenda item 10.5)

This was the first standalone Safeguarding Annual Review Report of North East and North Cumbria Integrated Care Board (NENC ICB).

The report provided assurance to the Board regarding the ICB safeguarding functions and outlined the continued fulfilment of the ICBs statutory safeguarding duties.

NENC ICB had continued to discharge its statutory safeguarding duties throughout 2023-24 in relation to safeguarding children, young people and adults at risk.

The Chief Nurse, AHP and People Officer holds the statutory accountability for safeguarding and delegated the statutory safeguarding responsibilities to the Directors of Nursing including a strategic lead with delivery of the statutory functions undertaken by the place Designated Teams.

NENC ICB were able to demonstrate that there were appropriate safeguarding governance systems in place for discharging their statutory safeguarding duties and functions in line with the following key legislation:

- Care Act 2014
- Children Act 1989 and 2004
- Children and Social Work Act 2017
- Working together to Safeguard Children 2018

The NHSE Safeguarding and Accountability and Assurance Framework (SAAF 2022) provided the strategic framework for ensuring system oversight of safeguarding priorities.

Assurance and oversight of these duties was maintained by NENC ICB through its formal quality governance arrangements to support a more integrated approach to safeguarding across the ICS through the Health Safeguarding Executive.

There were 22 safeguarding partnerships and boards across the NENC ICS footprint, seven of which were joint.

Key achievements in 2023/24 included;

- Standardisation of safeguarding policies
- Level one mandatory training for all ICB staff on ESR
- Integrated safeguarding within quality governance and reporting
- Quality and safeguarding provider assurance visits

Formal NHSE ICB assurance reviews were carried out quarterly via the Safeguarding Commissioning Assurance Toolkit (SCAT). The organisation was fully compliant across all standards.

During 2023/24, 45 statutory reviews were commenced with a total of 77 underway across North East and North Cumbria. Themes identified include;

- Self-neglect
- Domestic abuse
- Coercive control
- Adult mental health
- Injuries to babies under one
- Child neglect
- Risk outside the home
- Child mental health / complex needs
- Lack of evidence of lived experience

During 2023/24 the team led and/or coordinated ICB Board level training, public facing awareness in support of prevention and risk reduction for sudden infant deaths and multi-agency prevention training with Durham University.

The ICB safeguarding teams are working with statutory partners to implement new Working Together 2023 requirements and the NENC ICB now has a dedicated lead for exploitation.

The ambition for 2024/25 was to;

- Support greater system wider understanding of health related issues impacting on safeguarding in all commissioned services.
- Provide a single point of contact for shared learning across the ICB learning delivery teams and commissioned services to improve system outcomes in key priority areas.

Local authority partner members drew the Board's attention to the Care Quality Commission assessment process underway with ten out of twelve North East local authorities. Safeguarding was a featured theme within this assessment, key themes would be identified with is an opportunity for learning be shared system wide.

RESOLVED:

The Board **RECIEVED** the report for information and assurance and **NOTED** the report would be shared with relevant safeguarding partnerships and Corporate Parenting Boards.

B/2024/49 NENC People and Culture Strategy (agenda item 10.6)

The Chief Nurse, AHP and People Officer presented the NENC systemwide People and Culture Strategy which was co-produced by a wide-ranging partnership from across the health and care system.

The strategy identified six key pillars each with their own objectives and goals;

1. Workforce supply
2. Workforce retention
3. Workforce health and wellbeing
4. System leadership and talent
5. Health equity and inclusion
6. Reform

The strategy had been widely shared with partners and endorsed by the People Partnership Forum.

RESOLVED:

The Board **APPROVED** the NENC People and Culture Strategy.

B/2024/50 Questions from the Public on items on the agenda (agenda item 11)

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

A question was received in relation to access to dentistry services and whether the ICB would raise with the new government that the dentistry contract was not fit for purpose.

ACTION:

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

B/2024/51 Any other business (agenda item 12)

Water Fluoridation

The Board were updated on the Water Fluoridation Scheme national consultation. The consultation deadline was extended to 31 July 2024. Individual and organisational responses were encouraged, particularly from North East residents.

The meeting closed at 14:45.

DRAFT