



North East and North Cumbria

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

BOARD	
25 July 2023	
Report Title:	Chief Executive Report
Purpose of report	
<p>The purpose of this report is to provide an overview of recent activity carried out by the ICB Chief Executive and Executive Directors, as well as some key national policy updates.</p>	
Key points	
<p>The report includes items on:</p> <ul style="list-style-type: none"> • The independent review published on the North East Ambulance Service • NHS 75 • The NHS Workforce Plan • Industrial Action • The development of the Integrated Care Board • An update on the System Leadership Group • The Integrated Care Partnership • An update on our winter plan • Our progress with supporting people who are waiting for elective treatment • The Gateshead Local Area Partnership Special Educational Needs and Disability inspection 	
Risks and issues	
<p>Note the risks linked to the longest period to date of industrial action and impact of elective waiting times.</p>	

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

Recommendation/action required

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

Acronyms and abbreviations explained

CQC - Care Quality Commission
 HRD – Human Resource Development
 HMI – His Majesty's Inspectors
 ICB – Integrated Care Board
 ICP – Integrated Care Partnership
 ICS – Integrated Care System
 NENC – North East and North Cumbria
 SEND – Special Educational Needs and Disability
 SCC – System Coordination Centre
 UEC – Urgent and Emergency Care

Sponsor/approving executive director

Sir Liam Donaldson, Chair

Report author

Samantha Allen, Chief Executive

Link to ICB corporate aims (please tick all that apply)

CA1: Improve outcomes in population health and healthcare	✓
CA2: tackle inequalities in outcomes, experience and access	✓
CA3: Enhance productivity and value for money	✓
CA4: Help the NHS support broader social and economic development	✓

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	
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If yes, please specify

Equality analysis completed (please tick)	Yes		No		N/A	✓
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<p>If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)</p>	<p>Yes</p>		<p>No</p>		<p>N/A</p>	<p>✓</p>
<p>Key implications</p>						
<p>Are additional resources required?</p>	<p>None noted.</p>					
<p>Has there been/does there need to be appropriate clinical involvement?</p>	<p>Not applicable – for information and assurance only.</p>					
<p>Has there been/does there need to be any patient and public involvement?</p>	<p>Not applicable – for information and assurance only.</p>					
<p>Has there been/does there need to be partner and/or other stakeholder engagement?</p>	<p>Engagement has taken place throughout the assurance process with NHS England and provider organisations.</p>					

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 The Independent Review Published on the North East Ambulance Service

Following a high profile whistleblowing case relating to the coronial process within the North East Ambulance Service and subsequent criticism of the handling of the whistleblowing process, Government commissioned Dame Marianne Griffiths to independently investigate the issues identified. The issues identified pre dates the creation of the ICB. Prior to this Northumberland Clinical Commissioning Group acted as lead commissioners for this service.

The report was published on the 12 July 2023 and was shared with the families referenced within the report on 11 July 2023.

As part of the publication process, NHS England stipulated the requirement for NEAS and NENC ICB to share the final report with Boards in private in advance of the publication date. In addition, Boards were asked to approve a required Assurance Statement.

The Chair and Chief Executive of NEAS will attend the Board and share the learning from the report and give an oversight on the progress with the recommendations from the report.

2.2 NHS 75

The NHS marked its 75th anniversary on Wednesday 05 July. Over the last 75 years the NHS has continued to grow and innovate to meet the changing needs of the population. The milestone was a day of celebration and opportunity to reflect on all those who have contributed to the NHS. It was also a day to consider the importance of needing to adapt and change to meet the needs of the population and maintain a universal, tax funded health service free at the point of delivery. As Anuerin Bevan said in 1948, " the service must always be changing, growing and improving" and those words ring true today.

ICB colleagues, alongside partners from across our region, attended a special service in celebration of the 75th NHS birthday at Westminster Abbey. The service was attended by over 1,500 NHS staff, Royal Highnesses The Duke and Duchess of Edinburgh, senior government leaders and health leaders. Several other celebrations including the Big Tea,

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Monuments across the region turning blue and a special NHS Park Run on the 8 July were enjoyed across the region and country.

2.3 The NHS Term Workforce Plan

The long-term NHS workforce plan was published on the 30 June 2023, the plan is the first time that there has been a funded plan (2.4 billion) for NHS workforce and is focused on three main areas.

1. **Train:** significantly increasing education and training, as well as increasing apprenticeships from 7% to 22% and alternative routes into professional roles, to deliver more multi-professionals, including new roles designed to better meet the changing needs of patients and support the ongoing transformation of care.
2. **Retain:** ensuring that we keep more of the staff we have within the health service by better supporting people throughout their careers, boosting the flexibilities we offer our staff to work in ways that suit them and work for patients, and continuing to improve the culture and leadership across NHS organisations.
3. **Reform:** improving productivity by working and training in different ways, building broader teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most, and ensuring staff have the right skills to take advantage of new technology that frees up clinicians' time to care, increases flexibility in deployment, and provides the care patients need more effectively and efficiently.

The ICB People Plan mirrors the national plan with our priorities on supply, retention, new ways of working, wellbeing, inclusion and leadership. The ICB People Plan is scheduled to be published in September and will be one of the first items to be considered by the newly formed System Leadership Group.

2.4 Industrial Action

At time of writing, junior doctors are undertaking their longest period of industrial action to date. This covers five days from the morning of Thursday 13 to the morning of Tuesday 18 July 2023. Consultant Medical Staff have two days of industrial action planned for the morning of Thursday 20 to the morning of Saturday 22 July.

The provider trusts have made detailed plans to manage the impact of this action and the ICB's Strategic Coordination Centre has been running with enhanced staffing to coordinate across the ICB and support the Trusts with any operational difficulties that arise. The main impact of this and other recent strikes is the loss of elective (planned) patient appointments and operations, as fewer are scheduled on the days of action due to the reduced availability of medical staff. I know our patients will feel the impact of this and we are grateful for their ongoing support during this time.

2.5 Health and Safety Executive - Recommendations for Managing Violence and Aggression and Musculoskeletal Disorders in the NHS

The ICB received a letter from the Health and Safety Executive regarding managing violence and aggression and musculoskeletal disorders in the NHS. The letter has been sent to every ICB and we have shared it with the Directors of Human Resource at all of our NHS provider organisations for them to take appropriate action.

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Actions include reviewing the current levels of staff absence related to both areas and the Trust plans to address the impact on staff and workplace wellbeing. The progress will be monitored through the ICS network for Human Resource Directors. The letter is also being discussed at the People Group on the 20 July to engage the wider system.

ICB staff all undergo a risk assessment for their office environment and home working on commencement of employment. The risk assessment identifies the ergonomic requirements for healthy working and any adaptations for musculoskeletal issues are available. The staff survey is a good indicator for assessing violence and aggression in the workplace and we will use the outputs to ensure staff feel safe in their work.

Appropriate HR policies are in place in the ICB to allow any incidents of violence and aggression to be addressed both in and out of work.

2.6 ICB Development

2.6.1 ICB Running Cost Reduction

The ICB is required to make a 30% running cost reduction by 2025/26 with the first 20% of this delivered by the start of 2024/25. The ICB has established a programme to deliver this and this has started with engaging with staff across the ICB to enable our staff to have the opportunity to be part of reshaping the ICB, transforming our ways of working and developing our operating model.

Throughout June we have held engagement sessions with over 300 people across the ICB. 90% of this engagement was face to face with over 44 hours dedicated to listening to staff views. The key themes from the engagement have been shared with staff and will be drawn on in the next phase of the programme. The feedback will enable us to develop and transform the organisation as well as meet the nationally required reduction to the running costs. I anticipate I will be able to share more detail regarding the further development of the ICB operating model with the Board by the end of September.

2.6.2 ICB One Year Anniversary

On 01 July, we marked one year since the NENC ICB became a statutory organisation. Our first year has been focused on the transition from eight organisations in to one and there remains more to do to get to a position where we have addressed some of the legacy issues inherited. There is also a significant amount to be proud of and I was delighted the work of our Communications and Finance Teams has recently been recognised nationally with award winning success.

3. North East and North Cumbria

3.1 Integrated Care Partnership Update

I was pleased to attend the third meeting of Strategic Integrated Care Partnership in June, where we received updates from the chairs of our four Area ICPs. These partnerships have now each met twice and are playing a vital role in identifying shared priorities based on the needs assessment process led by the Health and Wellbeing Boards in their areas. Each of the Area ICP chairs gave thoughtful presentations covering the challenges of tackling deep-seated health inequalities as well as the opportunities of working across

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places, organisations and policy domains to make fast progress on issues such as drugs, tobacco and alcohol dependency, mental health and suicide, as well as how we improve equitable access to high quality local services.

We also received presentations on our emerging 'work and health strategy' which we are developing with the North of Tyne Combined Authority (but will have applicable learning across our entire ICS area), and the development of an integrated information system for the North East and North Cumbria – as we know from our masterclass with Mark Britnell, accurate and accessible data are vital tools for all the most successful integrated care systems so that we can measure the impact of our interventions in real time and support the design of effective care pathways.

Finally, we also received an update on the engagement our teams are undertaking on the development of our Joint Forward Plan. This is the document that sets out in detail how we will implement the strategic ambitions set out in our Integrated Care Strategy which the ICP is responsible for signing off. It was therefore useful for ICP members to understand this process and how they and other key stakeholders can continue to shape how we deliver our priorities.

3.2 System Leadership Group

The development of a leadership group from across the system was supported at the last Joint Management Executive Group and nominations for membership have been received. The first System Leadership Group is scheduled to take place on 26 July. The inaugural meeting will be a facilitated workshop to allow the group to come together and co-produce the purpose and way of working to ensure a collective and proactive role in shaping and delivering a vision for our health and care system is achieved. I am delighted Sir David Pearson is supporting us with this to support our coproduction with partners on how the group will work.

3.3 Our Winter Plan Preparation

System priority setting for winter 2023/24 is in its final stages following a system-wide event and three co-design sessions across the ICS covering a wide spectrum of professions and geographies. This work is being led by our ICS Urgent and Emergency Care Board and they have identified three priority areas for our focus this year :

1. Getting people to the right place first time
2. Flow (how people move through the health and care system)
3. Improving discharges and transfers of care

Working with system partners we have undertaken pre and post intervention analysis of winter 2022/23 and our learning is being drawn on as we consider the interventions we will target this winter. Areas under consideration include Clinical Assessment Services, Urgent Community Response services, ambulance handovers, High Intensity Users, Front End Streaming at Emergency Departments and Urgent Treatment Centre developments.

Enabling workstreams such as communications and engagement, evaluation and data sharing; and prioritised business cases where funding is identified, and effective use of current clinical and funding models will support effective delivery of the final priorities. A sustainable longer-term model for the System Coordination Centre (SCC) and Directory of

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Service developments will also augment and strengthen navigation to alternative dispositions outside of hospital and introduce predictive modelling to support system flow and escalations. A supporting Escalation Framework is in the late stages of development and will incorporate the Mutual Aid Policy, the repatriation policy, the national review of Opel levels and 'in extremis' system planning, and the operating model for the SCC.

The Urgent and Emergency Care Board working with Local Accident and Emergency Delivery Boards has refreshed the roles and responsibilities of each part of the system emphasising local communities and places as the main part of the system that makes the decisions and delivers care relating to UEC. This is supported by more robust communication channels, dedicated work to understand the public's needs and behaviours with regard to their care, and a suite of metrics reports at every level of the system and covering all geographies that will drive improvements and transformation.

From a current performance perspective, although the ICS is overall in a relatively strong position, one of the greatest opportunities for the UEC system is to reduce unwarranted variation across services and geographies, whilst tailoring services to meet local need. The current UEC operational plan for 2023/24 and the emerging five-year plan are both focused on achieving this for our population.

3.4 Waiting Well

The waiting well project supports patients across the ICB on routine lists for surgery to prepare physically and psychologically ahead of their procedure.

Using the data we have available has allowed us to take a population health management approach to identify and risk stratify patients, then deliver targeted support through place-based delivery teams. The key components of our model are:

- Data-driven identification of target cohort
- Assertive outreach to contact patients
- Holistic personalised care and assessment
- Tiered support dependent on patient need.

A hybrid quantitative and qualitative evaluation plan has been established to assess the benefits of the programme for patients, staff, and the system as the programme becomes embedded. A comprehensive health economic evaluation is embedded within this and we will report the outcome of this work to the Board. Though in its infancy of delivery, direct patient feedback has been incredible, and it is clear we are improving patients' quality of life; quotes we have received include:

Patient 1: *"Before your intervention I thought I just wanted to die, now I realise life is worth living."*

Patient 2: *"It has taken me months to leave the house, I would choose to stay at home rather than socialising with friends - although I know that socialising would be good for me, I could not bring myself to leave the house. Since being asked to take part in this incentive I have left the house three times a week even if it is to go to the gym and back. I look forward to doing my exercise classes."*

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721 patients were contacted with 161 accepting support. Early data reported improvements in overall quality of life, reflecting the five dimensions of mobility, self-care, usual activities, pain/discomfort, and anxiety/depression.

Our Executive Medical Director recently attended the World Congress of Peri-Operative Medicine to present on this work.

3.5 Area SEND inspection of Gateshead Local Area Partnership

A joint CQC, OFSTED and HMI Gateshead SEND Local Area Partnership Inspection took place between the 09 - 26 May 2023. Inspectors met with children and young people with SEND, parents and carers, local authority and NHS officers. Inspectors visited a range of providers and spoke to leaders, staff and governors about how they were implementing the SEND requirements. The report recognised that leaders across Gateshead have a determination to provide high-quality education and support to all children and young people with SEND.

The outcome of the inspection is a three year follow up and areas for improvement which include:

- Inconsistent educational psychological support
- Transition plans shared too late
- Waiting times for access to children's therapies
- Access and oversight for children's mental health services
- Specialist secondary school access to some qualifications
- Parents struggle to secure educational health care plan assessments
- Need for holistic social work assessments
- Long waits for short breaks.

The Gateshead ICB Place team have developed a steering group and action plan with partners to address the health commissioned service issues and will work with all partners to respond to the report recommendations to improve outcomes for children and families with SEND in Gateshead.

4. Recommendations

The Board is asked to:

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

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Name of Sponsoring Director: Sir Liam Donaldson

Date: 14 July 2023