

North East and North Cumbria Integrated Care Board

**Minutes of the meeting held on 26 September 2023
at 10am, The Durham Centre, Belmont**

Present: Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
Christopher Akers-Belcher, Healthwatch Representative
Levi Buckley, Executive Area Director (North and North Cumbria)
David Chandler, Executive Director of Finance
Professor Graham Evans, Executive Chief Digital, and Information Officer
Tom Hall, Local Authority Partner Member
Professor Eileen Kaner, Independent Non-Executive Member
Annie Laverty, Executive Director of Improvement and Experience
Jacqueline Myers, Executive Chief of Strategy and Operations
Dr Rajesh Nadkarni, Foundation Trust Partner Member
Dr Neil O'Brien, Executive Medical Director
David Purdue, Executive Chief Nurse
Claire Riley, Executive Director of Corporate Governance, Communications and Involvement
Jon Rush, Independent Non-Executive Member
Dr Mike Smith, Primary Medical Services Partner Member
David Stout, Independent Non-Executive Member
Lisa Taylor, Voluntary Community and Social Enterprise Representative

In Attendance: Deborah Cornell, Director of Corporate Governance and Board Secretary
Sarah Burns, Director of Place County Durham (attending as deputy to David Gallagher)
Toni Taylor, Governance Officer (minutes)

B/2023/57 Welcome and Introductions

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

The Board welcomed Christopher Akers-Belcher, representing Healthwatch.

The following individuals were in attendance under public access rules:

- Kathryn Burn, Deputy Director of Nursing, County Durham and Darlington Foundation Trust
- Joanna Dickinson, Beckton Dickinson UK Ltd
- Robert Hope, NHS Business Services Authority
- Leanne Hume, Royal College of Nursing
- Marion Langley, Resident, South Tyneside
- Roger Nettleship, Resident, South Tyneside

B/2023/58 Apologies for Absence

Apologies were received from Cath McEvoy-Carr, Local Authority Partner Member, Dr Hannah Bows, Independent Non-Executive Member, Ken Bremner, Foundation Trust Partner Member, David Gallagher, Executive Area Director (Tees Valley and Central) and Dr Saira Malik, Primary Medical Services Partner Member.

B/2023/59 Quoracy

The Chair confirmed the meeting was quorate.

B/2023/60 Declarations of Interest

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

The Chair noted the following conflict:

Item 8.4 – Christopher Akers-Belcher is a Governor of North Tees and Hartlepool Foundation Trust.

The Chair noted the declaration but deemed it not to be material and therefore able to take part in the discussion.

ACTION:

Declaration to be included on the register of interests.

B/2023/61 Minutes of the previous meeting held on 25 July 2023

RESOLVED

The Board **AGREED** that the minutes of the meeting held on 25 July 2023 were a true and accurate record.

B/2023/62 Action log and matters arising from the minutes

There were no further updates to the action log or matters arising.

Chief Executive's Report

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

Lucy Letby Verdict

A public inquiry has been established which will ensure vital lessons are learned and hopefully provide answers to the parents and families impacted but will also look at what actions were taken by regulators and the wider NHS.

The ICB has looked at what can be learnt now and has taken some immediate actions as follows:

- The ICB has reviewed the data, specifically mortality, from the eight neonatal units. Also looking at experiences of families and workforce
- Ockenden Peer review visits to all Trusts are planned and will include reviews of neonatal services
- A system wide learning and improvement group will focus on data and soft intelligence can be improved to identify risks proactively
- All providers have been asked to assure the ICB of their Freedom to Speak Up (FTSU) arrangements and assess their processes against the National Guardians Policy.

The following questions were noted:

- How do we shape cultures in our services and across health and social care?
- How do we read signals?
- Are we really listening?
- Are people able to speak up safely?

NHS Impact

The NHS Impact was designed to inform the way we work across services and create the conditions in which continuous improvement is the “go to” method for tackling clinical, operational and financial challenges. NHS Impact (Improving Patient Care Together) has been launched to support all NHS organisations, systems and providers at every level to have the skills and techniques to deliver continuous improvement.

Following an early discussion with NHSE regional team colleagues, the ICB conducted a mapping exercise to understand the variation across our patch regarding improvement maturity. The North East Ambulance Service was included in the assessment along with acute and mental health trusts.

With a positive response from all NHS provider organisations, the ICB was able to submit an accurate baseline assessment of system improvement experience, capacity, and capability.

It was confirmed that the ICBs Chief Executive has joined the NHS Improvement Board and will therefore be able to continue to bring learning into the system.

Running Cost Reductions

Significant progress has been made throughout August and September which has seen further design of the ICB operating model to work within the running cost allowance set by NHS England and deliver the 30% reduction required.

The ICB are engaging with staff across the organisation looking at new ways of working, how to reduce duplication and partnership working.

A formal consultation with staff will commence in November, with a conclusion and implemented new approach by March 2024. A business case was submitted to NHS England for a Voluntary Redundancy Scheme which was approved and will run alongside the formal consultation.

The transition team are looking at the risk and key issues of designing a new operating model. An Implementation plan will be put in place for April 2024. The objectives of the programme are not only to reduce costs but also ensure the ICB achieves statutory duties and strategic goals.

Wider concern around recruitment and retention and staff morale across the NHS following the pandemic, and the importance of supporting staff after some challenging years and through these changes was acknowledged.

There has been a lot of work and engagement with providers across health and social care in terms of workforce. The final workforce plan is expected to be available by the end of October and will focus on six priorities: supply, wellbeing, development and leadership, retention, new ways of working, inclusion. The plan is ambitious, with objectives for each year which will mirror the national NHS workforce plan.

A commitment to support staff through organisational change was made from the outset and a range of support and training tools for staff was launched in August. A specific reference briefing for line managers has also been developed to help facilitate one to one conversations and to ensure managers can support colleagues and direct staff to expert advice and support as necessary.

Women's Health Strategy

The Women's Health Hub model addresses fragmentation of services by breaking down the barriers between organisations and sectors, along with streamlining the various funding sources that can affect access to women's healthcare.

It fulfils the Long Term Plan's objectives and the Women's Health Strategy to create a service that is:

- More joined-up and coordinated in its care
- More proactive in the services it provides
- More differentiated in its support offer to individuals.

As part of this work, the ICB had received £595k to create a women's health hub and to prove the concept for the model of delivery.

It was noted that the Executive Director of Corporate Governance, Communications and Involvement is the organisations executive lead for Women's Health.

Integrated Care Partnership

Since the Strategic ICP met in June the four Area ICPs have continued their work and held several meetings to explore their shared priorities.

Feedback from these meetings and the forthcoming Area ICP sessions in the autumn will be summarised at the next Strategic ICP meeting in December at which progress against the Integrated Care Strategy 'Better Health and Well-being for All' will be considered and how the insights from our Area ICPs can shape the refresh of this strategy and the delivery of the Joint Forward Plan.

System Leadership Group

The first workshop saw the coproduction of purpose and ways of working to shape and deliver the vision for our health and care system. The System Leadership Group was well attended by partners from across the system. The group are scheduled to meet again and will focus on some strategic areas such as workforce.

Tees Esk Wear Valley Foundation Trust Update

The Trust quality concerns have been widely reported and have resulted in the Trust having their CQC rating downgraded. The outcome of the most recent CQC inspection is awaited.

The ICB continues to work closely with NHS England and the North Yorkshire and Humber ICB on the oversight and improvement activity at the Trust through regular Quality Improvement Boards. Whilst it has been positive to note the improvement, the Trust does have areas which still requires improvement.

The Trust provided assurance that they are working with the coroner's office to demonstrate the steps they are taking to address the backlog and delay in learning.

It was reported that the overall aim will be to ensure all actions identified have been implemented and embedded into practice.

Newcastle Hospitals

A recent Care Quality Commission inspection identified 24,000 documents in Newcastle Hospitals electronic patient record which may have not been sent to GPs following contact with patients.

The Trust is currently reviewing these documents and patients will be contacted if any concerns are identified.

A number of quality concerns have been highlighted as a result of the CQC inspection; the report publication is expected mid-October.

The ICB has been working with the CQC and Newcastle Hospitals to ensure the action plan to address the issues raised is appropriate and timely. The NENC ICB Quality and Safety Committee will be kept informed.

RESOLVED:

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

B/2023/64 Winter Planning

The Board was reminded that the Urgent and Emergency Care (UEC) Strategic Board is attended by members across the system including primary care, secondary care, social care and voluntary sector. The Board facilitates the work of the five local A&E Delivery Boards and oversees Winter Resilience and Winter Planning for the NENC Integrated Care System (ICS).

A key part of the resilience is the System Coordination Centre which is open seven days a week and uses real live data to look at ambulance performance, hospital handover and number of available beds. There is also a tactical on call rota in place. As part of the escalation framework, providers are engaged in looking at policies such as mutual aid and repatriation which are the key tools to manage operational pressures.

Preparation for winter planning 2023/2024 has focused on engagement with system partners during the review of Winter 2022/2023 with further consultation facilitated through the UEC Network via Community of Practice events throughout 2023.

The 2023/24 winter plan aims to deliver on the successful elements of the previous year's plan building on specific areas including the 10

high impact areas to further strengthen the offer and respond to new emerging needs and system changes. This is underpinned by the System Resilience Framework.

The plan includes a table highlighting the final system winter priorities agreed across the system:

- Category 3 and 4 Clinical Assessment Service (CAS) Proposal
- Focus on Frailty and the Case for Change
- Move to 15-minute ambulance handovers
- Delivering the four-hour A&E standard – front door navigation

Primary care is an integral part of delivery of UEC in winter and a key partner in the UEC Network and on the Strategic Board.

Action:

A further update will be brought to the next Board on how to reduce the burden on primary care during the Winter.

The Board expressed their thanks to community pharmacies and primary care who deliver the vaccination programme. It was noted that there are 105 more providers than last year. Vaccine delivery is always the key issue; however it is hoped that the programme will accelerate to vaccinate the majority of the eligible population by the end of October.

The Board was asked to take significant assurance from the robust and comprehensive co-designed planning process undertaken in preparation for winter 2023/2024 by the ICB with partners across the Integrated Care System, and its approach to agreeing and delivering the top three system winter priorities for 2023/24.

It was reported that the plan is not without risk and the Board was asked to note that the whole system is working to manage workforce pressures through flexible working models and more integrated delivery, for example across urgent community response and virtual wards; that the system will be ready for any opportunities for extra funding that may become available and that it will share risk collectively as a system to manage what is likely to be a very challenging winter.

The Mental Health 111 Selection will be used as an alternative route, for the public to be redirected to appropriate services rather than an ambulance being dispatched. Both business cases for TEWV and CNTW were approved and will be implemented early 2024.

The Board noted positive developments with regards to the new urgent treatment centre in Middlesbrough and the same day emergency care environments specifically in County Durham and Darlington which will make a significant difference for the population.

The Right Care Right Person approach is designed to ensure that people of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training and experience to best meet their needs. The approach is designed to support people absent without leave from services. Work is ongoing strategically with the four police force areas across the system with different ambitions and timelines, most of which are looking to be implemented early 2024. A gold command working group has been established across the four forces, and an implementation group in each of the four areas.

RESOLVED:

The Board **RECEIVED** the winter plan and **NOTED** the whole system is working to manage workforce pressures through flexible working models and more integrated delivery.

B/2023/65

Neonatal Regional Position

The Executive Chief Nurse presented the neonatal regional position.

Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE) 2021 data was published and is the first comprehensive state of the nation report.

The data is for all neonatal units that have surgical intervention. The ICB has reviewed the data from the eight neonatal units, and this has identified Newcastle Hospitals NHS Foundation Trust is an outlier in terms of mortality. This is when compared to a peer group of tertiary provider Trusts. The ICB is working with NHS England specialised commissioning to undertake a multi-professional assurance visit to the Trust.

The Perinatal Quality Surveillance model is now operational and embedded through the Local Maternity and Neonatal System.

- The Perinatal Mortality Review Tool (PMRT) is reviewed quarterly
- All Healthcare Safety Investigation Branch (HSIB) and Serious Incident reports are shared with Local Maternity and Neonatal System (LMNS) and reviewed and themed
- Clinical Negligence Scheme for Trust documents submitted to confirm compliance
- HSIB, NHR Safety Champions and Child Death Overview Panel (CDOP) leads for North attend quality and safety LMNS meeting to present north data and identify trends
- Standardised Dashboard developed with Maternity Services Data Set and MBRRACE data for ICB providers
- Peer review Ockenden assurance visits – comprehensive agenda, including focus on Freedom to Speak Up, culture and staff experience

- Perinatal leadership culture programmes underway. All of our organisations have been entered into the programme.

Four organisations still do not meet the seven immediate actions that were implemented by the first Ockenden Review. The visits are expected to end mid-November. Learning will be shared once the peer review assurance visits have been completed.

ACTION:

The Executive Chief Nurse to provide a further update to the Board in November on the Neonatal Regional Position.

RESOLVED:

The Board **RECEIVED** the update received.

B/2023/66

Freedom to Speak Up

The Chief Executive and Executive Chief Nurse updated the Board on the work ongoing with regards to Freedom to Speak Up across the system.

The ICBs Executive Chief Nurse is the ICB Freedom to Speak up lead.

Self-Assessment Tool

The Executive Director of Experience and Improvement to design a self-assessment tool using the FTSU Guide & Planning Tool.

Audit

All providers are asked to audit 2 FTSU processes and report the findings to their Board.

Training

Staff training on Freedom to Speak Up has been developed. There are three elements to the ICB training depending on the role of staff; speak up, listen, follow up. It will be mandated that all ICB Board members complete all three levels of this training. The ICB will be asking each provider organisation to follow the same process.

Learning and Improvement Group

The learning and improvement group will focus the November meeting on how we improve our view of data and soft intelligence to identify risks. Learning will be shared through as many opportunities as possible.

RESOLVED:

The Board **NOTED** the update received.

B/2023/67 Foundation Trust Collaboration Across Teesside

North Tees and Hartlepool and South Tees NHS Foundation Trusts have been exploring greater opportunities to collaborate over a number of years for the benefit of local people across Tees Valley.

The Director of Place, County Durham presented the paper and provided an update on progress.

The two Foundation Trust Boards' executives and non-executives have developed a work programme to create a hospital group model. A recruitment process is underway for a joint chief executive.

The programme plan is in three phases:

1. Design – to October 2023
2. Mobilisation – October to March 2024
3. Launch – Quarter 1 2024/25

RESOLVED:

The Board **NOTED** the progress being made in creating a Hospital Group across Teesside to be positive.

B/2023/68 Fit and Proper Person Test Framework

The report provided the Board with a summary of NHS England's Fit and Proper persons Test Framework.

NHS England published its Fit and Proper Person Test (FPPT) Framework on 02 August 2023 in response to the recommendations made following the Kark Review 2019.

A new NHS Leadership Competency Framework (due for publication at the end of September 2023) references six competency domains which will be incorporated in all senior leader job descriptions and recruitment processes and form part of the core of the board appraisal frameworks and the delivery of appraisals.

A new Board Appraisal Framework will be published by 31 March 2024 which will incorporate the Leadership Competency Framework into annual appraisals.

It was noted that all members of the Board have received communication with regards to this Framework.

RESOLVED:

The Board **RECEIVED** the Fit and Proper Person Test Framework guidance for information. The Board **NOTED** the NHS Leadership Competency Framework and Board Appraisal Framework due for publication and implementation by 31 March 2024.

B/2023/69 Highlight Report and Minutes from the Executive Committee held on 11 July and 8 August 2023

An overview of the discussions and approved minutes from the Executive Committee meetings in July and August 2023 were presented.

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

Risk Management Strategy

The Committee approved the Risk Management Strategy which was refreshed as a result of an internal audit and the actions implemented. The Executive team has also looked at key risks linked to the Board Assurance Framework.

Primary Care Dental Access Crisis Plan

The Committee received a detailed update on the Dental Access Crisis Plan and next steps.

Covid Medication Delivery Unit (CMDU)

The CMDU provides antiviral medication for eligible patients. A specific service was set up and was solely reliant upon positive covid testing. In the new phase post pandemic national reporting of covid testing has stopped.

A report was received outlining the proposed changes to the commissioning and delivery of a NENC CMDU and a request for approval to proceed with a non-recurrent model of care to further understand system impact before committing to a longer-term service development.

The plan was to implement the contract with the North East Ambulance Service to continue to provide medicines to eligible patients. However, a strong indication suggested NICE would be changing the eligible population but this has been paused. It was therefore not possible to mobilise the contract with NEAS and an alternative provider has been commissioned to provide the service in the North East. North Cumbria's service will continue as before. A communication will be released by the end of September.

There continues to be centrally funded long covid services for adults and children. A more detailed report will be provided with regards to the numbers of patients accessing these services.

ACTION:

The Executive Medical Director to bring a more detailed report on long covid to the next Board meeting as a matter arising.

RESOLVED:

The Board **RECEIVED** the highlight report and key points for the Committee meetings held in July and August for information and assurance.

B/2023/70 Highlight Report from the Quality and Safety Committee held on 11 May 2023

It was reported that the Quality and Safety Committee schedule has been aligned with Finance, Performance and Investment Committee to allow the synchronisation of data.

Patient involvement and experience

In September the Committee had its first patient story, which focused on trauma informed mental health. It was a powerful testimony and the importance of the Committee hearing the patients experience alongside receiving data was recognised.

Area Quality Exception Reports

Work continues to standardise the reports being submitted to the Committee. There needs to be more specificity on actions, learning and escalation.

Lucy Letby Verdict

Work is underway to look at Freedom to Speak up policies across the system and all providers. The Committee agreed the need for a benchmarking exercise to be undertaken with regards to data specifically on incidents and complaints to understand what is too high or too low.

The Committee also discussed the workforce and the challenges the Health and Care system has experienced over recent years. The support for care culture is really important specifically where there is low morale or team/role division which can inhibit openness from staff.

The Executive Chief Nurse confirmed:

- all maternity services leadership teams across NENC have been offered the opportunity to take part in a culture programme
- a cultural survey is being undertaken with every maternity and neonatal unit and the data will be looked at using the score methodology
- culture will be looked at in organisations as part of the Ockenden peer review visits.

RESOLVED

The Board **RECEIVED** the highlight report and key points for the Committee meeting held in May for information and assurance.

B/2023/71 Highlight Report and Minutes from the Finance, Performance and Investment Committee held on 6 July and 3 August 2023

An overview of the key points and approved minutes of the Finance, Performance and Investment Committee meetings held on 6 July and 3 August 2023 was presented.

The Committee continues to receive the Integrated Quality, Performance and Finance report for assurance.

Concerns from the Committee were noted as follows:

- Financially, continue to be off plan ICS and ICB
- Still some unmitigated risk of around about £100m in the ICS – part of that response is the Medium-Term Financial Plan (MFTP)
- Performance - still issues with category 2 and elective care.

RESOLVED

The Board **RECEIVED** the highlight report and key points for the Committee meetings held in July and August for information and assurance.

B/2023/72 Integrated Delivery Report

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

The Executive Director of Strategy and Operations drew the Board's attention to the following:

Waiting time for children and young people in mental health services
There is a variation across the NENC in terms of waiting times. Long waits are predominantly for autism and ADHD pathways.

Primary care dentistry
Current metrics look at improving units of dental activity to pre-pandemic levels. Activity level for May 2023 was at 74.4%, with the benchmark set at 76.8%.

Healthier and Fairer
The development of a NENC Health Inequalities dashboard covering a range of measures has been undertaken. Work has commenced and continues to develop across the programme with outputs being published in the dashboard.

A&E 4 hour wait times
A&E performance remains above the national average and is slightly short of the NENC July plan (78.6%) at 78.3%. NENC remains in the top 25% of performing ICS's raking 7th out of 42 in July.

Ambulance response times

Category 2 response has improved in July; however concern still remains. Wider system work is underway to understand recovery actions and measures required to identify patients most in need and provide opportunity to unit alternative pathways.

Elective care

Progress in reducing 78-week waits has stalled over the last two months with the majority of patients at Newcastle Hospital NHS FT. Pain management pressures at South Tees NHS FT are contributing to the backlog. Remedial action is underway, with an expectation to eliminate waits by the end of November.

NENC continues ahead of plan in June on reducing the number of people that wait over 65 weeks for an elective procedure.

Most recent unpublished data indicates that the number of people waiting beyond 65 weeks is increasing and there is a risk that in coming months, as a system, the ICB will not achieve its plan.

An elective recovery event is scheduled to look at all possible actions in terms of optimal productivity in theatres, mutual aid and understanding which pathways have most pressures.

Cancer

Changes from October 2023, include the removal of the two-week wait standard in favour of a focus on the new Faster Diagnosis Standard, with the intention of earlier treatment for those who need it and reassurance for the majority of people who do not have cancer. The existing 62- and 31-day standards are to be rationalised into two headline measures.

- The 28-day Faster Diagnosis Standard (75%)
- One headline 62-day referral to treatment standard (85%)
- One headline 31-day decision to treat to treatment standard (96%)

Mental health services

The numbers of people accessing Talking Therapies for anxiety (TTAD) are significantly behind plan. Work is underway to implement a number of short term actions around recruitment and meeting the demand whilst looking at opportunities to improve the pathway.

Out of area placements

Significant work underway to revise the way care for people is commissioned.

Gender dysphoria services

There is currently only one provider for adults in the NENC. The ICB has requested waiting times data from NHS England as the

commissioner for gender dysphoria services, to try and gain a deeper understanding of the service data.

RESOLVED

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

B/2023/73 Finance Report

The Executive Director of Finance provided the Board with an update on the financial performance of the NENC ICB and NENC ICS in the financial year 2023/24 for the period to 31 July 2023.

ICS Revenue Position

As at 31 July 2023, the ICS is reporting an overall year to date deficit of £48.1m compared to a planned deficit of £41.8m, an adverse variance of £6.2m.

The £6.2m year to date overspend compared to plan included a £4.3m pressure in provider positions relating to costs associated with strike action and elective activity. The ICB is reporting a year to date overspend compared to plan of £1.95m relating to growth in prescribing and continuing healthcare costs.

The month 5 position reported:

- £8m adverse variance for the ICB, due to prescribing pressures. NHSE planning assumptions for prescribing was a 2.4% increase, the first three months of the year had seen a 13% increase
- £18m pressure for the providers relating to elective recovery impacted by industrial action.

The 2022/23 financial position across the ICS included significant non-recurring benefits, with significant underlying financial pressures which present a risk to the 2023/24 position.

The final submitted financial plan for 2023/24 included overall net financial risks of £102.5m across the ICS. This included a large number of mitigations yet to be identified, excluding those, total unmitigated risk amounted to almost £252m.

As at 31 July 2023 a net unmitigated risk of £96.6m is being reported across the ICS.

For the ICB this includes unmitigated net risk of £21m, predominantly relating to potential pressures in continuing healthcare and prescribing costs, and potential non-delivery of stretch efficiency targets.

Additional net unmitigated risk across providers amounts to over £75m. The provider position is currently unchanged from plan.

From month 5, Foundation Trust providers will submit additional risk information to NHSE and the ICB to allow this position to be reviewed in more detail.

Work will continue across the system to review the position, seek to identify mitigations and collectively work to manage potential risks.

The ICB Senior Leaders forum participated in a workshop session in September to identify further opportunities to improve efficiency and effective use of ICB resources in both the short and medium term and a detailed plan and work programme will be presented to the executive in the near future.

A month 6 review will be undertaken across the system and will be reported into Chief Executives, Directors of Finance and the Board.

Work has commenced on the development of an ICS medium term financial plan, incorporating a financial recovery plan. This is being developed across the ICS with support from Chief Executives and Directors of Finance, with the intention to develop a high-level plan by the end of September which will support NHSE requirements and support delivery of the 2023/24 financial position. The Medium-Term Financial Plan will be presented to the Board at a forthcoming development session.

RESOLVED:

The Board **NOTED** the latest year to date and forecast financial position for 2022/23 and the financial risks across the system still to be managed.

B/2023/74 Joint Forward Plan

The Executive Chief of Strategy and Operations presented the Joint Forward Plan for approval.

ICBs and their partner NHS Trusts have a new duty to prepare a joint forward plan, covering a five-year period, before the start of the financial year. For this first year, NHS England specified that the date for publishing the joint forward plan was 30 June 2023. The NENC partially met this requirement by publishing a draft joint forward plan for feedback in the first week in July.

A number of changes were made following the feedback received and included:

- Ways of working locally and NENC wide
- Key service areas clarification, with the addition of women's health and trauma informed care

A foreword had been included by the ICB Chief Executive before submission to the Board. With the Boards agreement a foreword will also be included by the Provider Collaborative.

Once approved, the joint forward plan will be published on the ICBs website, and a summary and easy read version of the plan will be produced.

Delivery of the plan will be overseen by the ICB Executive Committee. The Committee will receive a document setting out the deployment programme for the plan in January 2024.

ACTION:

An implementation update to be brought to January Board.

ICBs and their partner NHS Trusts will be required to publish an annual update of the joint forward plan, beginning in March 2024.

RESOLVED:

The Board **APPROVED** the publication of the Joint Forward Plan and **AGREED** to provide a copy to NHS England, the Integrated Care Partnership and the Health and Wellbeing Boards.

B/2023/75 Strategic Focus on Mental Health

The Executive Area Director (North and North Cumbria) and Senior Responsible Officer for Mental Health, Learning Disabilities and Neurodiversity presented a strategic overview on mental health.

The presentation focused primarily on mental health, with a future session planned to look at learning disabilities, autism and ADHD.

The NENC Better Health and Wellbeing for All strategy outlines a number of goals:

- Reduce the gap in life expectancy by at least 10% by 2030
- Improve the percentage of people receiving their annual health checks
- Half the difference in suicide rates between NENC and England.

The challenges for people living with mental ill health in our region include:

- Lower life expectancy than rest of England
- Gap in life and health life expectancy between affluent and deprived communities
- More likely to spend their lives in poor health
- Increased risk of dying from preventable diseases
- Certain inclusion health groups markedly worse health

It was noted that living in an area of deprivation is the single biggest risk factor for mental ill health.

2021/22 data shows that NENC have a high prevalence of depression and lower score for wellbeing compared to the rest of England. More recent data is awaited.

Redcar and Cleveland have the highest prevalence of severe mental illness with Stockton having the lowest.

NENC remain consistently above the England rate in terms of suicide. The ICBs ambition is to halve the gap between NENC and England suicide rates. There is a new national strategy in development for suicide prevention which will continue to inform the ICB workplan. It was highlighted to the Board that the majority of people who have died by suicide have not been in contact with mental health services. Therefore, prevention, raising awareness and addressing stigma is a real challenge.

Major challenges in access to mental health support include:

Talking Therapies

In NENC there are high number of people waiting for over 18 weeks for treatment. Recovery levels are positive for those that do receive treatment. A new procurement exercise is underway to assist the review of the service model. There are particular workforce challenges within this field and support is in place, within the system, in terms of recruitment.

Children and young people

There is an increasing need for acuity and referral levels to children and young people services. Waiting times for urgent support is steady but waits for routine care have worsened significantly during and since the pandemic. Joint work continues with education, school partners, SEND services and local authorities.

Crisis and urgent care

Crisis Resolution and home treatment teams are under significant workforce and activity pressures. Waits to be seen in emergency departments over 12 hours are increasing. There is insufficient community based, alternative to crisis services available with wide variation in areas. Following on from the Fuller Stocktake there has been some encouraging integration of mental health teams with primary care and partners. Tees Valley have specialist mental health teams embedded into primary care, which is having a positive early impact, getting people onto the correct pathways and reducing waiting times.

Hospital and inpatient care

This continues to be an area of focus. Hospital wards are often full and difficult to access. Ward environments are not always fit for purpose, for example patients with autism may need a low level stimulant environment. People are required to stay in hospital longer than necessary due to housing and support alternatives. In terms of out of area placements, the region continues to have host placements outside of NENC, where there can be a delay in discharge.

Perinatal and maternal mental health

There are significant workforce challenges, with a lack of individuals with the specialist skills needed to expand the service in line with the NHS Long Term Plan. The ICB has agreed service development funding for perinatal services as a priority area.

The pandemic impacted mental health service users with the demand for services peaking post-covid.

People with lived experienced of mental health and learning disabilities have provided feedback which includes:

- Inclusion, coproduction and cocreation are vital
- Waits can be too long
- Staff are not always compassionate
- Trauma informed approach is needed
- Services can be life saving
- Little things can make a big difference.

National plans to improve mental health services include NHS Long Term Plan, National Suicide Prevention Strategy, Inpatient Quality Transformation, Community Mental Health Transformation and Core 25 plus 5. The NENC transformation priorities and strategic aims are linked to these plans.

The NENC are focused on five priority areas:

1. Urgent and emergency care
2. Inpatient quality transformation
3. Community mental health transformation
4. Children and young people's access and the neurodevelopmental pathways
5. Building the right support

The inpatient quality transformation is an NHSE national programme with a set of quality standards. The Mental Health, Learning Disability and Autism Subcommittee has agreed to use this inpatient quality review to review bed stock across the region.

90% of interactions around mental health and learning disability takes place in primary care. This is where the diagnosis is identified,

managed, supported and where they receive ongoing treatment. Primary care is an integral part of how to improve our services.

The Board was informed that an event is scheduled in October - 'Always the Right Door' - bringing people across the region together to look at how children, young people and their families get the right mental health support at the right time.

South Tyneside are really keen to view positive mental health, wellbeing and social connectivity and want to improve and strive to achieve. The co-production of the South Tyneside Joint Health and Wellbeing Strategy identified a number of priorities, namely:

- Trying to reduce social isolation and loneliness
- Support people with long term physical and mental health conditions through social prescribing
- Reducing suicide and self-harm
- Access to lower level intervention and community services for children and young people. Healthy minds teams attached to each school
- Promoting the five ways to wellbeing.

The Board noted that there is an established mental health, learning disability and autism transformation programme. The challenge is to develop the programme and a delivery plan with measurable delivery metrics to track progress against the priorities.

ACTION PLAN:

Mental Health, Learning Disability and Autism Transformation plan to be brought to Board in three months' time.

RESOLVED:

The Board **RECEIVED** the presentation.

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Questions from the Public on Items on the Agenda

The following questions were received from a member of the public:

Given that stroke is a leading cause of death and disability, with stroke survivors leaving hospital with an average of 7 disabilities, many needing complex and life-long care and contributing to delays in discharge and pressures across the health and social care system, how does North East and North Cumbria ICB plan to appropriately fund and resource the North East and North Cumbria Integrated Stroke Delivery Network as the essential delivery mechanism for meeting guideline level standards of care and achieving the Long Term Plan's stroke commitments?

Item: 5

What protection and security can you provide to the committed and valuable stroke network staff who are working tirelessly to improve the quality and safety of local services for this clinical priority?

The Board acknowledged the questions, but noted as this was not relating to any items on the agenda the questions would be responded to separately and made available on the ICBs website.

ACTION

The Executive Chief of Strategy and Operations and Executive Chief Medical Officer to provide a joint response to the public questions in writing, which will be made available on the ICBs website under the Board meetings section.

B/2023/77 Any other business

There were no other items of business.

The meeting closed at 14:00

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