

North East and North Cumbria Integrated Care Board

**Minutes of the meeting held in public on 1 October 2024 at 9.30am,
The Durham Centre, Belmont**

Present: Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
Phil Argent, Director of Finance (deputising for Chief Finance Officer)
Ken Bremner, Foundation Trust Partner Member
Levi Buckley, Chief Delivery Officer
David Gallagher, Chief Contracting and Procurement Officer
Professor Graham Evans, Chief Digital and Infrastructure Officer
Tom Hall, Local Authority Partner Member
Dr Saira Malik Primary Medical Services Partner Member
Jacqueline Myers, Chief Strategy Officer
Dr Rajesh Nadkarni, Foundation Trust Partner Member
Dr Neil O'Brien, Chief Medical Officer
John Pearce, Local Authority Partner Member
David Purdue, Chief Nurse, AHP and People Officer
Claire Riley, Chief Corporate Services Officer
Dr Mike Smith, Primary Medical Services Partner Member
David Stout, Independent Non-Executive Member

In Attendance: Deborah Cornell, Director of Corporate Governance and Board Secretary
Christopher Akers-Belcher, Healthwatch Representative
Baroness Hilary Armstrong, Chair of the North East Child Poverty Commission Project Advisory Group (agenda item 18)
Amanda Bailey, Director of the North East Child Poverty Commission (agenda item 18)
Ann Fox, Deputy Chief Nurse
Leanne Furnell, Deputy Chief People Officer
Lisa Taylor, Voluntary Community and Social Enterprise Representative
Toni Taylor, Board and Legal Officer (minutes)

B/2024/52 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 welcomed Ann Fox, Deputy Chief Nurse and Leanne Furnell, Deputy Chief People Officer who were in attendance and will provide interim cover to the Chief Nurse, AHP and People Officer

Role when David Purdue departs at the end of October until roles have been appointed to.

The Chair thanked David Purdue for his work with the ICB which has been greatly valued from the Board and around the region and wished him luck in his new role at NHS England.

The following individuals were in attendance under public access rules:

- Gillian Findley, Gateshead Health NHS Foundation Trust
- Saymul Islam, NHS Finance Insight Placement NENC ICB
- Chris Lanigan, Tees, Esk and Wear Valley NHS Foundation Trust
- Roy Mclachlan, South Tyneside and Sunderland NHS Foundation Trust
- Christine Roberts, Gedeon Richter UK Ltd
- Adam Brown, Sanofi
- Sarah Sillett, Graduate Management Trainee NENC ICB

B/2024/53

Apologies for Absence (agenda item 2)

Apologies were received from David Chandler Chief Finance Officer, Professor Sir Pali Hungin Independent Non-Executive Member, Jon Rush Independent Non-Executive Member, Professor Eileen Kaner Independent Non-Executive Member and Jane Robinson Local Authority Partner Member (interim).

B/2024/54

Declarations of Interest (agenda item 3)

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 17 – Mental Health, Learning Disability and Neurodiversity;

- Rajesh Nadkarni is Medical Director and Deputy Chief Executive at Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
- Rajesh Nadkarni's relative works for Tees, Esk and Wear Valley NHS Foundation Trust
- Tom Hall's relative works for Tees, Esk and Wear Valley NHS Foundation Trust

The Chair noted the conflicts already declared on the register and confirmed members were able to take part in the discussion. The Chair confirmed that Rajesh Nadkarni would abstain from any decisions required under item 17.

The following declarations were highlighted under item 17.1 – Review of intensive and assertive community mental health care;

- Rajesh Nadkarni is Medical Director and Deputy Chief Executive at Cumbria, Northumberland Tyne and Wear NHS Foundation Trust

- Rajesh Nadkarni's relative works for Tees, Esk and Wear Valley NHS Foundation Trust
- Tom Hall's relative works for Tees, Esk and Wear Valley NHS Foundation Trust
- Sam Allen's relative works for Northumbria Healthcare NHS Foundation Trust.
- Saira Malik is a Medical Examiner for Gateshead Health NHS Foundation Trust.

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

B/2024/55 Quoracy (agenda item 4)

The Chair confirmed the meeting was quorate.

B/2024/56 Minutes of the Board and Annual General Meetings held on 30 July 2024 (item 5)

RESOLVED

The Board **AGREED** that the minutes of the Board meeting held on 30 July 2024 were a true and accurate record.

The Board **AGREED** that the minutes of the Annual General Meeting held on 30 July 2024 were a true and accurate record.

B/2024/57 Action log and matters arising from the minutes (agenda item 6)

There were no further updates.

B/2024/58 Notification of items of any other business (agenda item 7)

None.

B/2024/59 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.

North East and North Cumbria ICB Annual Assessment

NHS England conducted their annual performance assessment of NENC ICB. The assessment recognised and thanked colleagues in the Integrated Care Board and partner organisations and highlighted areas of improvement which included the work around learning disabilities.

Equality Diversity and Inclusion

Equality, Diversity and Inclusions remains a priority across North East and North Cumbria. In the aftermath of the recent public disorder across the Country, talking to NHS leaders and partners across the system, the ongoing work in creating inclusive

environments for our workforce is important particularly in the health service where over 25% of the workforce is from ethnic minorities ensuring we champion inclusive workplaces and play our role wider in the community in tackling racism.

The ICB was awarded a bronze level benchmark award from the Employers Network for Equality and Inclusion and were the first Integrated Care System in England to sign up to the Inclusive HR approach.

The NENC system will continue to work collaboratively across the region to tackle racism and discrimination and become an actively anti-racist employer of choice. This will involve building inclusive practices in recruitment, supporting the workforce with more challenging situations, and as a Board having equality, diversity and inclusion objectives.

Seasonal Vaccination 2024

The ICB is undertaking a coordinated seasonal vaccination approach working with public health colleagues to promote the vaccine to those eligible particularly those in more rural communities or deprived areas. The ICB Healthy and Fairer programme agreed £600k to be assigned to Public Health and Local Delivery Teams to enhance the local offer across immunisations.

Child Poverty Reduction Unit

Child poverty continues to rise in the North East and North Cumbria with a reported 2 in 3 children living in poverty. Collaborative action is needed to tackle child poverty with a focus from a health perspective on preventative work i.e. reducing the number of children having tooth extractions. The Pathway Zero Project is working with Helpforce and volunteers to support people to get into work.

General Practice Collective Action

The Chief Executive acknowledged and thanked colleagues working in general practice and primary care who continue to carry out outstanding levels of activity. It has been recognised due to the collective action underway that there may be areas that do start to impact on patients and public in accessing general practice and primary care services. General practice colleagues continue to be supported throughout this time.

Paediatric Audiology

Concerns over the performance of audiology services were found in Scotland which resulted in a national review of 140 audiology units in England.

Initial screening tests are carried out on newborn babies and are referred onto a specialist centre for a further test or examination where required. There are concerns identified around the retesting

process which include interpretation of test results, the equipment used and the environment these were carried out in.

Four units of concern had been identified in North East and North Cumbria region. An incident management group meeting has been scheduled to look at the four units action plans, reviewing any potential individuals effected and implementing some rapid improvements. The impact it would have on a child's development particularly speech and language if significant hearing loss is not detected should not be underestimated. A more detailed report will be brought back to the Board once the units of concern have been investigated further.

ACTION:

The Chief Medical Director to bring a more detailed report to the Board updating on the paediatric audiology findings.

Health and Care Act Statutory Duties

The Integrated Care Board were given statutory duties to fulfil under the Health and Care Act 2022. The executive team reviewed the duties and provided an update to the Board on the progress in fulfilling each duty;

- Promoting the NHS Constitution
- Exercising functions effectively, efficiently and economically
- Securing the continuous improvement in the quality of services
- Reducing inequalities
- Promoting involvement of each patient
- Enabling patient choice
- Obtaining appropriate advice
- Promoting innovation
- Duty in respect of research
- Promoting education and training
- Promoting integration
- Having regards to wider effect of decisions
- Having regard to climate change issues.

There is an opportunity to look at this further as a Board in a development session to explore how we discharge the duties and whether this would alter any of our priorities or areas of work.

ACTION:

Health and Care Act Statutory Duties to be added to the Board Development forward plan.

RESOLVED:

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

Lord Darzi Independent Investigation into NHS in England (agenda item 9)

The government commissioned an independent investigation of the National Health Service in England and the findings were published on 12 September 2024. As a result, the government have committed to a ten-year plan to reform the NHS.

The Board were provided with a copy of the Lord Darzi report and an update on the ICBs position regarding the actions detailed within the report.

The report recognised the scale of the challenge and identified;

- A £37bn shortfall in capital funding.
- Issue around management capacity.
- Pressures in general practice and primary care.
- Fundamental problem in the distribution of resources between mental health and physical health.

The NENC Integrated Care System Infrastructure Strategy also identified a shortfall in capital funding across our region.

Evidence submitted by our region as part of the Lord Darzi review was informed by the landscape of health inequalities across the North East and North Cumbria and the impact with regards to allocation of funding.

The Department of Health and Social Care (DHSC) will lead on the development of the ten-year plan. It is anticipated Integrated Care Boards will have a role, linked to their statutory duties around patient and public engagement.

The ambition of the ten-year plan is to deliver three key 'shifts';

- moving from an analogue to a digital NHS;
- shifting more care from hospitals to communities;
- and being much bolder in moving from sickness to prevention.

Board discussion further highlighted;

- NENC is in a strong position with regards to elements of the strategic work moving from analogue to digital. The digital and physical Infrastructure will require investment.
- Ambitions set are really welcomed and align well with the NENC Better Health and Wellbeing Strategy and direction of travel.
- The challenge will be delivering the ambition in a financially constrained landscape. An area of focus and biggest opportunity would be to look at resource allocation to target prevention.
- Investing in children and young people's prevention at an earlier stage of their life cycle will be critical.
- The Voluntary, Community and Social Enterprise (VCSE) welcomed the Lord Darzi report and through the Partnership

Board are looking to provide a collective response to the report detailing how they could support in moving things forward.

- Reflecting on Healthwatch's work around patient and public involvement specifically women's health and dentistry, the public were really motivated to get involved so would be encouraging to broadly engage the public on some of the key points detailed in the Lord Darzi report.
- The NENC Healthier and Fairer Programme focuses on targeting prevention to those of greatest need and those who experience health inequity.
- The NENC Clinical Condition Strategic Plan's focuses on primary and secondary prevention for the major health conditions in the region.
- A comprehensive one-year plan is being developed to deliver our strategy for the year ahead.
- Partnership working is underway across the system looking at how health can support the growth of the economy i.e. supporting people getting back into work.
- The current funding formula works better for growing ageing populations, the North East and North Cumbria region is static, therefore there is a requirement for further investment to support the ambition to deliver the plan and support the needs of the population.

RESOLVED:

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

B/2024/61 Constitution (agenda item 10)

The Chief Corporate Services Officer presented the Board with an updated Constitution for the North East and North Cumbria Integrated Care Board.

A summary of the main changes included;

- The inclusion of the requirement to appoint a Senior Non-Executive Member.
- A proposal to increase the number of Partner Members representing primary care (from two to three members) to allow for a dental representative partner member.
- The reduction in non-executive members (from five down to four) to allow for the increase in a dental representative partner member.
- Changes to recognise the split in responsibility from one Chief Nurse, AHP and People Officer – splitting the role into a Chief Nurse and AHP Officer, and a Chief People Officer role (including updating references to these job titles throughout the constitution document). These changes will come into effect when the current Chief Nurse, AHP and People Officer leaves the ICB.
- Minor amends to section 7 concerning arrangements for ensuring accountability and transparency (as recommended in the ICB model constitution guidance) concerning items to include in the

Joint Forward Plan and also minor amends to recognise that the NHS Provider Selection Regime has now come into effect.

It was noted that the proposal for a dental representative partner member was well received by the dental community.

RESOLVED:

The Board **APPROVED** the amendments and submission to NHS England for formal approval.

B/2024/62 Highlight Report and Minutes from the Executive Committee held on 9 July and 13 August 2024 (agenda item 11.1)

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

Detailed decisions logs were appended to the highlight report.

Representatives were invited from the six local delivery teams to provide deep dive updates to the Committee on their local plans. At the last meeting representatives attended from the Newcastle Gateshead team and the Sunderland South Tyneside team. The presentations were well received and highlighted the amount of work undertaken at place sharing their expertise and good practice.

The Committee approved the Foundation Trust Provider Collaborative Responsibility agreement for the second year.

RESOLVED:

The Board **RECEIVED** the highlight report and confirmed minutes for the Committee meetings held on 9 July and 13 August 2024 for information and assurance.

B/2024/63 Highlight Report and Minutes from the Quality and Safety Committee held on 9 May and 31 July 2024 (agenda item 11.2)

An overview of the discussions and approved minutes from the Quality and Safety Committee meetings in May and July 2024 were provided.

The Committee heard a patient story from a female member of the Bangladeshi community regarding their worries, concerns and experiences when trying to access healthcare services. A subsequent discussion took place around digital and technology and ensuring this does not detrimentally impact communities/hard to reach groups.

The Committee received updates on;

- Never events
- Healthcare associated infections
- Maternal deaths

- Learning disability concerns
- All Age Continuing Care
- Safeguarding

A discussion took place around general practice collective action and the impact on prescribing and access to medication.

The Chief Digital and Infrastructure Officer highlighted the ongoing work with the Digital Inclusion Group and Gateshead Council to develop and co-produce a digital inclusion strategy and assured the Board that the points highlighted as part of the patient story would be taken into consideration.

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes for the Quality and Safety Committee meetings held on 9 May and 31 July 2024 for information and assurance.

B/2024/64 Highlight Report and Minutes from the Finance, Performance and Investment Committee held on 4 July 2024 (agenda item 11.3)

An overview of the discussions and confirmed minutes from the Finance, Performance and Investment Committee meeting held on 4 July 2024 were provided.

The Committee received updates on;

- Dental Access Recovery Plan
- Mental Health, Learning Disability and Neurodiversity
- Oversight arrangements for the independent sector
- Finance
- Performance

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes for the Committee meetings held on 4 July 2024 for information and assurance.

B/2024/65 Highlight Report and Minutes from the Audit Committee (agenda item 11.4)

No highlight report or minutes were received. The next meeting is scheduled 10 October 2024.

B/2024/66 Integrated Delivery Report (agenda item 12)

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

The Chief Strategy Officer drew the Board's attention to performance highlights as follows:

Urgent and Emergency Care

The North East Ambulance Service have increased their national ranking to 2/11 for category two exceeding the national plan and local plan. NEAS remain the best performer for category one, three and four mean response times.

A&E performance has improved to 80% which was noted to be our best performance to date and were ranked 4th out of 42 ICBs in August 2024.

9.7% patients not meeting criteria to reside was below plan and will be monitored as we move into winter.

Cancer

There is a slow but steady improvement in the number of patients (861) waiting over 62 days for treatment.

Planned Elective Care

The overall waiting list across the North East and North Cumbria continues to grow. NENC ICB is the best performer nationally for people receiving treatment within 18 weeks from referral with the current position at 69.0% against the national average of 58.8%.

The data is being validated with regards to the national plan to eliminate 65-week waits by the end of September 2024. Significant progress has been made but the ICB will not have achieved this plan and work continues with the three trusts to eliminate the remaining 65-week waits.

Primary Care

The number of monthly appointments in general practice has increased with 81.0% of patients seen within two weeks and 63.8% seen the same day or next day. The percentage of planned dental delivered at 70.7% exceeded the national average of 42.1%.

Mental Health

The Talking Therapies reliable recovery and improvement rates are slightly below plan, this is a new target and single measure which we are being held to account to nationally.

The number of young people accessing mental health support is exceeding our plan and are also seeing an increasing number of adult as being seen.

Since the last Board meeting the national mental health core data set was received and will be worked through with provider trusts to implement over the coming months.

A deep dive was carried out on anxiety and depression and GP Practice QOF depression registers were used as a marker for prevalence.

3 in every 20 adults in North East and North Cumbria (NENC) are recognised as having depression with the prevalence growing faster in our region than in England. 67,721 additional adults were diagnosed between 2019 – 2023.

NENC consistently see higher annual rates of selective serotonin reuptake inhibitor (SSRI) prescribing than the England average. Based on the 2024/25 quarter one data, NENC currently have the highest prescribing unit rates in England.

Referrals and access into Talking Therapies have decreased with a smaller proportion of the population recognised as having anxiety and depression accessing Talking Therapies. Positive feedback was received from patients who had recently used the Sunderland Talking Therapies service.

Children and young people ADHD and Autism referrals increased from 4,082 in 2019/20 to 15,688 in 2023/24. Adult ADHD and Autism referrals increased from 2,976 in 2019/20 to 20,763 in 2023/24.

In March 2024, 45% of children and young people and 51% adults on ADHD And Autism waiting lists have waited 52+ weeks.

Board discussion further highlighted;

- The waiting lists are measured from referral to treatment for elective care.
- There is recourse to more indepth data sets to identify disease burden if a deeper dive is required.
- There will be warranted and unwarranted variation in the data.
- Referral to treatment waiting times are routinely looked at in more depth where areas of concern are identified and remedial action put in place.
- Data indicators are routinely looked at regarding multiple deprivation and ethnicity to identify any differences in waiting times or referral rates.
- The Waiting Well programme supports patients who have waited a long time for treatment specifically in the more deprived areas.
- Future reports could include prevention on the left shift and prevention in performance.

The team were thanked for their work in providing the accessibility of complex data to the Board.

RESOLVED

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

B/2024/67 Finance Report (agenda item 13)

The Director of Finance (deputising for 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 four months to 31 July 2024.

ICB Revenue Position

As at 31 July 2024 the ICB is reporting a year to date surplus of £18.23m and a forecast surplus of £53.6m in line with plan.

ICS Revenue Position

As at 31 July 2024, the ICS is reporting a year to date deficit of £38.67m compared to a planned deficit of £36.95m. The adverse variance of £1.7m reflects pressures in provider positions, in particular costs associated with industrial action, drugs and devices, escalation beds and under-delivery of efficiency plans. This is an improvement on the month 3 position which showed an adverse year to date variance of £3.8m.

This is expected to be managed back inline with plan by the end of the year, hence the forecast ICS position remains a deficit of £49.9m.

Nationally, deficit support funding is being released with an additional £50m being allocated to our system. Month six should reflect this funding reporting a breakeven forecast position for the ICS.

ICS Capital

ICS capital spending forecasts are currently in line with plan however this includes an allowable 5% 'over-programming' hence the forecast is £9.11m in excess of the ICS capital allocation. This and other risk and pressures in this area will need to be managed over the remainder of the year.

ICB Running Costs

The ICB is reporting an underspend position against running cost budgets of £1.58m year to date and forecast underspend of £2.9m, mainly due to vacancies.

Risk

Overall net unmitigated risk in the plan amounted to £161m across the system. At month four, it is estimated the unmitigated risk has reduced to £98m. Work continues across the system to review the position, seek to identify mitigations and collectively work to manage potential risks.

Workforce

An overview of the workforce position shows an 8.5% spend reduction for bank and agency staff but an overall 0.4% increase in workforce spend compared to the previous 12 months. This is actively reviewed in further detail through the ICS workforce group and ICS System Recovery Board.

Medium Term Financial Plan

A refresh of the Medium Term Financial Plan was undertaken for an initial submission to NHS England by the end September 2024.

The principles of the refresh are an extension of the model prepared in 2023/24 with the ability to see a position by each provider and track the actual position in 2024/25.

The Board will receive an update on this financial plan at the next meeting.

ACTION:

Chief Finance Officer to update the Board on the refreshed Medium Term Financial Plan.

Financial grip and control review

Delivery of this year's financial plan will be challenging. A number of systems at high risk of overspend have agreed with NHS England to utilise external support to urgently review the financial position of their system. This will focus on actions that can be taken to immediately reduce the rate of expenditure and to ensure that the financial plan for the year is delivered. This proactive support will cover controls over areas such as workforce and will also look carefully at efficiency plans to make sure that they are deliverable, or take action where this is not the case.

Whilst the NENC Integrated Care System is not one of the systems above, given the collective financial challenges and risks we face as a system, and following encouragement from NHSE, we are proposing to undertake a similar independent review to that being taken forward in other systems. This will dovetail with work we had collectively agreed to take around grip and control measures following the Chairs and Chief Executives summit in April 2024.

A steering group has been established including ICB and Foundation Trust lead finance officers, reporting into the Directors of Finance Forum, to develop the scope of the work. The proposed approach involves the use of internal audit (predominantly AuditOne) to undertake the review of grip and control measures, including an assessment of the effectiveness of controls and sharing of best practice. This will focus on controls around workforce (including vacancy control, agency spend, rostering), non-pay spend and governance arrangements.

An external provider will be appointed for those areas where internal audit would not have the relevant skills and experience. That work will focus on a review of cost improvement programmes, together with identification of weaknesses in 2024/25 financial plans and review of governance around delivery of financial plans.

The work will need to be completed at pace and is expected to identify a clear set of recommendations and actions at both

individual organisation and system level to support both the current year and medium term.

Board members discussed further;

- In addition to focusing on delivering the current plan for 2024/25, how do the ICB use the next six months wisely to land in the best position possible for 1 April 2025.
- The financial grip and control review will hopefully provide assurance that organisations in the system are doing everything they can to convert non-recurrent funding into recurrent funding. The recommendations from this review will be key.
- The medium-term financial plan will be the starting point for the 2025/26 operational plan.
- NHS England are kept updated on our finance position and expectations specifically with regards to the elective recovery funds. It is expected that the ERF will continue for the financial year.
- There has been an announcement of a small amount of funds to support the impact of industrial action that took place earlier in the year. There has been no announcement to date with regards to additional winter funding.
- The long-term workforce plan is being refreshed with further work to be carried out from April 2025.
- It is important that we refresh policies and standard operating procedures with regards to quality impact assessments and equality impact assessments to ensure any investment looks at the impact of quality and equality.

RESOLVED:

The Board **NOTED** the latest year to date and forecast financial position for 2024/25 and the financial risks across the system still to be managed.

The Board **RECIEVED** the escalation and assurance report from the System Recovery Board for information.

B/2024/68 Primary Care Access Recovery Programme System Plan Update (agenda item 14)

The Chief Delivery Officer provided an update on the Primary Care Access Recovery Plan.

Empowering Patients

- 81% of practices have all four core NHS App functions enabled.
- Self-referrals are exceeding the national target.
- 99% Pharmacies are registered to deliver Pharmacy First.
- 72,000 more people have been referred compared to November 2023 to access these services.

Modern Access

The aim is for better digital telephony, simpler online requests and faster care navigation, assessment and response. March 2024 had 200,000 more appointments compared to November 2023, with increased same day appointments. The transformation and improvement support for general practice continues at a practice, primary care network, local delivery team and regional level.

Building Capacity

Workforce and estates continue to be an area of focus to increase capacity. Confirmation has been received from NHS England with regards to funding for the Additional Roles Reimbursement Scheme (ARRS) to increase additional roles. The challenge remains of how we grow our general practitioner workforce with the capacity issues. A survey was carried out regarding estates and highlighted an opportunity to increase capacity by modernising the estates. There is limited capital funding available but there is an opportunity to provide an additional 1.4m primary care appointments per year if all additional space identified was transformed into clinical space with minimum revenue implication.

Bureaucracy

The self-assessment with primary care and secondary care summarises the progress against key areas of focus;

- Clear point of contact
- Call and recall
- Discharge summary
- Fit notes
- Onward referral

NENC are above the national average in all areas of the GP patient survey and there has been an increase in friends and family feedback submissions. An independent company is also used to gather patient feedback and results highlighted;

- Respondents reported no real difference in accessing appointments in the last six months.
- Majority of patients contacted their GP between 8-9am. 65% waited between 0-10 minutes for the phone to be answered.
- More work to be done on the ordering repeat prescriptions feature of the NHS App.
- Patients are reporting some flexibility of appointments, work continues to look at appointments outside of normal working hours.
- Pharmacy First has been a success story in the North East and North Cumbria.

Challenges include;

- GP collective action – impact on delivering PCARP
- Data for Pharmacy elements
- Digital Framework delays
- Primary-Secondary care interface

- Workforce capacity

Next steps and focus for the remainder of the year include;

- Sharing good practice / lessons learnt,
- Using outcomes / data to inform planning and future priorities,
- Embedding use of digital tools to improve access,
- Continued roll out of Modern General Practice Access 2024/25,
- Using patient survey results to inform future improvements.

RESOLVED:

The Board **RECEIVED** the update on the Primary Care Access Recovery Plan.

B/2024/69 Quality Strategy (agenda item 15)

The Chief Nurse, AHP and People Officer presented the Quality Strategy to the Board.

Extensive engagement was carried out with stakeholders and people with lived experience across North East and North Cumbria and 700+ feedback were received.

The Quality Strategy underpins the Better Health and Wellbeing for All Strategy and has five strategic themes to enable delivery of the strategy, improve outcomes for patients and as a system.

ACTION:

The Board to be updated on the early stages of implementation of the Quality Strategy at a future meeting.

RESOLVED:

The Board **APPROVED** the Quality Strategy.

B/2024/70 Our ambition to improve population health (agenda item 16)

The Chief Medical Officer provided an update on the ambition to improve population health.

The ICB is leading the transformation required on three levels.

- Influencing at a civic level on areas such as economic development and social care with our regional and national partners.
- Through community-based interventions within our wider ICS as part of our Healthier and Fairer programme, addressing those broader determinants which affect our health and wellbeing as well as ensuring strong prevention programmes.

- Finally, through the ambitions set out in the clinical conditions strategic plan, the ICB seek to improve population health through the focussed effort of the local health system.

The data indicated that life expectancy for both male and females in NENC is still lower than the national average. The aim is to reduce the gap in life expectancy between our ICB and the England average by 25% and raise the average healthy life expectancy to a minimum of 60 years in every Local Authority by 2030.

The impact of a do-nothing scenario included the cycle of missed opportunity and the poor health poor wealth cycle.

The population in NENC experience greater challenges in relation to the six social and economic measures highlighted as having the strongest correlation with Healthy Life Expectancy;

- Economic activity due to sickness and disability
- Employment rate
- Children living in poverty
- Income
- Out of Work benefits
- Active travel

Healthier and Fairer Programme

The Healthier and Fairer Programme has three pillars focused on prevention, health and healthcare inequalities and the broader social and economic determinants.

The Chief Medical Officer updated the Board on the Healthier and Fairer Programme;

- A North East and North Cumbria Obesity Strategy is being developed alongside a pledge for collective action to improve the rates of health weight.
- The ambition to reduce the rate of alcohol related ambitions by 15% by 2030 is underway with the implementation of alcohol care teams and targeted approaches to early identification and prevent of disease progression.
- Smoking prevalence in NENC has reduced from 20% to 13% since 2011. The ambition is to reduce smoking prevalence in NENC to 5% by 2030. There is a need to focus more on the communities with a higher prevalence.
- Core20plus5 is the framework used to help reduce healthcare inequalities associated with deprivation and ethnicity.

Clinical Conditions Strategic Plan

The plan outlines the role of the local health service in the delivery of recommendations based on high impact conditions. For each clinical

condition there is an accompanying set of recommendations and outcome indicators used to measure success.

The key clinical priority areas identified for adults are;

- Lung cancer
- Anxiety and depression
- Respiratory disease
- Cardiovascular disease
- Lower back pain

The key clinical priority areas identified for children and young people are;

- Asthma
- Diabetes
- Epilepsy
- Obesity
- Oral health
- Anxiety and mental health
- Learning disability and autism

If we deliver both our Healthier and Fairer Programme and Clinical Conditions Strategic Plan we will make real progress in life expectancy and health inequalities in North East and North Cumbria.

Board members thanked the Chief Medical Officer for the update and further highlighted;

- Partnership working coordinated by local authorities around a sustainable food environment, healthy food for children, tobacco control including the tobacco and vapes bill, a new manifesto and strategy on alcohol.
- As there is 1 in 4 staff from a Black and Minority Ethnic background across the workforce there is an opportunity to consider an offer for staff.
- The lung cancer priority will look at targeted lung health checks and timely access to diagnostics and effective treatment.
- Last year non-recurrent funding was used to support supervised toothbrushing and fluoride varnishing.
- There will be some areas of the clinical conditions strategic plan that will require some investment for example, access to spirometry services across the region but the focus will be more on changing the way we do things.
- There is an opportunity to have conversations across the government and sectors to maximise opportunities to make an impact on long term conditions and in turn improve school attendance.
- Wearable technology provides patients with the ability to monitor their own health i.e. blood pressure, heart rate. There is opportunity to harness new technology and innovation to support the cardiovascular clinical priority.

- Artificial Intelligence could be used to support the interpretation of spirometry to improve diagnosis and treatment.
- It is important to look at how to activate people to look after their health by engaging more with health services and changing their behaviours.

RESOLVED:

The Board **RECIEVED** the update and **APPROVED** the publication of the clinical conditions strategic plan.

B/2024/71 Mental Health, Learning Disability and Neurodiversity (agenda item 17)

The following declarations were highlighted;

- Rajesh Nadkarni is Medical Director and Deputy Chief Executive at Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
- Rajesh Nadkarni's relative works for Tees, Esk and Wear Valley NHS Foundation Trust
- Tom Hall's relative works for Tees, Esk and Wear Valley NHS Foundation Trust

The Chair noted the conflicts already declared on the register and confirmed members were able to take part in the discussion. The Chair confirmed that Rajesh Nadkarni would abstain from any decisions required under item 17.

The Chief Delivery Officer introduced to the Board Les' Story. Les has a mild learning disability and emotionally unstable personality disorder and has Type 1 Diabetes. The short film provided an overview of Les' journey from being in institutions to now living independently with support.

Les was thanked by the Board for sharing his story and Inclusion North who work closely to support people in sharing their lived experience.

The Chief Delivery Officer presented to the Board the Mental Health, Learning Disability and Neurodiversity Improvement Plan which aims to;

- Address gaps in mental health, learning disability and neurodiversity services.
- Focus on children, adults, older people and neurodiverse populations.
- Improve approaches to tailored severity, locality and specific challenges.
- Consider strategic and financial approach.

The Lord Darzi report details the scale of the challenge nationally;

- **Increased demand:** 3.6 million people in contact with mental health services by 2024, up from 2.6 million in 2016.

- **Long waiting times:** 1 million people waiting for mental health services, with over 34,500 waiting more than a year.
- **Neurodiversity diagnosis:** ADHD assessments backlog could take 8 years to clear in some areas.
- **Inequity:** People with learning disabilities have a 20-23 year lower life expectancy than the general population.
- **Workforce shortages:** limits diagnostic capacity.

The regional picture mirrors that nationally with a high demand exceeding current capacity and significant waiting times. We are ahead of the curve in terms of reporting mental health data.

We have made some progress to date across North East and North Cumbria;

Dementia Diagnosis: Achieving and exceeding the national target of 68% dementia diagnosis rate, with ongoing efforts to improve post-diagnosis support.

Learning Disability Annual Health Checks: Successfully meeting the target of 75% of individuals aged 14+ with learning disabilities receiving annual health checks for the past two years.

Reduction in Out-of-Area Inpatient Placements: Significant reductions in the use of out-of-area placements for inpatient care, especially in Durham and Tees Valley.

Community Mental Health Transformation: Early signs of improvement in Tees Valley and County Durham from integrated community mental health teams reducing referrals into secondary care.

Talking Therapies: Achieving a reliable improvement rate of 68.8%, better than the national average.

The improvement plan provided a summary of the strategic priorities, and described the performance and the improvement approach for:

Children and young people

- Expand mental health support teams in schools
- Increase diagnostic capacity for ADHD and Autism
- Reduce waiting times and improve trauma-informed care
- Address gaps in eating disorder services and crisis teams.

Adult mental health

- Expand Talking Therapies capacity for anxiety and depression.
- Target 10% access rate for perinatal mental health services.
- Invest in Individual Placement Support (IPS) to aid recovery.
- Complete community mental health transformation projects.

Learning disabilities

- High rates of inpatient care due to developing community support models and out of hospital capacity especially accommodation.
- Focus on improving annual health checks and supported living options.
- Executive leadership in partnership with NHSE for Transforming care.
- Embed Reasonable Adjustments.

Neurodevelopmental, Autism and ADHD

- System redesign required to meet growing referrals.
- Large scale transformation for children's neurodiversity inc. Local Authority services. The Portsmouth Neurodevelopmental toolkit has been launched in Cumbria for a one-year pilot, with a view to launch this at scale across the region.
- Temporary capacity increases while long-term pathways are developed.
- Additional in-year investment for adult ADHD.

The plan included an overview of the planned investment in services for 2024/25 and 2025/26 and showed the performance against a range of NHS operational plan and long term plan metrics over the last five years.

The actions for the next 12 months include;

- Monitor and evaluate service performance regularly.
- Focus on expanding workforce and service capacity.
- Initiate system transformation for neurodiversity and community mental health.
- Strengthen partnerships to improve community-based support, inc. role of VCSE.
- Continued focus on investment profile.

Board discussion further highlighted;

- Ongoing work to streamline the triage stage of the referral process.
- Private diagnostics is a challenge when prescribing but also creates inequity.
- Standardised offer and pathway to provide consistency across all providers features in the transformation work.
- Mental health teams in schools work really well, it is important we continue to expand these.
- The Waiting Well offer is critical for those patients on the waiting list.
- There's an opportunity to look at some early indicators of the Whitehaven pilot.
- Eating disorders impacts all areas including the quality and safety of individuals and is being explored further through the Mental Health, Learning Disability and Autism Subcommittee.

- What would the scale of the investment look like? Work to be carried out on commissioning intentions to inform the year ahead.

RESOLVED:

The Board **APPROVED** the improvement plan, including the next steps in chapter 10, recognising it is not yet complete and will be an iterative, live document.

The Board **NOTED** the widespread, consistent, and entrenched performance challenges, and consider any further approaches to addressing those challenges.

The Board **NOTED** the increasing waiting list and waiting times for children's neurodevelopmental assessments, and adult autism and attention deficit and hyperactivity disorder assessments.

The Board **APPROVED** that during the 2025/26 operational planning round, a high level of focus will be given to ensuring the parity of esteem in meeting mental health, learning disability and neurodiversity performance standards, with a commitment to seek to identify an appropriate level of financial investment.

B/2024/72

Review of intensive and assertive community mental health care (agenda item 17.1)

The following declarations were highlighted;

- Rajesh Nadkarni is Medical Director and Deputy Chief Executive at Cumbria, Northumberland Tyne and Wear NHS Foundation Trust
- Rajesh Nadkarni's relative works for Tees, Esk and Wear Valley NHS Foundation Trust
- Tom Hall's relative works for Tees, Esk and Wear Valley NHS Foundation Trust
- Sam Allen's relative works for Northumbria Healthcare NHS Foundation Trust.
- Saira Malik is a Medical Examiner for Gateshead Health NHS Foundation Trust.

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

NHS England have requested all ICBs to convene the system to review community mental health services with a focus on intensive and assertive outreach for those individuals with complex and enduring psychosis, and to submit a national template by 30 September 2024.

The Chief Delivery Officer presented the paper which provided the Board with assurance on the systems approach to undertake the review and summarised the emerging themes and next steps.

The review was conducted by a core review team who met the NENC providers of community mental health services with representation from;

- Voluntary, Community and Social Enterprise (VCSE)
- Individuals and carers with live experienced
- Provider Collaborative
- Association of Directors of Adult Social Care
- Foundation Trust

The focus now is to develop a clear action plan for how the NENC system will implement national guidance and an update will be brought to a future Board meeting.

ACTION:

The Chief Delivery Officer to update the Board on the review of intensive and assertive community mental health care action plan.

RESOLVED:

The Board **NOTED** the assurance in the paper of the NENC reviews of community mental health services with initial emerging themes.

The Board **DELEGATED** authorisation of the submission to NHS England to the Chief Delivery Officer in discussion with other relevant Executive Directors.

The Board **NOTED** a subsequent paper, including an action plan, would be received at a later meeting of the ICB Board during 2024/25.

B/2024/73 NENC ICB Learning from lives and deaths of people with a learning disability and autistic people (LeDeR) annual report 2023 (item 17.2)

The Chief Nurse, AHP and People Officer presented the NENC ICB Learning from lives and deaths of people with a learning disability and autistic people annual report 2023.

The annual report has changed its reporting scheduled from financial year to calendar year to fall inline with the same reporting schedule from NHS England.

The Learning Disability Network joined the ICB in April 2024 which has provided an opportunity to centralise, streamline and standardise LeDeR across NENC.

216 reviews had been conducted throughout 2023, of which 26 were focussed reviews;

- seven were graded as good care
- seven were graded as satisfactory care

- twelve were graded as the care had fell short of expected good practice.

Notifications of autistic people who have died remained low. NHS nationally are working on an awareness raising campaign and a NENC awareness raising campaign will be undertaken.

Notifications of people from minoritised ethnic backgrounds remained low. A lead has been identified within the LeDeR programme and the work embedded within the ICB Health Equality and Inclusion programme.

It was noted the majority of people died in hospital, work is underway to look at end of life planning for people with a learning disability and autistic people.

Learning into action has been widely implemented across the North East and North Cumbria and included;

- Reasonably adjusted winter vaccination programme
- Annual Health Check prompt sheets
- Hypertension case finding
- Be Screening Aware and Be Cancer Aware peer education
- Reasonable adjustment campaign
- Prevention of Adult not Brought strategy, workforce education and resources.

More information was needed to understand the quality of care received by people with learning disability and autistic people. Roll out of a mandatory learning disability and autism awareness training was underway.

The Board welcomed the annual report and the work of the Learning Disability and Autism Network and voluntary sector was recognised as being really important.

RESOLVED:

The Board **APPROVED** the LeDeR annual report and publication on the ICB website.

Baroness Hilary Armstrong and Amanda Bailey joined the meeting.

B/2024/74 North East Child Poverty Commission (NECPC) "No Time to Wait" (item 18)

The Chair introduced and welcomed;

- Rt Hon Baroness Hilary Armstrong of Hill Top and Chair of the North East Child Poverty Commission Project Advisory Group
- Amanda Bailey, Director of the North East Child Poverty Commission

The North East Child Poverty Commission (NECPC) is a regional, cross-sector network hosted, but independent of, Newcastle University.

The NECPC's believe 'Child poverty in the North East is not inevitable and ending it is worth working for, together' and aim to influence policy and practice locally, regionally and nationally.

The 'No Time to Wait' report published by the North East Child Poverty Commission reported that more than one third (35%) of babies, children and young people are growing up in poverty across the North East.

Some key new findings highlighted;

- 1/5 North East children are in 'deep poverty'
- 1/10 North East children are in 'very deep poverty'.
- 1/5 North East children are living in households that are 'food insecure'.
- 7/10 children in our region are living in families with zero or little savings to protect them from economic shocks or unexpected bills.
- 63% of children living in poverty across the North East are in 'work-constrained families'.

Key themes included;

- The vast amount of time, energy, capacity and resources now focussed on dealing with the impacts of poverty.
- The extent to which parents and carers affected by poverty are supporting their communities.
- The way in which low income families can be treated 'by the system', and the lack of understanding for people's circumstances.
- A collective agreement that tackling child poverty must be a regional priority.

Four strategic priorities were identified for the North East;

1. Priority 1: Maximising family incomes now
2. Priority 2: Making work a route out of poverty
3. Priority 3: The best start in life for the next generation
4. Overarching priority: Securing a region-wide anti-poverty commitment

Further Board discussion highlighted;

- The child poverty work aligns with three of four Better Health and Wellbeing Strategy goals.
- Love Amelia established in 2019, funded through charitable donations have provided 19,000 support packages to families who have been referred through statutory services.
- Poverty impacts on physical and mental health.
- There is an opportunity to align the child poverty work with the Healthier and Fairer programme.

- Lord Darzi report provides opportunity to rebalance, moving from illness to prevention and tackling some of the wider determinants.
- Recommendations could be feed into conversations in North Cumbria.
- North East and North Cumbria are far more dependent on public health services than other regions.
- To enable equal access to services, have to work harder for those in more deprived areas.
- Transport is a huge issue, particularly in Cumbria which has an impact on people getting to school, work, health appointments.
- There is an opportunity with the new combined authority to mapping this out and look for those linkages.
- There is a need as a Board to hold ourselves to account and consider what a poverty proofed healthcare could look like.

The Board found the presentation really encouraging, with opportunity to ensure the work is aligned and look at how we make an impact on the identified priorities.

ACTION:

The Chief Executive committed to ensure the NENC ICB was signed up as a Living Wage Employer.

RESOLVED:

The Board **RECEIVED** the presentation for information.

B/2024/75 Questions from the Public on non-agenda items (agenda item 19)

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

A question was received from the public relating to Tier three weight management services and a response was sent.

A second question received related to primary care access and patient involvement in the Tees Valley area and a response will be sent.

ACTION:

A written response will be sent separately.

B/2024/76 Any other business (agenda item 20)

There were no items of any other business to discuss.

The meeting closed at 14:10