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North East and North Cumbria

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

NORTH EAST & NORTH CUMBRIA ICB BOARD MEETING

28 March 2023

Report Title:	**Chief Executive Report**

Purpose of report

The purpose of this report is to provide an overview of recent activity carried out by the ICB Chief Executive and Executive Directors, as well as some key national policy updates.

Key points

The report includes items on:

- An update on the Integrated Care Partnership Development and Place Based Working.
- The requirement to reduce the running costs of the Integrated Care Board.
- New national primary care contract.
- An update on the Hewitt Review.
- A meeting with the Department of Health and Social Care on discharge.
- Learning disability and the transforming care programme.
- The planned delegation from NHS England for specialised commissioning and pharmacy, optometry and dentistry.
- An update on the Hospice Collaboration for the North East and North Cumbria.
- The Shuri Network and International Women's Day.
- A letter received from the Equality and Human Rights Commission about the public sector equality duties.
- How we are working with Foundation Trusts on the Workforce Race and Equality Standards

Risks and issues

- To note the interim arrangements established for people with a learning disability established to ensure the effective oversight of people's placements
- To note the risk linked to the delegation of commissioning responsibilities from NHS England

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Assurances

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

Recommendation/action required

The Board is asked to:

- Receive the report and ask any questions of the Chief Executive.
- Note the current arrangements for learning disabilities oversight have been reviewed and action taken by the Chief Nurse
- Note the risks linked to the specialist commissioning, pharmacy, optometry and dentistry delegation, mitigation for these and approve the planned delegation of commissioning to the ICB.

Acronyms and abbreviations explained

ICB – Integrated Care Board
ICS – Integrated Care System
JMEG - Joint Management Executive Group
MOU - Memorandum of Understanding
NENC – North East and North Cumbria
NCTR - No Criteria to Reside
POD - Pharmacy, Optometry and Dentistry
PCN - Primary Care Networks
RCA – Running Cost Allowance
SDC – Safe Delegation Checklist
WRES – Workforce Race Equality Standard

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

Link to ICB corporate aims (please tick all that apply)	
CA1: Improve outcomes in population health and healthcare	✓
CA2: tackle inequalities in outcomes, experience and access	✓
CA3: Enhance productivity and value for money	✓
CA4: Help the NHS support broader social and economic development	✓

Relevant legal/statutory issues

Note any relevant Acts, regulations, national guidelines etc

Any potential/actual conflicts of interest associated with the paper? (please tick)	**Yes**		**No**	✓	**N/A**	

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

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North Cumbria

Chief Executive Report

1. Introduction

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

2. National

2.1 Running Costs

NHS England (NHSE) have confirmed the expected 30% cut to the Running Cost Allowance (RCA) for the ICB for the next three years.

Baseline allowances for ICBs have already been held flat in cash terms in 2023/24. The RCA will then be subject to a 30% real terms reduction per ICB by 2025/26, with at least 20% to be delivered in 2024/25, as shown in the table below:

ICB Running Cost Allowance	2023/24 £'000	2024/25 £'000	2025/26 £'000
NHS North East and North Cumbria ICB	**57,406**	**46,785**	**43,227**
Cumulative % reduction (cash terms)		*-19%*	*-25%*
Cumulative % reduction (real terms estimate)	*-3%*	*-22%*	*-30%*

I have established a working group to develop the approach we will take to deliver this national requirement. Whilst this will be challenging it does present us with an opportunity to ensure the ICB is operating efficiently and effectively to deliver our core aims.

2.2 Primary Care 2023/2024 Changes to GP Contract

On 06 March NHSE announced changes to the 2023/24 GP Contract. The key changes are a response to patient feedback on access. From 2025 all GP practice analogue telephone systems must be replaced by a cloud-based telephony. NHSE have produced a Better Purchase Framework for General Practice and capital funding will be available. The ICB will support practices with the transition and implementation.

Patients will also be offered an assessment of need or signposted to an appropriate service upon making initial contact with a practice. Patients will no longer be asked to ring back the next morning and try again. Patients are also to have online access to their medical records for new health information by 31 October 2023.

Further updates linked to workforce are expected given the shortfall in General Practitioners. The additional roles reimbursement scheme will be given a number of new flexibilities around Nurse Practitioners and Mental Health Practitioners.

The impact and investment fund will have targets reduced from 33 to 5. These indicators will concentrate on flu vaccinations, learning disability health checks, early cancer diagnosis and the 2-week general practice access indicator. The funding will become a monthly payment to primary care networks (PCNs) via the capacity and access support payment, which no doubt should ease some of the workforce and financial challenges for general practice.

Flexibilities have been introduced for immunisations and vaccinations to promote coverage for routine childhood programmes. There is also the introduction of a new personalised care adjustment, which will enable the vaccination of patients who have registered too late, removing the penalty to the Practice. The well-established quality and outcomes framework has some indicator changes, including the quality improvement modules which will focus on workforce wellbeing and optimising demand and capacity in general practice.

2.3 Hewitt Review

The publication of the report has been delayed slightly and is now expected to be published at the end of March 2023.

3. **North East and North Cumbria**

3.1 Integrated Care Partnership Development

When the Strategic Integrated Care Partnership (ICP) met in December it was agreed to seek nominations to chair each of the four Area ICPs. It was also recommended that these chairs should be elected members – typically either current Health Wellbeing Board chairs or local authority cabinet members with a relevant portfolio, such as Adults Services or Public Health. Nominations were then put forward from each area which were then considered by a joint ICB and Local Authority appointments panel which met last week and was chaired by Sir Liam as acting chair of the Strategic ICP.

We are pleased to confirm that we have now appointed four highly experienced and knowledgeable elected members to chair our Area ICPs: Councillor Lynne Caffrey from Gateshead will chair the North Area ICP, Councillor Bob Cook, leader of Stockton-on-Tees Borough Council will chair the Tees Valley Area ICP, Councillor Kelly Chequer, from Sunderland will chair the Central Area ICP and Councillor Mark Fryer, who is the leader of the new Cumberland Council, will chair the North Cumbria Area ICP.

We are delighted to now have these chairs in post, and they will serve for two years. They will lead and give direction to area ICP members in the delivery of the integrated care strategy 'better health and wellbeing for all'.

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They will also lead on the needs assessment process for our Integrated Care Strategy, building up a picture of need from each of the places within their Areas, and feeding this into the biannual meetings of our Strategic ICP which covers North East and North Cumbria. The next meeting of the Strategic ICP will take place on 21 June.

3.2 Place-Based Working

How we work with our partners in each of our fourteen local authority 'places' has been a key consideration for us since before the ICB was established. Through the work of the Joint Management Executive Group (JMEG), comprising senior executives from the ICB, NHS foundation trusts and local authorities, we formally recognised the importance of minimising disruption for the 'Place-Based Partnerships' that already exist between the NHS and local authorities in each of our places. A key consideration has been thinking through how to safely delegate ICB functions and resources to those places, while retaining clear accountability to the ICB for how those functions are discharged and money is spent locally.

At the most recent meeting of JMEG we identified a pragmatic way forward which will utilise our existing Place-Based Partnerships as the key delivery vehicle for integrated services in each of our places – working alongside their respective Health and Wellbeing Boards who will retain their duty to lead the Joint Strategic Needs Assessment process locally and the setting of local priorities through a Joint Local Health Wellbeing Strategy.

JMEG agreed with our proposal to adapt these existing Place Based Partnerships so that as well as providing an important consultative body and forum for integrated working they can also oversee the functions and resources delegated to place from the ICB, as well as providing a vehicle for the important joint governance work we need to carry out with local authority partners on the Better Care Fund and our Section 75 agreements (which allows the ICB and local authorities to contribute to a common fund which can be used to commission health or social care related services). Put simply, we will establish a governance model in each of our places based around one partnership meeting in three parts.

Our approach here will be one of learning by doing, and we are keen to test these proposed place governance arrangements and associated financial delegations in 2023/24 to identify any operational challenges and mutually agreed solutions. It was agreed Durham will be a test bed for these. Further work is now being led by our Corporate Governance, Communications and Involvement team to align these governance arrangements, so that we can both empower our Place-based Partnerships whilst ensuring accountability to the ICB. Formal proposals setting out these governance arrangements in more detail will need to come to a future meeting of the ICB for formal approval.

3.3 Department of Health and Social Care Discharge

The ICB discharge lead and Local Authority ICB Board representative met with representatives from DHSC and the NHSE Hospital Discharge teams to share our joint approach to improving discharge across the ICS.

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The meeting focused on the following four questions:

1. Why do you believe that North East and North Cumbria ICS's no criteria to reside (NCTR) numbers have reduced since October?
2. Are there any specific activities that you think have been effective in reducing NCTRs?
3. Do you think there is anything preventing NCTRs reducing at a faster rate?
4. Is there anything else specific to your local context that you think we should be aware of in relation to NCTR numbers or the impact of the Winter Discharge Fund and NHS step-down care funding?

The ICB were acknowledged for being one of a small number of ICBs who have seen a reduction in the number of people with NCTR in hospital. We shared our approach to discharge, the value of having a joint plan, collective accountability at place, having measurable outcomes and system leadership. In terms of reducing at a faster rate, we discussed the challenge with the lateness and non-recurrent funding of schemes and workforce.

For the final question we discussed the complexity of the ICB especially with 13 Local Authorities, 8 Acute and 2 Mental Health providers and how this caused variation in the numbers of people not meeting the criteria to reside but how we have taken collective responsibility at our places to deliver improvements. The ICS were praised for their leadership of the discharge processes.

3.4 Learning Disability Transforming Care

The current arrangements for the oversight of people with a Learning Disability who require complex packages of care in the community have been reviewed. The outcome identified areas for improvement and the Chief Nurse is taking action to improve the oversight and monitoring of people in placements.

3.5 Specialised Commissioning

Specialised commissioning is due to be delegated to ICBs from April 2024 with an overarching aim of enabling more joined up commissioning across patient pathways.

From April 2023, there will be a transition year where ICBs will increase their understanding and influence on specialised commissioning. The ICB Board received a report in November 2022 which included an overview of the timeline for a phased implementation of specialised commissioning delegation, the pre-delegation assessment framework submission and risks and issues associated with the delegation of specialised commissioning. Importantly, the report set out NENC ICB's intention to work jointly with NHSE to begin influencing specialised commissioning decisions during 2023/24 and to conduct due diligence and prepare for full delegation in April 2024.

The ICB's greater involvement from April 2023 will be via a Joint Committee with NHSE which will support NHSE specialised service commissioning. The Joint Committee will not be a formal part of the ICB governance though it is proposed that updates will be provided to the Executive Committee during 2023/24, via the Chief Strategy and Operations Director who will be a voting member of the Joint Committee.

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The Joint Committee will have a support structure of sub-committees and task and finish groups which will enable ICB officers to conduct due diligence on finance, service and quality risks and design the future commissioning model to be established for April 2024. The Joint Committee will be underpinned by a joint working agreement which sets out how the ICB and NHSE will work together. The ICB will take on no risk, financial or otherwise, during the transition year but will gain influence on specialised commissioning with involvement in NHSE decision making.

The Executive Committee reviewed and approved the proposed joint working agreement in March 2023 and the I, the Chief Executive, will sign the final version. Once the Joint Committee, sub-committee and task and finish groups are up and running, ICB officers will focus on two main things over the coming months:

- Increasing understanding of, and involvement in, specialised commissioning functions via the Joint Committee.
- Undertaking due diligence, preparing a delivery model and meeting NHSE pre-delegation assessment framework requirements for full delegation from April 2024.

The delivery model for delegated specialised commissioning within the ICB will be particularly important and will need to align and be incorporated within ICB structures and governance to ensure the desired integration is delivered.

3.6 Pharmacy, Optometry and Pharmacy Delegation

The ICB continues to work closely with colleagues in NHSE on the planned delegation of pharmacy, optometry and dental services.

3.7 Hospice Collaboration

I am delighted the Hospices across the North East and North Cumbria have formed a Collaborative. Given the challenging financial climate, which is proving particularly difficult for organisations reliant on donations, it was good to learn more about their collaborative working when I met with them. I have ensured they are connected with the work of the ICS and together we have identified areas where we have some opportunities, such as digital, and their role in palliative and end of life care plans.

3.8 The Shuri Network

The Shuri Network was established 2019 and was set up to; celebrate difference and diversity in digital health, challenging the system to take action and supporting women of colour to succeed in their careers. There are currently around 2400 members and 300 allies in the network nationally.

As a region, we have taken the opportunity to become part of the Shuri Network and help create a greater level of diversity and inclusion in digital health roles through the Digital fellowship programme. The objectives of the programme are to support women from minority ethnic groups who work within digital health to progress into senior positions and decrease the current disparity in representation at senior levels.

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This will also help NHS organisations to upskill staff, implement digital change and build a pipeline of inclusive digital leadership.

This is a tremendous opportunity for our people in our ICS and our digital data and technology agenda and is clearly an example of "*being the best at getting better*".

3.9 EHRC Letter

Each ICB Chief Executives has received a letter from the Equality and Human Rights Commission relating to our responsibilities under the Public Sector Equality Duties. This is an area we take very seriously, and I will bring a detailed update to the Board later this year on the actions we are taken to meet these.

3.10 Workforce Race Equality Standard

The Workforce Race Equality Standard results have been published for all NHS Trusts. There is much opportunity for improvement across all organisations, as well as sharing good practice. Our Director of Health Equity and Inclusion is working with each of our NHS Trusts to develop an improvement approach. The outcome of this and approach taken will be shared at a future meeting.

4. Recommendations

The Board is asked to:

- Receive the report and ask any questions of the Chief Executive.
- Note the current arrangements for learning disabilities oversight have been reviewed and action taken by the Chief Nurse
- Note the risks linked to the specialist commissioning, pharmacy, optometry and dentistry delegation, mitigation for these and approve the planned delegation of commissioning to the ICB.

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Date: 15 March 2023