

Item: 8

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

BOARD

26 NOVEMBER 2024

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 team, as well as some key national policy updates.

Key points

The report includes items on:

- 10 Year Plan – NHS Change
- Winter planning
- MP briefing
- Work and health
- ICB staff conference
- Patient safety centre launch
- Child poverty summit

Risks and issues

This report highlights ongoing areas for action linked to financial pressures, the delivery of the ICB running cost reduction, quality of services and other broader issues that impact on services.

Assurances

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

Recommendation/action required

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

Acronyms and abbreviations explained

ADASS – Association of Directors of Adult Social Services
 ADCS – Association of Directors of Childrens Services
 BMA – British Medical Association
 CQC - Care Quality Commission

DHSC - Department of Health and Social Care DWP - Department for Work and Pensions FT – Foundation Trust ICB – Integrated Care Board ICP - Integrated Care Partnership ICS - Integrated Care System LDT - Local Delivery Team(s) LGA – Local Government Association LOC - Learning Organisation Collaborative MTFP – Medium Term Financial Plan NEAS - North East Ambulance Service NENC - North East and North Cumbria NECS - North East Commissioning Services NEMCA - North East Mayoral Combined Authority NHSE - National Health Service England NOF - National Oversight Framework SDEC - Same Day Emergency Care SLG - System Leadership Group UEC - Urgent and Emergency Care VCSE – Voluntary, Community and Social Enterprise						
Sponsor/approving executive director	Professor Sir Liam Donaldson, Chair					
Report author	Samantha Allen, Chief Executive					
Link to ICP strategy priorities (please tick all that apply)						
Longer and Healthier Lives						✓
Fairer Outcomes for All						✓
Better Health and Care Services						✓
Giving Children and Young People the Best Start in Life						✓
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	
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?	The ICB continues to engage with all stakeholders on a wide range of subjects.

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 NHS Change – Creating the 10 Year Plan

In November, the region hosted a visit from the Secretary of State for Health and Social Care, Wes Streeting MP and the Chief Executive of NHS England, Amanda Pritchard, as part of the NHS Change consultation. A number of deliberative events with all stakeholders are happening across England and the first one took place in Middlesbrough.

It was a pleasure to attend this event in person and, as ever, invaluable to listen to the views of members of the North East and Yorkshire region population. Over 130 people took part in the day long event and they shared their views on a wide range of areas including what works well, and not so well, along with sharing their preferences for prioritising areas for improvement.

It was clear that people have an overwhelming sense of pride when it comes to the NHS, with all wanting to maintain the principle of free at the point of use and looking for consistency in services. They were also supportive of the three key shifts of moving care from hospital into the community, from analogue to digital (although with caveats that this does not broaden inequalities or access), and a focus on prevention.

It was equally clear that the public require more information about NHS services and some of the great work already happening. This includes a renewed focus on getting the basics right in explaining how patients access and navigate services and providing information on screening programmes and why these exist and who is eligible.

Primary and secondary prevention was also discussed in detail with the public wanting more advice on how to prevent illness and stay healthy. Part of this also includes taking greater personal responsibility for health and wellbeing and having access to the tools and support to do this. There was also a challenge about why this is an NHS plan and not an NHS and Social Care Plan.

Over the coming months ahead we are encouraging people to complete the national surveys published on the NHS Change website. So far, well over a million people have been able to do this. The more feedback received the more we can all play our part in supporting the transformation of the NHS.

The role of the workforce in informing the plan is also crucial and there will be further events across England specifically for NHS staff to get more involved.

I have joined the enabling group as part of the national work on the plan with a focus on how to

mobilise change. This is jointly chaired by Sally Warren (DHSC) and Joanna Killian and I look forward to working with them, over the coming months.

For our region, I am keen that we tackle the challenges and deliver on the opportunities through our learning and improvement community [Boost](#). Underpinning this will be the crucial role managers and leaders will have in the implementation of a 10 year plan, the more we can mobilise as a collective the better it will be for staff, patients and neighbourhoods.

The neighbourhood health model will be a key area for the ICB, working closely with our teams and partners at 'Place' to progress planning in this area. The Secretary of State for Health and Social Care has been explicit that it is his expectation ICB's lead this. We will be asking each of our Place Subcommittees to review their plans and set out the approach locally, building on the excellent work undertaken over the past several years on this.

3. ICB Development

3.1 North East Commissioning Support Unit In-Housing

On the 24 October 2024 the ICB received formal communication from NHS England that our business case proposing a service transfer from North of England Commissioning Support Unit (NECS) into the ICB, which was originally submitted on the 30 July 2024, had been approved.

In practical terms this meant that work could now commence to support the transfer of a broad range of services, and the people and teams delivering those services, into the ICB through a TUPE transfer. It is anticipated that the TUPE transfer and movement of services, will be completed by the 01 April 2025. As a reminder, the business case is for the transfer ('in housing') of 340 whole time equivalent staff from NECS into the employment of the ICB.

To oversee the successful delivery of the transfer on behalf of the ICB a Service Transfer Programme Board and Steering Group have been established. These groups include senior leads from across the ICB and NECS with expert knowledge in a number of the key areas that will be pivotal to the successful delivery of the programme. These include Human Resources, Organisational Development, Finance, IT and Estates, alongside a range of representatives with specific service area knowledge. ICB Executive Leadership is being provided through the Chief of Strategy and Chief People Officer roles.

The Steering Group has developed a clear action plan and timeline to support our ambitious plans to deliver the programme ahead of the 01 April 2025. The group is meeting on a weekly basis to oversee delivery of the plan and will be providing escalation through the programme board, that meets monthly, into the ICBs Executive Team where required. To support ongoing delivery of services covered by the business case, work has been undertaken to develop some people and vacancy management principles. These principles will provide a guide to our people and teams as we work through the period leading up to the transfer. The People Principles have been agreed with staff-side representatives for both the ICB and NECS.

4. North East and North Cumbria

4.1 Financial Position

As noted within the finance report, deficit supporting funding of £49.95m has now been received to offset the agreed deficit plan for the year. This was expected and as a result the Integrated Care System (ICS) financial plan for the year is now a breakeven position.

At month 6, the ICS was in a slightly better position than planned year to date and is expecting to deliver the planned position for the full year, i.e. a breakeven position.

There remain significant potential financial risks to be managed within that position, including the increased efficiency delivery assumed in plans for the second half of the year together with increasing pressures associated with NICE approved drugs and devices, and price concessions impacting on prescribing budgets and Band 2 to 3 backdated pay claims. We are also in the process of reviewing the impact of the 2024/25 pay award across the system.

The Chancellor of the Exchequer recently announced within her budget statement an increase in capital and revenue funding for the NHS as well as changes to employers' national insurance. We await further guidance from NHSE on both, however our initial workings are that 2025/26 will be another very challenging year financially.

Working together with our Provider Collaborative we have taken the initiative to review financial grip and control measures across the ICS. The review is focused on actions that can be taken to reduce the rate of expenditure and support delivery of the financial plan. Initial reports are currently being finalised and actions reviewed with relevant organisations. The reports will be shared with both the Audit Committee and the Finance and Investment Committee, and we are meeting with our system leaders in early December to share the learning and action we are taking.

Alongside this, a refresh of the medium term financial plan (MTFP) is currently being undertaken. An updated model and financial recovery plan is expected to be presented to relevant committees over coming weeks before being presented back to the Board for approval. The model will show the do nothing position for the ICS and then the level of efficiencies needed for delivery of the ICS financial strategy to deliver financial sustainability across the ICB in line with NHSE expectations taking into account the financial challenges faced in NENC.

4.2 Foundation Trust's Oversight Meetings

The ICB has a process for oversight of foundation trusts within the ICS, working in conjunction with NHSE, who have the responsibility for determining which of the four segments providers sit within as part of the current National Oversight Framework (NOF). The process is led by the ICB for providers in segments 1 and 2, managed in conjunction with NHSE for those in segment 3 and led by NHSE for those in segment 4.

Through a series of formal oversight meetings, linked to quality improvement and finance meetings as appropriate depending upon individual organisational challenges, the ICB executive team meet with FT executive teams to discuss and understand challenges they face and achievements they've made on a regular basis, with frequency determined by the NOF segment they are in (more frequent meetings the higher the segment). The meetings focus on:

- Quality care, access and outcomes
- Preventing health and inequalities
- Finance and use of resources
- People
- Leadership and capability
- Local strategic priorities, hotspots or issues

Minutes of the meetings are reported into the ICB Executive Committee on a quarterly basis and, following each oversight meeting, a letter is sent to the FT Chief Executive and Chair summarising the discussion and agreed actions.

Most recent meetings have been with:

- North Cumbria Integrated Care NHS FT – August 2024
- Cumbria, Northumberland, Tyne & Wear NHS FT – September 2024

- South Tees NHS FT – October 2024
- North Tees & Hartlepool NHS FT – October 2024
- South Tyneside & Sunderland NHS FT – November 2024

From the discussions held at the meetings, including any specific quality or finance meetings, the executive team can inform NHSE assessment of FTs which they consider on a quarterly basis. As a result, at their last assessment in October 2024 the following changes to segmentation were agreed:

- Following financial and quality challenges it was agreed that Cumbria, Northumberland, Tyne & Wear NHS FT would move into segment 2, with a view to segment 3 if there was not an immediate improvement in financial planning challenges.
- Following significant delivery of quality improvements, including the completion of work with an Independent Oversight Group reported to board in July 2024 and response to CQC action plan, it was agreed that North East Ambulance Service (NEAS) should move from segment 3 to 2.

I am delighted at the progress that NEAS have made under the leadership of its Board and executive team and look forward to seeing continued improvement.

4.3 Winter Planning 2024 / 25

Across the NENC Integrated Care System, we have developed a whole system approach to our winter planning process for winter 2024/25. This approach builds on extensive learning from previous winter periods. It is our collective expectation that this approach will support ensuring continued successful delivery of safe and effective patient care across our complex, multi-agency, urgent and emergency care system. Our system has a history of strong collaborative and clinical leadership around urgent and emergency care, supported by well-established and functioning governance structures overseen by the Urgent and Emergency Care Network. Partners from across the ICS are working together through our Local A&E Delivery Boards to deliver the network's vision of providing safe, effective, quality and equitable healthcare to the whole population.

The inclusive winter planning process implemented by the NENC Urgent and Emergency Care Network has identified three UEC system priorities for winter 2024/25. These are:

1. Enhancing navigation capacity and processes.
2. Maximising alternatives to ED.
3. Enhancing capacity to support winter pressures.

These proposed system winter priorities have been discussed and supported through:

- Clinical Advisory Group (formulated of primary, community and acute clinicians across the system) on the 12 September 2024.
- Urgent and Emergency Care Network Board on 19 September 2024.
- NENC Chief Executive Leadership Group on 15 September 2024.

Delivering Safer Emergency Care - Right Place, First Time

	Enhancing navigation capacity & processes	Maximising alternatives to ED	Enhancing capacity to support winter pressures
UEC	Enhance clinical decision making and validation (111/999/CAS) Remodelling Hospital Front Doors	Maximise access to SDEC	Winter respiratory surge LADB winter plans
LAWP	111/999/CAS push + pulls into SPOAs for Cat 3, 4, 5 calls ICC principles for SPOAs	Supporting flow and capacity into UCR and H@H Agreeing Acute Frailty principles & interface with SDEC	ICC principles for capacity and demand in urgent responsive care

The NENC ICS winter plan reflects national UEC requirements and is underpinned by an extensive programme of work to deliver improvements across urgent and emergency care that are currently in the process of being implemented. Key programmes of work include:

- System Co-ordination Centre deployment – 8:00am-8:00pm, 7 days per week, providing system-wide senior leadership, constructive challenge and a system level response to managing escalation and de-escalation.
- NENC system response to NHSE communication 'Winter and H2 Priorities' via local A&E Delivery Boards through a self-assurance template, consolidated into ICB level and presented to UECN Board in October 2024.
- Implementation of Clinical Validation Hubs – clinical validation of 999 category 3 and 4 and Health Care Professional generated calls.
- Reduction in Ambulance Handover Delays – facilitated system approach to development of targeted action plans and improvement trajectories. Deployment of Immediate Release Policy and handover Standard Operating Procedure.
- Maximising the use of and access to Same Day Emergency Care (SDEC) - undertaking of a Community of Practice event as well as targeted improvement of paramedic access to SDEC.
- Implementation of Acute Respiratory Infection Hubs across our local delivery team areas targeted at reducing demand on General Practice and ED.
- Development of Integrated Care Coordination Hubs through establishment of design principles and metrics for output, outcomes and evaluation.

This winter plan for 2024/25, along with our NENC Primary Care, Elective Recovery and broader Strategic and Operational plans, provides a firm basis for preparing for the 2024/25 winter period.

4.4 Seasonal Vaccinations

The latest data for autumn/winter 2024 shows that 506,000 covid vaccinations have been administered across all eligible cohorts and 828,000 flu vaccinations. The flu vaccination uptake rate is similar to autumn/winter 2023 and the covid autumn/winter uptake rate of 31.9% is 0.2% behind last season.

National second reminders for covid vaccination are being sent to patients over the course of the next two weeks, which will generate further bookings. Foundation Trusts continue to vaccinate with some sites seeing an increase in recent demand however uptake of flu and covid vaccination in health and social care workers remains a concern.

90% of care home covid vaccination has been completed to date and NENC is currently ranked 3rd nationally for this cohort. Vaccine supply continues to run smoothly, with current vaccine in the system being utilised in the best way to avoid/reduce waste and support the network and patients.

Work continues with the maternity teams to increase the covid vaccination uptake for pregnant women and so far uptake has increased from 2% last year to just over 5% this year. Child vaccinations are down compared to the same period last year, but some sites are reporting higher demand and have fully booked clinics for 5-17year olds.

4.5 Assertive Outreach and Intensive Community Treatment

As reported to the ICB Board on 01 October 2024, NHS England required all ICBs to undertake a review of mental health assertive outreach and intensive community treatment following the recommendations of the special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust. The NENC ICB have worked with system partners to undertake a local review for submission to the national NHSE team. Subsequently, NHSE have asked that ICB Boards develop an action plan with partners to address the issues identified in the initial review. The action plan will be shared with the Board at the January 2025 ICB Board meeting.

NHS England also asked systems to develop an estimate of the costs associated with addressing gaps in the current models of care that have been identified in the review, together with a rationale of how this could enhance the existing service models. While not all issues highlighted through reviews will have direct cost implications, there are clearly some areas where NHSE expect additional financial resourcing may be beneficial to address capacity and deliver an optimal service model. The ICB and partners have reviewed the potential investment options and this will be reviewed through the ICB mental health, learning disability and autism subcommittee. This is based on fidelity against the NHSE service model and will be part of the action plan to be presented to the ICB Board for assurance.

4.6 Integrated Care Partnership

At our most recent Integrated Care Partnership (ICP) meeting in October we considered a range of important cross-cutting issues, and received an update from our Chief Strategy Officer, Jacqueline Myers, on the delivery of our Integrated Care Strategy where we are seeing good progress against our core targets. Jacqueline also presented an update on our innovative Housing, Health and Care Plan which is bringing together sector leads to lead system-wide action on improving housing stock and supporting more people with complex needs to live safely and independently at home. I was grateful to Alice Wiseman, Director of Public Health, Newcastle City Council for her responses to the policy recommendations in the recent 'No Time to Wait Report' which was delivered to us by the North East Child Poverty Commission.

We also considered proposals for an Independent Review of our current ICP arrangements in the context of emerging national guidance and the presence now of two Combined Authorities within the NENC. Recent work by the NHS Confederation has shown how ICPs could have a crucial role in the devolution agenda and may be given stronger levers and more resource to influence system decision-making (beyond just strategy development), on important policy areas including creating thriving local economies, inequalities, and early intervention / prevention. We have commissioned Professor John Tomaney, Pro-Provost and Professor of Urban and Regional Planning at University College London, to lead an external review of our ICP, and this will include consideration of what the NENC ICP and Area ICPs achieved so far, and how these arrangements compare to other ICPs, and how our ICP can best add value to our partnership working and the impact it creates for our communities. Prof Tomaney will be interviewing key system partners over the coming months and will report his findings to the ICP in early 2025.

4.7 System Leadership Group

Related to our review of the ICP, we are also looking at the future development of our System Leadership Group (SLG).

SLG is technically the 'Collaborative Executive' function of the ICP and is focused on the collaborative working needed to deliver our Integrated Care Strategy, and to assess proposals as they emerge from each of our workstreams and networks, as well as managing shared performance challenges, co-dependencies and risks. SLG's current areas of focus include strengthening system leadership and promoting best practice, digital/data, workforce and child poverty. At our next ICP meeting in December I will lead a workshop session looking at both the emerging NHS Ten Year Plan, and the future development of our SLG arrangements, including how they might best align with our Combined Authority/Area ICP footprints to add the most value to the delivery of our shared objectives.

4.8 Work and Health

The health of the country and the health of our economy are inextricably linked, and there are now almost 3 million people in the UK who are economically inactive due to long-term sickness. As Lord Darzi put it in his recent Independent Investigation of the NHS in England:

Being in work is good for wellbeing. Having more people in work grows the economy and creates more tax receipts to fund public services. There is therefore a virtuous circle if the NHS can help more people back into work. More than half of the current waiting lists for inpatient treatment are working age adults. And there are long waits for mental health and musculoskeletal services, too, which are the biggest causes of long-term sickness. Improving access to care is a crucial contribution the NHS can make to national prosperity.

In the NENC, the life expectancy for men and women is 1.6 years shorter than the England average. The healthy life expectancy for women is 60.2 years, resulting in women within our ICB area living on average, 21.3 years in poor health, and for men, the healthy life expectancy is 59.4 years, resulting in men our region living in poor health for 18.2 years on average. These outcomes are influenced by various health factors and clinical conditions, as well as social and economic factors – especially poverty and low incomes and economic inactivity due to sickness and disability.

We know that we need to do more as an ICB to address these challenges, and we were pleased to note the government's recent announcement that combined authorities will be given the responsibility and resources to design a joined-up work, health and skills offer for local people, working with ICBs and other partners. The ICB is committed to working with our two Combined Authorities and our Local Authorities to develop new work, health and skills plans that help more of our residents to overcome the barriers they face in accessing and staying in work.

As plans develop to devolve the responsibility for work and health services to local areas, we would welcome the opportunity to strengthen the partnership arrangements between the ICB, Combined Authority, and Department for Work and Pensions (DWP) to ensure that we can develop a fully integrated work and health system that delivers a step change in outcomes for our communities. This is why the ICB has established a Healthier Lives and Fairer Outcomes Programme jointly with local authority public health leads to address healthcare inequalities in access, experience and outcomes for our most deprived communities and inclusion health groups. This includes a Broader Social and Economic Determinants of Health workstream to consider how we can address the 'fourth objective' of ICBs, to help the NHS contribute more to social and economic development.

In terms of integrating frontline work and health services, the recent report from South Yorkshire ICB's Pathway to Work Commission noted that most economically inactive people across the UK are unable to work due to long-term ill-health, whether physical or mental, and that while the reasons behind this are complex, health must be central to efforts to tackle the issue. The report also concluded that ICBs should be tasked with working alongside regional mayors to help 'a hidden workforce of about 3 million economically inactive people' back into work. We agree, and there is massive potential to develop new models of personalised support and advice to people who want to work, with support services embedded in health settings and pathways, focused on addressing health-related barriers to employment and get more people working.

This is why we are currently developing proposals to NHSE for the NENC to become a 'Health and Growth Accelerator' site and secure the funding to roll out a new service offer that can support more people to overcome health barriers to access or sustain themselves in work. Our emerging model will build upon two award-winning local programmes to multiply the impact we can have, by connecting the population health management analytical tools that we have developed through our well-established Waiting Well programme will allow us to find the individuals who would benefit most from extra support, and the services we offer this cohort will be based on DWP's Patient Advisory Service (PAS) which offers dedicated, holistic support that meets the bio-psychosocial needs of patients, and has been piloted successfully already in County Durham and the Tees Valley. We are currently working hard on this proposal and I look forward to updating colleagues on the outcome of our bid.

4.9 Public Service Reform

This focus on work and health was a key plank of our shared Statement of Intent for Public Service Reform that we co-authored with the North East Mayoral Combined Authority (NEMCA). This statement outlines a collective vision for change in public service across the North East, building on the mandate provided by the North East Devolution Deal. Our intent is to enable collaboration, innovation, and equity across our region's public services. We intend to address regional challenges, empower communities, and enable a thriving future for all our residents.

Our programme will aim to leverage devolved powers and funding to deliver against a shared agenda for public service reform, whilst recognising the need for collaboration to address key challenges, reducing strain on crisis services by investing upstream in preventative measures. We also note the need to work through existing mechanisms that exist to ensure we do not duplicate our efforts.

Central to our approach is a commitment to co-designing a programme that builds on what already works, while embracing new methodologies. We will explore scalability, early adoption, and grassroots initiatives by working in partnership and listening to service users. This inclusive approach will ensure that a PSR programme adds value to the current system while fostering a culture of continuous improvement. An advisory forum of public sector leaders will provide strategic oversight, with focused sub-groups contributing to programme development and implementation.

Collaboration across sectors at all levels is vital. Empowering our collective teams by embracing diversity of thought and challenging norms will enable us to drive change. Harnessing lessons learned in the North East during COVID-19, we intend to address persistent problems through collaboration, innovation and pragmatism. We aim to build on successful existing collaborative mechanisms already in place in our region – as exemplified by the NHS and Local Authorities working through the Integrated Care Partnership and Integrated Care Board. Through peer learning, diagnostic work, and exploring innovation in procurement, we will develop shared approaches to regional challenges and manage vital resources effectively.

To deliver a programme spanning sectors, organisations and local authority areas, we will work to align processes, data and resources. Learning from best practice, we understand the importance of community engagement, equitable relationships, and evidence-based policy-making. We will identify shared priorities and focus on the regional opportunities most likely to lead to improved outcomes for residents. Although initial priorities identified by public sector leaders include child poverty; residents facing multiple and complex needs; and homelessness, specific policy proposals will need to be agreed by an incoming Mayor and Cabinet, and other statutory partners as appropriate, including the ICB.

Initially in partnership with the ICB, NECA will mobilise co-funded projects with input from all PSR partner organisations. Early areas of focus proposed by the ICB and NECA are:

- Work and health - coordinated action between the NHS, Combined Authority, the Office of Health Improvement and Disparities, the Department of Health and Social Care and the Department of Work and Pensions on 'Work and Health', addressing health-related barriers to employment.
- Future public service workforce - initial focus on future health and social care workforce, building on work led by ADASS and ADSC colleagues.
- Unpaid carers - develop a career pathway from unpaid carer into paid health or care roles.
- Health, care and homelessness – building on our Housing, Health, and Care Programme and the North East Housing Partnership.

4.10 MP Briefing

We continue to meet regularly with all MPs from across the NENC area and, along with Sir Liam Donaldson, recently hosted a briefing in Parliament to share with them an update on the NHS across the region.

Overall, the briefing went well with great support from MPs. We have a number of new MPs which we are keen to meet in their constituencies over the coming months ahead.

All represented were very keen to understand the broader strategic intent from the NHS and how this will impact on both performance and access to services. All were very supportive of the greater emphasis on prevention and moving services out of hospital into the community.

We will continue to work closely with all of our elected officials as we navigate the coming months and years ahead.

4.11 Cumberland Health and Care Summit

I was pleased to join the Cumberland Health and Care Summit on 03 October 2024. The event was developed in partnership between North Cumbria Local Delivery team, Cumberland Local Authority and VCSE sector and hosted by Cumbria Healthwatch. This was a well attended event with 113 people from across the health and care system, including third sector and people with lived experience.

The event heard from several guest speakers including, REFORM, Walsall Council, Turning Strategy into Action and Future Fit.

There were a number of table discussions that identified some immediate priorities including:

1. To undertake a system visit to Walsall to assess the project and bring back learning to implement locally.
2. Focus on the frailty strategy – continue to develop the system-wide strategy.

3. How to foster closer working relationships between system leaders.
4. Maintaining a strong focus on the hospital flow issues in North Cumbria that have an impact on UEC and other metrics.

These actions will be taken forward through the Place Subcommittee; North Cumbria ICP and the Health and Wellbeing Board with an intention to reconvene in Spring 2025 to review progress.

4.12 ICB Staff Conference

I was delighted we could come together on 24 October 2024 for our first all staff conference where we welcomed approximately 500 ICB colleagues to the Beacon of Light in Sunderland for our autumn staff conference.

The conference was shaped by feedback from our workforce who asked for one conference where all colleagues across our footprint could be together, in one place, to connect, network, learn from each other and share best practice. Our first all staff conference was designed to deliver just that – and was aptly named The Big Connect.

The conference was designed to use a 3 ½ hour time frame to connect our workforce using a range of stalls, world cafes and classroom activities. Stalls were accessible to staff before the conference started and were hosted by staff from each of our directorates and system partners. For example – Northumbria FT provided a stall on NHS Pensions information, we were also joined by UNISON, BMA and the health literacy team hosted by South Tyneside and Sunderland FT.

We offered colleagues two options for the main part of the conference – there were three classroom options for those who prefer a deeper dive into a subject. Classroom offers were improvement methodology, quality strategy and Microsoft Teams. Our other option was a selection of over 30 world cafes hosted by our ICB colleagues sharing learning and good practice from safeguarding to planning, to NHS people promise and digital and many more options.

For the first time at our autumn conference we worked with a charity partner – Love, Amelia. A charity with its roots in Sunderland which has since grown to support children in Tyne and Wear and County Durham. Our staff brought donations to the conference to support Love, Amelia's work. At each future conference we will support a different charity each time.

Additionally, this was the first time we have included staff recognition at one of our conferences. We place great importance on giving recognition to our staff and the teams they are part of – to improve our approach to recognition we will work with colleagues to develop a recognition framework for use at our autumn conference in 2025.

Feedback from our staff has been very positive with learning to take on board for our spring staff conference.

4.13 Patient Safety Centre Launch

On 31 October 2024 we held our first Patient Safety Summit to launch plans for a NENC Patient Safety Centre, led by our Chair, Professor Sir Liam Donaldson. The event sparked in-depth discussions on designing the centre and setting initial program priorities. The NENC has a wealth of expertise and data that, combined with global insights, positions us to drive innovative improvements in patient safety, a key goal in our recently published quality strategy High Quality and Safe Care for All. The centre will be central to this mission. Key speakers included Helen Hughes, Chief Executive of Patient Safety Learning, and Professor Carl Macrae of Nottingham University and David Purdue, our former Chief Nurse, AHP and People Officer, gave an insight into the work being done across the region so far to build upon. Throughout the day there were

honest discussions about recognising the need to do more to involve patients and their families and carers in our work. This is just the start of a collaborative journey to further improve patient safety in our region.

There were discussions on the day regarding the first patient safety priorities we would work on together across the ICB. Further work is being undertaken to seek broader views and we expect to identify those priorities and begin this exciting work early 2025. In the meantime, we are designing how the Patient Safety Centre will work operationally and support our improvement journey.

4.14 LOC in the Lakes

Learning Organisation Collaborative (LOC) in the Lakes was held on 07 November 2024 with a focus on tackling obesity in our region. More than 200 colleagues and citizens from across health and care joined the conference to explore, 'what is the difference that will make the difference this time?'. Our aim was to take a whole family approach to health and wellbeing; think beyond what's possible; and turn our minds to groundbreaking and radical solutions.

It was fantastic to see so many people from a range of organisations come together to share innovations, create fresh ideas for change, and continue the real work that will help make the difference. Colleagues joined us from over 60 partner organisations and the community.

Subject matter experts joined us to host 12 workshops in different aspects of weight management, including:

- Getting the best start in life through pregnancy and beyond.
- Health literacy awareness and managing stigma.
- Challenges and successes of delivering a paediatric obesity service.
- Psychological aspects of obesity.
- A whole system approach to weight management including tackling food poverty.
- Tier 3 weight management services.
- The importance of movement.

The NENC Healthy Weight Management strategy was introduced, and feedback sought as part of the day. This engagement is ongoing.

From the 12 subject areas, the whole conference delegation worked together to develop action plans around 7 subjects:

1. Using established digital or AI to support individuals on waiting lists.
2. Building a social movement for change.
3. Good Fund Economy and Community links - healthy weight declaration.
4. Using health literacy to promote access and better outcomes.
5. Development of clearer partnerships between schools, ICB, providers, food education and cooking.
6. How do we get a stigma-informed system working.
7. A support offer at the point of pregnancy without putting all responsibility on the woman.

A community of practice has already been established from the conference delegation and next steps will include moving above action plans into a business as usual model.

4.15 Child Poverty Summit

The Mayor of the North East Combined Authority, Kim McGuinness, recently hosted a Child Poverty Summit in Sunderland. The aim of this was to identify a number of clear actions to tackle the unacceptable levels of Child Poverty we have in the region.

This aligns to a recent report we had at our Board meeting on 01 October 2024. It is heartbreaking to accept that our region has the highest rate of child poverty at 38% - this is an increasing position not a decreasing one and, over most recent years, we are experiencing the steepest increases in child poverty. To see action in this area is welcomed.

Any work identified as a result of this summit will link into our actions taken as part of the Healthier and Fairer Group, a joint working group with Local Government and the VCSE. This will also align to the Work and Health Accelerator Bid as detailed previously in this report.

Finally, given the challenge at our Board meeting for the NHS to become a Real Living Wage employer. We are working with the Executive Directors of Finance to understand the overall impact this will have with a view that we take steps to adopt the real living wage across the region.

4.16 Launch of Boost Learning Academy

I am proud to announce the launch of the Boost Learning Academy, a pioneering initiative designed to equip our workforce with the knowledge, skills, and resources to tackle health inequalities and drive equitable care across the NENC. Placing learning at the centre of our improvement approach we are fostering a culture where people in our system can connect and share their experiences and ideas.

The Boost Learning Academy is a central resource, open to all individuals working or volunteering in our health and care system - including those in the NHS, local authorities, public health, the voluntary sector, and private care providers. This inclusive platform provides a wide range of learning opportunities, from core programmes on health inequalities to practical skills for fostering improvement and leadership development. The initiative builds on the success of our Boost learning and improvement approach, giving instant access to our growing community of over 9,000 members.

4.17 Inspection Activity

Inspection activity continues to be a key focus across our local authority partners, reflecting ongoing scrutiny and improvement efforts. November saw the second joint Department for Education and Care Quality Commission (CQC) progress meeting following the Gateshead SEND inspection in 2023. This session aimed to review progress against key priorities identified in the original inspection report. Partners, including the ICB, presented detailed updates on areas such as the development of early help offers and mental health pathways within the authority.

A strong theme of collaboration emerged during discussions, particularly through the Parent and Carer Forums, with education colleagues highlighting tangible progress against the action plan. The inspection team acknowledged innovative practices and flagged opportunities to share these successes regionally. The Chief Delivery Officer and the Director of Children's Services commended the collaborative work across the NENC, noting the DCS Forum as a vital platform for sharing good practice and lessons learned.

Durham also hosted a follow-up visit in relation to its earlier SEND inspection this year. Feedback was positive, with the inspection team affirming progress against the action plan and raising no concerns. The local authority and delivery team showcased the pivotal role of the SEND Partnership Board and the strong leadership arrangements in place. Future SEND Partnership

Board meetings will include input from the inspection team, with specific interest in the Neurodevelopmental Board within County Durham.

Adult social care inspections were prominent in November, with CQC visits to Hartlepool, Redcar and Cleveland, and Middlesbrough. The ICB contributed to interviews during these inspections, focusing on integration, learning, improvement, and addressing health inequalities. While formal feedback is pending, we await the inspection reports with interest. Additionally, it was announced that Darlington will undergo a CQC inspection of adult social care in January 2025. Preparatory work is already underway, with the local delivery team actively supporting the local authority to ensure readiness.

This continued cycle of inspections underlines the importance of collaborative working, clear leadership, and the sharing of innovative practices across the system. The ICB remains committed to supporting local authorities and partners to drive improvements and deliver positive outcomes for our communities.

5. Recommendations

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

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Name of Sponsoring Director: Professor Sir Liam Donaldson

Date: 19 November 2024

Appendix 1

Between 30 September – 19 November 2024 the NENC Executive Team have undertaken the following visits:

NENC Organisations	Number Of Visits
NHS Foundation Trust / Providers	40
Local Authority	20
Place (including community and voluntary sector)	29
Community and primary care (including general practice)	23