

NHS England

Sir Liam Donaldson
Chair
North East and North Cumbria
Integrated Care Board

Quarry House
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Leeds
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Sent by email: liam.donaldson1@nhs.net

1 August 2023

Dear Sir Liam,

2022/23 North East and North Cumbria Integrated Care Board annual assessment

NHS England has a legal duty to undertake an annual assessment of Integrated Care Board (ICB) performance as set out in the Health and Care Act 2022.

ICBs were formally established on 1 July 2022 and this assessment reflects how well they have discharged their statutory duties since establishment through the 2022/23 financial year. For 2022/23 NHS England has undertaken a narrative based assessment of ICBs as set out in the NHS Oversight Framework.

In making an assessment we have considered evidence from your 2022/23 annual report, feedback from stakeholders and the discussions that the regional team and the ICB have had throughout the year. This letter sets out our assessment of your organisation's performance in 2022/23 against the duties against which NHS England is statutorily required to consider.

For each section of the assessment, we have considered the establishment actions taken by your ICB during 2022/23 alongside areas of delivery and achievement and examples of good practice.

2022/23 has been a year of transition and in making this assessment of the ICB performance we have sought to fairly balance the evaluation of how successfully the ICB has delivered against the demands of establishing the new organisation. We are also

mindful of the developing local strategic aims of the Integrated Care System (ICS) as set out in the Integrated Care Strategy for the system and articulated through the developing Joint Forward Plan.

Please share this assessment with your leadership team and consider publishing this alongside the ICB annual report at your Annual General Meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments as part of its 2022/23 Annual Report and Accounts.

I would like to thank you and your team for all of your hard work over the 2022/23 financial year in what remains challenging times for the health and care sector and I look forward to continuing to work with you in the year ahead.

Please let me know if there is anything in this letter that you would like to follow up on.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Richard Barker', written in a cursive style.

Richard Barker

Regional Director – North East & Yorkshire Region

Cc: Samantha Allen, Chief Executive, North East and North Cumbria Integrated Care Board

2022/23 assessment against the following duties

System Leadership

During 2022/23 the North East and North Cumbria ICB has demonstrated strong leadership across all the duties of the organisation considered as part of this assessment. It has led the system and worked collaboratively to bring together partners to provide a platform across all sectors to deliver and improve health and care services, reduce inequalities and make good use of resources for its population.

Improve Quality of Services

In support of the statutory duty to improve the quality of services, the ICB has implemented the requirements set out in the National Quality Board Position Statement on Quality in ICSs (April 2021). The ICB has established a Non-Executive Director chaired sub-Board Quality and Safety Committee. The ICB continues to develop and strengthen its approach to the strategic oversight of quality and continuous improvement and this ongoing development will be key to continue to deliver the duty to improve quality. The ICB has also implemented the NQB guidance on Quality Risk Response and Escalation in ICSs which has supported the development of the approach to quality management and oversight of quality improvement.

There has been active engagement, collaboration and improvement support offered to providers within the ICS when required and good partnership working with the NHS England regional team and wider stakeholders to improve quality and reduce risk. During 2022/23 a number of providers within NENC have been in receipt of intensive and mandated support from NHS England and an associated escalated level of oversight and assurance. For 2023/24 the ICB will need to continue to work closely with stakeholders to ensure adequate progress against improvement plans is made at these providers within the agreed timeframes.

The annual report describes examples of where the ICB has worked with partners to deliver improvements in quality across a range of priority programmes. This includes the work undertaken by the Local Maternity and Neonatal System (LMNS) team to complete

Ockenden assurance visits with the NHSE regional maternity team. With the LMNS now at full establishment, the ICB is in a positive position to support the delivery of the Single Maternity Plan across 2023/24 and beyond. The development of the Mental Health, Learning Disability and Autism Collaborative and the Child Health and Wellbeing Network are good examples of how the ICB is working across organisational boundaries to improve quality and drive transformation.

During 2022/23, the ICB published an oversight framework which provides a comprehensive set of arrangements for the effective oversight of NHS services within the ICB and the management of risk including the quality and safety of services being delivered.

With regard to the ongoing focus on improving the quality of services, the Integrated Care Strategy for the North East and North Cumbria is central to this and the NHS, local authorities and the community, voluntary and social enterprise sectors (VCSE) came together to develop a plan to improve health and care in the North East and North Cumbria. The better health and wellbeing for all plan sets out how the ICB will reduce inequalities, improve experiences of health and care services and improve the health and wellbeing of people living and working in the region by 2030 and across NENC, as well as the steps that will be taken to make these ambitions into reality.

In terms of the service performance in the NENC system across 2022/23 the table at Annex 1 sets out the March 2023 position. Some headlines from the performance profile of the ICB for 2022/23 include that 4 hour A&E performance continued to be a pressure and although not meeting the 95% standard, the ICB performance was favourable compared to the national position. The ICB achieved the standard for faster diagnosis for Cancer at December 2022 which stands at 77.7% v the 75% target and compared favourably to the national performance (70.7%) at that stage.

Improving access to psychological therapies (IAPT) rates continue to be sporadic in the ICB and have been below plan and target throughout 2022/23. Over the latter months of 2022/23 the IAPT access numbers started to increase and more in line with pre-pandemic numbers.

Financial duties

As part of the establishment process the Finance, Performance, and Investment Committee was put in place which reports directly to the Board and contributes to the overall delivery of the ICB objectives by providing oversight and assurance in the development and delivery of a robust, viable and sustainable system financial plan.

For 2022/23 revenue resource use did not exceed the amount specified in Directions i.e. that ICBs are required to manage overall revenue expenditure within the revenue resource limit (the 'break-even duty'). For 2022/23, the ICB delivered an overall surplus of £2.744m.

A separate running cost allowance is provided to all ICBs to cover the administrative costs of running the ICB and there is a requirement to manage administrative costs within this. The total running cost expenditure for the nine months of 2022/23 amounted to £42.010m, which was within the running cost allowance of £47.427m.

The ICB is required to manage capital spending within the capital resource limit. The ICB received no direct capital resource during the year and incurred no capital expenditure.

For 2023/24 planning the 2022/23 financial position included significant non-recurring efficiencies and benefits across both the ICB and wider ICS, including substantial additional non-recurring funding from NHS England. The non-recurring nature of these savings contributes to a considerable challenge to balanced financial planning and delivery for 2023/24.

Financial allocations have been confirmed for 2023/24 which show the NENC ICB receives lower than average growth funding, due to being deemed to be over target allocation and having a lower population growth. Additional financial pressures have also been identified for 2023/24, in particularly relating to excess inflationary pressures over and above national planning assumptions.

All of these factors combine to present a significant risk to the delivery of a balanced financial position for 2023/24. Work is continuing to review plans and identify potential

further mitigations, with a focus on improving productivity and delivery of recurring efficiencies across the system.

Reducing inequalities

As part of the establishment actions taken the ICB appointed a Director of Health Equity and Inclusion to lead on public sector equality duty and deliver beyond the legal duties. To demonstrate performance against equality of service delivery KPI's and metrics the ICB report and deliver against NHS Workforce Race Equality Standard and Workforce Disability Equality Standard and the Gender Pay Gap.

The ICB has developed an approach for the system, the healthier and fairer programme, which builds on significant system wide working over the years across the NENC area.

This includes the following:

- Population Health and Prevention Board;
- Health Inequalities Advisory Group;
- Deep End Steering Group;
- Links and direct engagement with wider ICS workstreams and priority programmes to develop and embed a focus on population health and tackling inequalities.

Examples of programmes emerging from this governance are:

- Waiting well – life is worth living;
- Using population health management approaches to truly understand it's population and their needs;
- Tobacco Dependency Treatment Service – available in all trusts.

To continue to promote and enhance the equity of service delivery the ICB, in March 2023, agreed a one-year interim Equality, Diversity and Inclusion (EDI) Strategy for 2023/24 which has started to deliver against the key EDI objectives. One future focused action is to shape and co-create a system wide 5-year ICS EDI Strategy with it's providers and partners.

The ICBs interim strategy is aligned to ICB EDI becoming a universal indicator of how it respects and values its workforce, and the provision of an inclusive and fair culture in which it can develop key metrics by which leadership at all levels is judged.

Alongside the actions taken in 2022/23 the ICB recognises that this is a challenging time for the NHS and social care and most measures of health and wellbeing, population health, health inequalities and performance measures for health and care services have worsened over the last 3 years. The work in 2022/23 was therefore key to developing a shared ambition to deliver a programme of health and care improvement for the people of the NENC that reverses these negative trends and delivers the healthier and fairer lives they deserve. The pandemic has further reduced life expectancy at birth of the population and there is need for focused work to ensure and secure recovery.

In responding to the health inequalities challenges the ICB sets out how these actions align with the wider risk management approach. This includes the need to take considered and calculated risks in some areas given the impact and pace needed in response. The ICB links personalised care approaches closely to population health management, with strong links to the health inequalities programme and to place based specific population health management projects.

Obtaining appropriate advice

The ICB has committed to collecting views from a range of residents, including patients, the public, carers, and stakeholders from across the region including protected characteristic groups.

The ICB identifies different ways of working, involving, communicating, engaging, and listening to a range of stakeholders. This is to ensure that community voices are included in the services provided. The ICB has evolved the ways they involve people, through learning lessons of what has worked well and ensuring a mix of engagement and communication methods are used.

The ICB has obtained specialist advice and external benchmarking from the National Consultation Institute. This support ensures that all engagement and consultation work undertaken by the ICB follows best practice.

Co-production is a key focus with the ICB committing to working with people and communities at the earliest stages of conversations, acknowledging that people with lived experience, carers, and community stakeholders are expertly placed to advise on what support and services will make a positive difference to their lives and what is needed for their local communities.

An example from 2022/23 is a Learning Disability & Autism workstream where NHS England has commissioned a senior intervenor to work with the ICB for an expected duration of 12 months to provide support to the system. The programme will focus on a group of people who are clinically ready for discharge and the senior intervenor will provide support and advice where there are barriers to discharge.

Another area is the Maternity Voices Partnerships (MVPs) which is a multidisciplinary independent advisory group, consisting of a team of women and their families, commissioners and providers working together to review and contribute to the development local maternity and neonatal care. The Local Maternity Networks have 10 MVPs and each has received an annual budget with an annual workplan outlining local priorities. Also the ICB secured external funding for the second phase of STAR, a dance intervention in schools with family support and appointed a new Arts and Creativity Advisor.

Facilitate, promote and use research

During 2022/23 the ICB instigated the development of a research and innovation strategy, co-produced with the full range of North East & North Cumbria health and care research & innovation ecosystem, including provider organisations, academia, industry, NIHR research infrastructures and the Academic Health Science Network (AHSN).

In support of it's duties in this area, a Research & Evidence Team based at the North of England Commissioning Support is commissioned and supervised by the ICB to deliver a range of research support services, including research governance, research training, knowledge mobilisation, managing excess treatment costs and service evaluations.

The Local Clinical Research Network recruited over 2,500 patients across the system in 2022/23, with recruitment seen in every speciality and every provider. The Applied Research Collaborative also delivered research projects covering areas such as enabling methodologies, inequalities and marginalised communities, integrating physical and mental health, knowledge mobilisation and implementation sciences, and multi mobility, ageing and frailty.

In November 2022 the ICB collaborated with the AHSN in hosting a Research and Innovation Partnership Forum which had the primary objective of introducing the ICB and its emerging role in supporting research and innovation; and to co-create ideas for improving the three C's: communication, collaboration and celebration.

The ICB worked closely with the AHSN for NENC launching the Health Life Science Pledge for the region on 23 March 2023. The joint commitment is to encourage, enable and empower all to support the NENC region with the following:

- Support the reduction of health inequalities.
- To improve and increase investment.
- Promote economic growth to become recognised as an exemplar / Centre of Excellence for Health and Social Care Innovation.

In support of the research agenda the ICB was successful with a bid in November 2022 as one of 17 ICBs across the country to receive the Research Engagement and Network Development award (for approximately £100k) from Research England to support new models of community engagement which have potential to improve representative recruitment to research.

The NENC ICB, along with key partners will utilise these funds to develop a programme of work with the VCSE sector which will focus on research relating to the mental health needs of children and young people.

The ICB also commissioned an independent research company to develop a bespoke co-production training for staff and wider partner organisations. Co-production offers the opportunity for professionals and service users to work together to ensure that service delivery connects to lived experiences and is therefore meaningful and effective for all involved. The main objective of this work was to develop a co-production training toolkit

in partnership with local communities, which is a practical, easily understood and accessible resource for staff and stakeholders to implement in the future. The research had the following key objectives:

- Preliminary research to understand thoughts about co-production, any barriers that may exist to its adoption and how they would like training to be delivered;
- Develop and deliver initial training that was cognisant of this understanding, worked to overcome any barriers and was delivered according to staff preferences;
- Evaluate this training with training participants to understand how it could be improved;
- Develop and evaluate the final toolkit. This is a stand-alone resource for co-production that can be iteratively developed by staff to reflect their learnings as co-production becomes embedded in routine practice.

The effect of decisions ('triple aim')

The ICBs vision is better, fairer, health and wellbeing for everyone. This is intended to be an inclusive vision, capturing the need to improve health and broader wellbeing for everyone across NENC. The ICB has worked in partnership and collaboration across the Integrated Care Partnership (ICP) and at local authority place level to develop a basic framework to show their vision, goals and enabling actions. The purpose of the integrated care strategy is to provide a strategic direction and agreed key commitments to improve the health and care for people in the NENC region.

The ICB recognises that this is a challenging time for the NHS and social care. This includes that they are yet to understand the full impact of the pandemic, services are still in recovery, and rising energy costs and the cost-of-living crisis is of grave concern for all and impacting significantly on the quality of life for citizens. Most measures of health and wellbeing, population health, health inequalities and performance measures for health and care services have worsened over the last 3 years. Work continued in 2022/23 on a shared ambition to deliver a programme of health and care improvement for the people of the NENC region that reverses these negative trends and delivers the healthier and fairer lives they deserve. The pandemic has further reduced life expectancy at birth of

the ICB population and there is need for focused work to ensure recovery from this position through supporting providers to recover.

Key issues and risks that could affect delivery of objectives and future performance and plans relate to capacity and workforce challenges and services which have been adversely impacted by the pandemic remain in recovery. The ICB continues to support its providers in managing these pressures and some improvements have been seen during 2022/23, in particular the reduction of patients who have been waiting over 104 days and 78+ days, and a continuing reduction in the number of patients waiting over 62 days for cancer treatment.

The NHS, local authorities and the VCSE came together to develop a plan to improve health and care in NENC, the Integrated Care Strategy. The better health and wellbeing for all plan sets out how the ICB aims to reduce inequalities, improve experiences of health and care services and improve the health and wellbeing of people living and working in the region by 2030 and beyond as well as the steps that will be taken to make these ambitions into reality.

To ensure that stakeholders, partners, and members of the public had the opportunity to help shape this evolving strategy – the committee welcomed the views of these individuals through an online survey open from 27 October to 25 November 2022. Additionally, individuals and organisations were able to submit a direct response. Valuable feedback was received from stakeholders, and information was used to help finalise the strategy for the partnership.

Patient and public involvement and consultation

The ICB sets out that the voice of the public, patients, families, and carers is vital in all work they do, as are their lived experiences. The ICB is therefore committed to working with system partners, patients, carers and the public to improve patient safety, patient experience, health outcomes and, in doing so, support people to optimise their health and wellbeing.

Their vision demonstrates a commitment to make the best use of public resources. Important decisions that affect patients are made by the ICB in partnership with key

stakeholders at the heart of which are local people. To ensure the ICB has person centred sustainable services, they work with partners and the public to continue to develop a shared decision-making approach to service change and development.

The ICB undertakes demographic monitoring to ensure inclusive participation across the region and that the nine protected characteristics of the Equality Act 2010 are covered. The ICB's annual involvement and engagement report details all the ways it works with local people to improve access, service delivery and quality. It also includes evidence of local people acting as a catalyst for innovation and change.

The ICB has developed stronger links with the community, through working in partnership with Healthwatch and the voluntary Community Sector, to ensure consistency of listening and sharing health messages, which partners can amplify across their groups and platforms.

The ICB has also commissioned support via the VCSE to develop a co-produced offer of personalised health budgets across the ICB with people with lived experience.

Contribute to wider local strategies

The ICB Board (Four weeks into formal existence) undertook an assessment of the health and care landscape in the North East and North Cumbria

During 2022/23 the ICB, on behalf of the ICP developed its Integrated Care Strategy, in line with national guidance. The ICB has operated its oversight arrangements with regard to its statutory duties, its agreed priorities for 2022/23 and the requirements set out in its 2022/23 Operating plan which addresses the NHS England Operating Plan Guidance for this year.

The ICB, along with 13 local authorities, forms the Statutory committee of the ICP. The ICP is responsible for setting and developing the strategy for health and care in the region. It is an equal partnership between local government and the NHS with a key purpose to align the ambition and strategies of partners across the area to improve the health of communities.

The Health and Wellbeing Boards in NENC were asked for their feedback to inform the assessment of the ICB in 2022/23. From this feedback were themes around the expectation that the level of engagement with HWBs is expected to increase going forward given the transitional nature of 2022/23 did not always facilitate this to the level viewed as required for local partnership working on the Joint Local Health and Wellbeing Strategy (JHLWS).

Other feedback including a request for the ICB to remain committed to the JHLWS and to ensure alignment of this with the wider plans and strategies in NENC. Also the ICB is requested to ensure that the ICP strategy builds on place and does not duplicate, and looks for areas where advocacy and change, when working collectively, could be most effective.

Annex 1 – March 2023 service performance summary for North East and North Cumbria ICB

Domain	Metric	Mar-23*	Region Mar-23*	Standard	23/24 Ambition
Urgent & Emergency Care	A&E 4 hour performance	73.5%	71.2%	95%	76%
	Proportion of patients in department over 12hrs from point of arrival	3.3%	5.0%	2%	
	Number of patients delayed by 12 hours or more from decision to admit	753	3,632	0	
	Average hours lost to handover per day	45.4	248.7		
Ambulance	Category 1 response times (NEAS) -mm:ss	07:07	-	7mins	
	Category 2 response times (NEAS) - mm:ss	36:15	-	18mins	30mins
	Mean 999 call answering (NEAS) - seconds	17	-	<10s	
Elective	Elective recovery (VWA)	99.9%	93.3%		
	104 week waits	22	55		0
	78 week waits	164	998		0
	52 week waits	7,428	28,172	0	
Cancer	28 Day Faster Diagnosis	79.7%	77.2%	75%	
	62 Day PTL size	1,129	2,356		
	104 day backlog	213	581	0	
Diagnostics	Proportion of waiting list waiting 6 weeks or more	15.9%	20.1%	<=1%	
Discharge	Proportion of beds occupied by patients not meeting the criteria to reside	10.1%	14.6%		

*Mar-23 delivery used in acknowledgement that ICB's were only established in July 2022. Ordinarily, delivery would be assessed across full financial year.