



North East and
North Cumbria

Statutory Duties

Health and Care Act 2022

Promoting the NHS Constitution

Exercising functions effectively, efficiently and economically

Our response:

The Constitutional Rights are far ranging include rights linked to:

- Access to health services
- Quality of care and environment
- Nationally approved treatments, drugs and programmes
- Respect, consent and confidentiality
- Informed choice
- Involvement in your healthcare and the NHS
- Complaint and redress

Promoting the NHS Constitutional Rights is core to our overarching Integrated Care Partnership's (ICP) strategy, '[Better Health and Well Being for All](#)', supported by the ICB's Joint Forward Plan and People and Communities Strategy.

Regular communications activity aligns to the key constitutional standards and the extensive involvement plan involves all stakeholders in key decision making at place and regional level. Examples of this include during service change and also the development of key delivery plans such as quality, dentistry and women's health as just three examples.

Performance metrics are published regularly through ICB Board meetings and nationally through the normal data release arrangements.

Our response:

The ICB has a number of statutory financial duties to manage both revenue and capital spend within specified limits. The ICB achieved all financial duties for 2023/24 as reported within the annual report and accounts. An overall ICB revenue surplus for the year of £4.5m was delivered, including an underspend on running costs, with efficiencies delivered in excess of plan.

The ICB also has a shared duty to manage the overall ICS financial position, which was delivered in line with plans agreed with NHS England.

In delivering the financial position, robust arrangements are in place to ensure economy, efficiency and effectiveness in the use of ICB resources. These are summarised within the governance statement in the annual report and include ICB governance arrangements and scheme of delegation, budget setting processes and financial controls around approval of expenditure.

Assurance over arrangements is provided through committee reports during the year and internal audit reports. These arrangements are also assessed by the external auditors as part of their work around value for money, with no significant issues identified. The outcome of this work is summarised in the auditor's annual report published on the ICB website.

Securing the continuous improvement in the quality of services

Our response:

The ICB has developed robust monitoring of the quality of the services it commissions both in acute providers, primary care services and nursing home care. ICB directors of nursing actively contribute to all 11 providers sub-board quality committees to ensure assurance is given on the quality agenda. Any themes or escalations are then reviewed at the ICB Quality and Safety Committee and escalated to the Board if required.

Seven of the acute providers in enhanced or quality boards to give increased oversight on improvement process with key outcomes being measured.

The ICB has been responsible for ensuring all acute providers have their Patient Safety Incident Response Frameworks in place and actively reviews the thematic learning across the system.

A number of system learning events have taken place including transfers of care and children and young people's mental health. Following these, communities of practice have been set up to ensure learning is shared amongst providers. Use of the ICB Boost system has supported the sharing of best practice.

The Quality Strategy will be launched in September 2024 which focusses on the three statutory outcomes but also includes multi-professional leadership and culture and climate. The strategy looks through the lens of health inequalities and focuses on what it means for individuals and the system.

The Safety Centre will be launched in September 2024, focusing on three key areas which will be identified with system partners.

Reducing inequalities

Our response:

The Healthier and Fairer Programme leads the work on prevention and reducing health and healthcare inequalities. Within our local system we are committed to delivering on our major prevention programmes which include tobacco control, alcohol use and healthy weight and managing obesity. Working with partners to ensure a joined-up approach to tackling key risk factors through primary and secondary prevention.

The health inequalities workstream encompasses delivery against the ICB's statutory duty and the fulfilment of Core20Plus5 requirements and ambitions as set out in the integrated care strategy.

Some projects within this workstream include the development of targeted initiatives within our 'deep end (general) practices' focussing on workforce, education, advocacy, and research. Providing additional resource and targeted measures to improve access and outcomes for those inclusion health groups to primary care services.

The ICB has funded a programme of work, facilitated through our local authorities, targeting inclusion health groups. This work identifies interventions to increase access to general health care for people with multiple and complex needs (associated with drug, alcohol, homelessness, and mental ill health), in line with place-based approaches already available or prioritised.

Another area of work is 'Waiting Well' which is a regionwide programme that uses a population health management approach to provide targeted support to patients who are waiting for planned surgical procedures.

During the last six months, work has been underway to develop an ICB Clinical Conditions Strategic Plan which uses population health management information alongside clinical insight to determine all age, condition specific priorities. These priorities have been identified as areas for the local health system to focus on to support the delivery of 'Better Health and Wellbeing for All'.

Within this work there is recognition that our approaches need to include both universal and targeted responses due to the differential in outcomes as a result of deprivation, ethnicity, gender, and other factors.

Promoting involvement of each patient

Our response:

The ICB published its People and Communities Strategy in July 2022, outlining how patients and key stakeholders are involved in key decisions.

To underpin this further, a strategic relationship has been formed with Healthwatch across the region. The ICB currently funds the coordination of all 14 Healthwatch organisations across the region who, in turn, support local public engagement and involvement.

We triangulate all feedback and seek to understand consistent issues arising to inform local or regional action. This is coordinated through the ICB's Patient Voice Group which is also supported by Healthwatch. Examples of our work includes (and not exhaustive):

- Service change including GP practice moves
- The development of the 'Better Health and Well Being For All' strategy – within which engagement with the public helped to shape and change some of the key priority areas
- Dentistry and the development of new models for accessing treatment
- Quality Strategy – patients and stakeholders influenced the content of the strategy
- The development of a UTI campaign using public involvement to shape the marketing campaign
- Launching the Women's Health Big Conversation and the Women's Health young people engagement in schools to understand what is important

Enabling patient choice

Our response:

The NHS Constitution sets out the right for patients to choose the organisation that provides their treatment when they are referred for a first outpatient appointment for a service led by a consultant, subject to certain exceptions.

[NHS Choice Framework - what choices are available to you in your NHS care](#)

The ICB has arrangements in place to ensure that patients are offered choices. For a first outpatient appointment the choice of:

- Any clinically appropriate provider that has a contract with a commissioner
- Any clinically appropriate named consultant-led team employed or engaged by that provider
- Any clinically appropriate, named health care professional-led team that is employed or engaged by the provider to which the patient is referred

These requirements do not apply to some services (urgent care, cancer services subject to a two-week maximum waiting time, maternity services or mental health services) or to any person detained under the Mental Health Act 1983, detained or on temporary release from prison or serving as a member of the armed forces.

The NHS Constitution requires patients to have access to services within maximum waiting times and the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible. The ICB is required to take all reasonable steps to ensure that the patient is offered an appointment with a clinically appropriate alternative provider with whom a commissioner has a contract to start treatment earlier. If there is more than one suitable alternative provider for these purposes, the commissioner must take all reasonable steps to ensure that the patient is offered a choice of appointment with more than one provider.

The ICB has developed an accreditation process that is lawful, both in terms of the choice and procurement regulations and enables sufficient control of the supply, cost and quality of services to patients in North East and North Cumbria (NENC).

Obtaining appropriate advice

Our response:

The ICB has a multi-professional leadership model in place across local delivery teams and embedded within our major strategic work programmes. Using the NHS England principles of 'Clinical and Care Professional Leadership', we ensure that clinical and care professionals (CCP) lead and are involved within our governance and decision making.

Through our ICB 2.0 transformation work programme we have ensured that all CCPs are aligned to teams within management and administrative resource to ensure that we fully support and maximise the quality time we get from this group of professionals. Through our network we are developing a community of practice, ensuring that we communicate with our clinical leaders on a regular basis and develop skills and experience to ensure sustainability for the future.

All of our NENC-wide work programmes and local delivery teams have aligned CCPs and each individual will have a workplan for the year with agreed objectives, identifying and acting upon any development needs.

An example of how multi-professional leadership works is through the Healthier and Fairer Programme where we have a co-chair approach to all of the workstreams. This includes clinicians, public health consultants and health system leaders. The diverse representation which is evident throughout the governance of the programme, promotes rich discussion and well-informed decision making.

As an ICB we have well established relationships with the public health community, working closely with local directors of public health to ensure their input into key strategic decisions. Examples of this include our individual funding request processes, delivery of strategic work programmes and at place through our local delivery teams and via health and wellbeing boards.

The ICB utilises population health management data and insight to inform our priorities, ensuring a focus on the prevention of ill health through the management of key risk factors. Work is underway to develop a data observatory function, facilitated by the North East Quality Observatory Service (NEQOS) who have a wealth of experience in the collection and analysis of system wide data. Within the Clinical Conditions Strategic Plan workstream, we are working with NEQOS to develop a clinically informed outcomes framework to measure success.

Promoting innovation

Our response:

The ICB has developed a strategic relationship with Health Innovation North East and North Cumbria (HINENC) with the purpose to focus on innovation and using our collective levers to ensure we promote innovation across the area we collectively serve.

A priority plan has been agreed with HINENC and to support further delivery an Innovation Framework being designed which will be presented to Board in 2024.

We have also:

- Created an innovation community of practice operational across the region with key health and care professionals involved in sharing best practice and moving forward as a collective
- Set up an innovation fund to invest in innovation in Women's Health
- Working on a plan linked to secure data environment
- Sponsored the Bright Ideas in Health Awards – supporting and celebrating local team innovations making a difference

Duty in respect of research

Our response:

The health and care research landscape across NENC is complex. The National Institute for Health and Care Research (NIHR) is the main Government funder for a wide range of research and funds a range of projects/organisations, including;

- Clinical Research Network NENC
- Innovation Observatory
- Policy Research Unit in Behavioural Science
- Clinical Aging Research Unit
- Newcastle Medical Technology and In Vitro diagnostic Cooperative
- Blood and Transplant Research Unit (partnership between Cambridge and Newcastle Universities)
- Health Determinants Research Collaboratives in four local authorities
- Research Support Service
- School for Public Health Research
- Newcastle Clinical Research Facility
- Patient Recruitment Centre: Newcastle
- Applied Research Collaboration
- Newcastle Biomedical Research Centre
- Newcastle Clinical Trials Unit
- Public Health Intervention Responsive Studies Team

We have a range of other organisations/teams set up across the region to support the development of research and innovation (where possible increasing revenue from external incomes sources), including:

- Newcastle Health Innovation Partners
- Individual research teams embedded within hospital trusts
- Fuse – The Centre for Translational Research in Public Health
- Insights North East – A regional partnership of the NHS, local authorities, Newcastle, Northumbria, Durham and Sunderland Universities (bridging the divide between research and place-based policy making)

Within the ICB, we have a Research and Evidence Team (currently hosted within NECs) who deliver a range of research support services, including research governance, research training, the hosting and management of NIHR research grants, knowledge mobilisation, managing excess treatment costs, and service evaluations. Training in evidence finding and appraising, ensures staff have the tools and skills to support, using the evidence from research, in decision making.

The NIHR Clinical Research Network NENC annual research recruitment numbers from 17 April 2024 show a decline in patients recruited across NENC compared with 2022/23. However, numbers do not account for the complexity and sites, and importantly, all NHS providers and speciality areas that were active in research delivery across the NENC.

However there has been an increase in research within primary care where a total of 16,242 patients were recruited, a rise from 4,681 in 2022/23. We have more than 50% of GP practices active in research. With regards to the national priority of supporting commercial research, 2,947 or 29% of total recruitment across primary care is attributed to commercial studies.

The growth in research outside the acute sector is demonstrated in 588 recruits in, for example dentistry, ageing, mental health and public health.

Work over recent months has been focused on finalising a research framework that enables the ICB to fulfil its statutory duties. This will be presented to Board in 2024.

Promoting education and training

Promoting integration

Our response:

The ICB People Strategy has been developed in conjunction with health and social care partners to support workforce development.

The strategy has six areas of focus:

- **Supply** - which focuses on attracting people to join the workforce. Including how we work with our higher educational institutions to ensure the correct training is available. How we widen participation looking at access in to training and development for people not in university education
- **Retention** - a focus on how we support staff to remain in the workplace, which focuses on career pathways
- **Health and Wellbeing** - supporting development in the workplace
- **Reform** - looking at how technology can support training
- **Leadership and talent management** - working with NHS England to develop training programmes to support leadership capabilities
- **Equality, Diversity and Inclusion** - developing our processes and training to ensure our workforce is representative of the population and to ensure psychological safety for all of our workforce

Our response:

Working in partnership with our local authority partners and other members of the Integrated Care Partnership (ICP), including Healthwatch and the voluntary, community and social enterprise sector, we developed our collective ICP strategy, 'Better Health and Wellbeing for All' (Better Health and Well Being for All) which details our integrated care strategy for our region.

All partners now need to develop their local plans given due regard to the commitment made within this strategy.

To support this and working with public health colleagues across the region, we created a Healthier and Fairer Group which is a forum with a purpose to tackle the health inequalities across our region. This enables joint planning and focus on some of the biggest health issues for the region.

Outcomes of this work include:

- Over £13m per year investment in healthier and fairer projects
- Joint funding of FRESH (the tobacco office for the NENC) which has influenced one of the biggest regional drops in smoking prevalence
- Investment in waiting well programme to support those patients on waiting lists to ensure we are supporting them during this time
- Joint work to tackle the existing health literacy issues across the region
- An investment of £2m in alcohol care teams
- Working with our partners, we are determined to address broader issues which affect people's health, such as poverty, housing and employment, as well as rural disparity
- Our housing, health and care programme is working to deliver more integrated housing, care and support so people can be healthy and independent in their own home
- Working with organisations such as Children North East, we have been looking at how to 'poverty proof' services so people living in poverty aren't further disadvantaged when accessing healthcare

Having regard to wider effect of decisions

Having regard to climate change issues

Our response:

Our decision making processes and governance infrastructure are designed to ensure we fulfil our statutory duties.

We take our system convening role seriously and as part of this have worked with all system partners to support the change required within local organisations. This includes working with foundation trust partners to ensure their local constitutions are changed to reflect the duty.

To support this further we have created a number of system and ICB operational groups to ensure collective decision making.

Examples of this include:

- System Leadership Group – with partners across the NHS, local authorities and other partners
- NHS Chief Executive Officer Group – with the ICB and all foundation trust chief executive officers
- Medium Term Financial Plan Group – focused on developing plans to tackle the financial position
- Communications and Marketing Group – delivering region wide priority campaigning
- Provider collaboratives
- Chief Operating Officer Group
- Chief Nurse Group
- Workforce Group
- Clinical Conditions Group

Our response:

The ICB, working with the region's NHS and other partners, launched a 'Green Plan' in July 2022 outlining how we will reduce our carbon footprint to benefit not only the environment but also the health and wellbeing of local people too.

The NHS contributes to 40% of the public sector carbon footprint in the UK and the ICB's three-year plan sets out how it will drive forward changes to address sustainability across every aspect of the NHS with eight priority areas including:

- Reducing the amount of medicines wasted
- Changing gases used in operating theatres
- Using more electric vehicles
- Using renewable energy
- Ensuring new buildings are eco-friendly
- Creating more greener spaces across healthcare sites
- Re-thinking supply chains, switching to more sustainable products and buying local where possible

As a health and care system, we have collaborated to develop and own this plan and set out a wider ambition to be the greenest English region by 2030.

The Green Plan and the broader sustainability agenda also feature in the emerging NENC Integrated Care System (ICS) Infrastructure Strategy as a significant area of focus, promoting the need for 'sustainability by design' not as an afterthought in everything we do.

We are exploring areas of synergy and opportunity in our role as 'Anchor Institutions', in addition to strengthening our system leadership, governance and delivery approach, working within and across our ICS, and also sharing best practice with other ICS systems and national partners.