

Item: 8

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

BOARD

30 JULY 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:

- Financial position
- System reform
- Quality Strategy
- Breast cancer
- Population health outcomes
- Measles vaccines
- Women's Health Innovation Conference
- Pharmacy Conference
- System Leadership Group

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

ICB – Integrated Care Board
ICS – Integrated Care System

LMNS - Local Maternity and Neonatal System NENC - North East and North Cumbria NECS - North East Commissioning Services NHSE - National Health Service England MMR – Measles, Mumps and Rubella PPHS - Perinatal Pelvic Health Service SoS - Secretary of State UKHSA – UK Health Security Agent						
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

Since our last Board meeting there has been a national election and we have a new Government and Secretary of State for Health and Social Care. I look forward to welcoming the Secretary of State (SoS) to the North East and North Cumbria (NENC) and sharing the work we are doing as well as discussing our thoughts for the future which will include how we have much to be proud of recognising however the much needed case for improvement given the stark health inequalities and child poverty levels across our population.

Since taking office, the SoS has commissioned a review of NHS performance led by Professor Lord Darzi, which we understand will report in September. We can expect this to lay bare the areas where significant improvement are still needed with regard to access, outcomes and quality. There is also a commitment to develop a new 10-year plan for the NHS and, whilst in the short term, I expect renewed focus on performance, financial management and sustainability, I expect this new plan will set a new vision for health and care.

Overall, I believe there are four key shifts we need to make over the next 5-10 years in the NHS:

1. From treatment to prevention and early intervention

With the population ageing and the burden of disease growing, in particular the risk in multi-morbidities, we need to achieve better value by shifting resources to focus on targeted prevention and early intervention.

2. From all care provided in hospitals to care and support at home and in the community

Achieve best value by shifting more of our collective resources towards services closer to home, keeping people healthier and providing best value for the tax payer. On average a clinical intervention costs four times as much as a public health intervention, to add an extra year of healthy life, while 40% of the burden on the NHS may be preventable by tackling the causes of avoidance chronic conditions. Our work on targeted lung health checks is a good example of this in action.

3. From an analogue to digital

We can no longer continue to deliver an NHS that does not utilise the best digital technologies to improve patient experience, increase productivity and efficiency. This will require significant investment, developing a new workforce and strategic partnerships to draw on the best expertise and skills. Our digital and data strategy sets our ambition and I believe we have the capability to be a trailblazer site for digital for the NHS in England.

4. The NHS as a driver of economic growth

Health is also a crucial driver of growth, with the NHS one of the most significant 'anchors' in every economy. Long term sickness undermines the labour market and has significant fiscal and economic costs, as well as impacts on quality of life and wellbeing. Driving social and economic development is one of the four core purposes of the ICB and our NHS organisations are major employers, procurers and land owners. Our focus on this will increase the opportunities we have to work together with our Combined Authorities, Local Authorities and community and voluntary sector partners. Our joint bid for WorkWell is one example of the type of collaboration across partners that can help people who are not in work become economically active. We know the significant value having a meaningful job can have and we can also use our own roles as large local employers to create pathways to employment.

3. **ICB Development**

3.1 North East Commissioning Support Unit In-Housing

The ICB has submitted a business case to NHSE to bring in house a significant number of services provided by the North East Commissioning Support Unit (NECS). The outcome is expected to be communicated in early August and, if successful, a number of staff will transfer from NECS into the ICB later this year.

4. **North East and North Cumbria**

4.1 Financial Position

The final 2024/25 financial plan agreed with NHSE included an overall deficit for the ICS of £49.9m. This was predicated on delivery of significant efficiencies across the system, totalling £520m (almost 7%).

As noted within the finance report, a small year to date overspend against plan was reported at month 2 which is based on relatively limited information and the position is expected to be recovered in line with plan over the remainder of the year.

Work continues through the System Recovery Board to progress delivery of the priority workstreams identified within the medium term financial plan, focusing on increasing efficiencies, right sizing our workforce and increasing productivity.

To support delivery of the financial position, an independent review of financial grip and control measures across all organisations within the ICS will be undertaken during Q2. The review is intended to both provide assurance around controls in place as well as identifying areas for potential improvement and agreeing resulting actions for individual organisations and across the system. This action was agreed at a session of Chairs and Chief Executives convened by the ICB.

4.2 Quality Strategy

The Quality Strategy continues to progress well and engagement across the health and care system has been well received. The Quality Strategy is due to be approved by the Board in September.

4.3 Breast Cancer

The treatment variation data from model hospital highlighted variation in practice across NENC service providers with regards to resection within 12 months of surgery for breast cancer. The Northern Cancer Alliance agreed to work with County Durham and Darlington NHS Foundation Trust to understand this variation. A surgical peer review has been conducted and the findings shared. We are working with the Trust to ensure immediate improvements are made and action is taken to address the wider findings detailed within the peer review. Clinical Leads from across the region have been involved in developing and agreeing improvement plans. I will continue to keep the Board apprised of the work as it progresses.

4.4 Measles Vaccines

In June, the Board received an update on the national and local vaccination MMR Catchup Campaign, which aims to increase MMR vaccine coverage for immunity against measles.

Outbreaks and cases of measles have continued to occur in England. The UKHSA reported¹ the majority of cases to be in London and West Midlands (69% of 2154 October to 8th July) with 3.7% in the North East. Across England 63% were in children aged ≤ 10 years. The incidence decreased during June, but the vaccination activity to increase MMR coverage and immunity continues. The Outbreak Control Team for measles in Middlesbrough, has now been closed following the required period with no new cases.

Overall NENC has very good coverage with MMR vaccinations, however, there are small parts of the population which have low MMR coverage and so vulnerable to outbreaks of measles.

The national MMR Catchup Campaign from November included GP direct call and follow-up for children 1-5 years and national direct parental contact for 6-11 years.

NENC have supplemented the national campaign, led by the NHSE Public Health Programmes Team working closely with the ICB and Local Authorities. NHSE Public Health Programmes team provided additional funding to school age immunisation services and Child Health Information Services for direct and tailored offers. Local authority public health teams supported with community engagement and promotion.

The most recent, unpublished, experimental data available to us shows that, in February, 5.4% of the 2-11 years population in NENC had no MMR and this had reduced to 4.9% by the end of April. This decrease has been observed in each area across NENC.

We expect to see further decreases as more data is received and the activity of the campaign continues. While this is a positive overall picture, there remain pockets of the population where the coverage remains too low and so susceptible to cases and outbreaks. Therefore, the efforts across the system are ongoing and need to continue to close the coverage gap in small parts of the population.

4.5 System Leadership Group and Devolution

The North East and North Cumbria System Leadership Group meeting was held on 08 July 2024 and chaired by the co-chair Mike Greene, Chief Executive Officer of Stockton-on-Tees Borough Council, and myself with the attendance of partner members.

¹[National Measles Standard Incident – measles epidemiology \(from October 2023\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/national-measles-standard-incident-measles-epidemiology-from-october-2023)

The members discussed Post Election Stocktake – Policy and Influence with an agreement for a Local Government Association of Public Affairs to present at a future meeting.

The group discussed the newly established People System Governance draft terms of reference for both the People Partnership Forum and People Strategy Group for review and consideration by the members.

The focus of the next meeting, scheduled to be held on 18 September 2024, will be discussions around Place Based Working, reviewing how some of the models are progressing, what needs to be considered at a system level and avoiding duplication and sharing good practice.

As part of the devolution deal the North of Tyne Combined Authority will invest in a radical prevention fund which will have a focus on wider public service reform. Further to discussions held earlier in 2024 with public sectors leaders, a commitment was reached to work together on plans being developed.

We are also discussing plans with the Tees Valley Combined Authority regarding the broader ambitions to transform the health and well-being of the population and have recently met with Lord Houchen to drive this important agenda forward.

I also attended a system partnership meeting in Cumbria this month and at this meeting the two Local Authorities advised the Government has written to them to provide the opportunity for them to submit plans for devolution arrangements. We will work closely and support our partners with the decision their Authorities take and ensure health contributes to any new proposals and arrangements.

4.6 Women's Health Innovation Conference

On 11 July 2024, we held our second Women's Health and Innovation Conference, where over 270 people attended to further commit to be a driving force for better women's health and receive updates on progress.

We were joined in Gateshead by two national leaders, Professor Dame Lesley Regan, Women's Health Ambassador for England and Dr Sue Mann, the first National Clinical Director in Women's Health at NHSE. Both provided insight into some of the lessons learnt so far in women's health and support for the work we are undertaking.

There were some great panel discussions about the work of our women's health hubs, the importance of research in women's health, and the role of innovation for improved women's health outcomes and economic growth without widening inequalities. Some of the region's innovators, through the work of Health Innovation NENC, were also showcased. On the day we launched a FemTech Accelerator fund and explored the links between women's health and economic growth across the region.

A new strategic needs assessment was shared on the day in collaboration with the Office for Health Improvement and Disparities. This provides essential data on women's health issues and highlights areas for further action to be taken. The activity work from the session will also be used as part of the development of the regional women's health implementation plan which will be launched in the autumn.

The Big Conversation was also launched which is a major survey gathering views from across NENC with support from the region's Healthwatch organisations. This will focus on areas like menstrual health and gynaecological conditions, menopause and cancer, as well as fertility, pregnancy loss and postnatal support.

4.7 Great North Pharmacy Research Collaborative Conference

On 12 July 2024, the annual Great North Pharmacy Research Collaborative Conference was attended by over 250 pharmacy professionals from a variety of roles and sectors.

Delegates heard from a line-up of expert speakers during the day. Chaired by Julia Blagburn, Consultant Pharmacist for Integration, Newcastle upon Tyne Hospitals NHS Foundation Trust and Anne Black, Regional QA Specialist Pharmacist, NENC Specialist Pharmacy Service, the focus of this year's conference centred around Women's Health.

The conference provided a platform for the pharmacy community to share ideas and learning, and to recognise and celebrate the work of Foundation Pharmacists from across the region. 108 posters were exhibited at the event highlighting the scale of pharmacy research that is taking place across the region.

The event was closed with a short awards presentation across three categories, which were judged on the day.

5. Recommendations

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

Name of Author: Samantha Allen

Name of Sponsoring Director: Professor Sir Liam Donaldson

Date: 22 July 2024

Appendix 1

Between 04 June 2024 – 17 July 2024 the NENC Executive Team have undertaken the following visits:

NENC Organisations	Number Of Visits
NHS Foundation Trust / Providers	34
Local Authority	23
Place (including community and voluntary sector)	22
Community and primary care (including general practice)	15