

**North East and North Cumbria Integrated Care Board
Minutes of the meeting held on 29 November 2022 at 09.30am,
City Hall, Sunderland City Council**

Present: Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
Nicola Bailey, Interim Executive Director of Place Based Delivery
(North and North Cumbria)
Ken Bremner, Foundation Trust Partner Member
David Chandler, Interim Executive Director of Finance
Professor Graham Evans, Executive Chief Digital and Information
Officer
David Gallagher, Executive Director of Place Based Delivery
(Central and South)
Tom Hall, Local Authority Partner Member
Professor Eileen Kaner, Independent Non-Executive Member
David Stout, Independent Non-Executive Member
Jacqueline Myers, Executive Director of Strategy and System
Oversight
Rajesh Nadkarni, Foundation Trust Partner Member
Dr Neil O'Brien, Executive Medical Director
Cath McEvoy-Carr, Local Authority Partner Member
Claire Riley, Executive Director of Corporate Governance,
Communications and Involvement
John Rush, Independent Non-Executive Member
Dr Hannah Bows, Independent Non-Executive Member
Dr Mike Smith, Primary Medical Services Partner Member
Ann Workman, Local Authority Partner Member
Aejaz Zahid, Executive Director of Innovation

In Attendance: Jane Hartley, Voluntary Organisations' Network North East
(VONNE)
David Thompson, North East and North Cumbria Healthwatch
Network Representative
Deborah Cornell, Director of Corporate Governance and
Involvement
Toni Taylor, Governance Officer (minutes)
Jan Thwaites, Executive Assistant (minutes support)

B/2022/43 Welcome and Introductions

The Chair welcomed members to the third meeting of North East and North Cumbria Integrated Care Board (the ICB).

The following individuals were in attendance under public access rules:

- Cllr Shane Moore, Leader, Hartlepool Borough Council
- Alistair Walker, Graduate Management Trainee
- Adam Brown, Head of NHS Business Development, GPDQ
- Katy Mitchell, NHS Supply Chain
- Joleen Grainger, NHS Supply Chain
- Jay Hare and colleagues, Twisting Ducks

B/2022/44 Apologies for Absence

Apologies were received from Annie Laverty, Executive Chief People Officer and Dr Saira Malik, Primary Medical Services Partner Member.

B/2022/45 Declarations of Interest

It was noted that members had submitted their declarations prior to the meeting.

Jane Hartley, VONNE representative, raised a declaration of interest with regards to agenda item 9.7 (allocation of finance). VONNE is currently leading on the healthy communities in social prescribing.

B/2022/46 Minutes of the previous meeting held on 27 September 2022

These were agreed as a true record.

B/2022/47 Matters arising from the minutes

There were no matters arising.

B/2022/48 Notification of items of any other business

There were no additional items of business raised.

B/2022/49 Learning Disabilities and Autism: Building the Right Support

The report provided an overview of the challenges and opportunities for the North Cumbria and North East Integrated Care System (ICS) to deliver the Council's transforming care for autistic people, people with learning disabilities and people with both in partnership.

There were a number of television programmes that highlighted people with autism and a focus, particularly from the Care Quality Commission, on how individuals were treated within care settings and the community.

The Board noted that the numbers of children identified as having special educational needs and disabilities was increasing across North East and North Cumbria (NENC), however the support services available to support and assist parents in the care of those children had not particularly increased.

The report highlighted the challenges faced by the service and referenced engagement with patients, families and carers. It was noted several responses to the report had been received from Healthwatch colleagues across NENC and these included:

- Difficulty in accessing information in some healthcare services and the accessible information standard being maintained
- Improving the working and communication between the learning disability and mental health teams
- Extended use of personal budgets to make more person friendly
- Hospital discharge and the issues that had been raised
- Improved training and education for families.

It was acknowledged that the ICB had committed to look at discharge pathways and getting patients back home to their communities whilst providing support to individuals to help maintain independence. It was suggested that regular updates were provided to the Board to demonstrate progress being made.

It was noted the report did not include workforce implications and it was important to recognise the highly skilled specialist workforce. The wider system workforce also needed to be flexible to adapt to the multiple requirements of the community, including more disadvantaged communities, by upskilling the workforce on issues such as learning disabilities and autism.

It was explained that waiting times for a diagnosis were currently unacceptable and measures would be looked at to ensure improvements were being made.

Work was being piloted across North East and North Cumbria to look at nursing associates working as part of social care to learning disabilities and autism.

It was noted the Lawnmowers Independent Theatre Company in Gateshead provided training through theatre to the wider workforce particularly to GPs, practice nurses, and academic trainees. The Company was run by and for people with learning difficulties and details would be shared following the meeting to enable the ICB to explore a more creative commissioning environment.

ACTION:

The Board to receive quarterly updates on the transforming care key performance indicators and progress on delivery of the ambitions of building the right support.

Contact details of the Lawnmowers Independent Theatre Company to be shared with the Executive Director of Place (North and North Cumbria) following the meeting.

RESOLVED:

The Board **RECEIVED** the report and supported the recommendations outlined in the paper.

B/2022/50 The Twisting Ducks Video

The Executive Chief Nurse introduced colleagues from the Twisting Ducks Theatre Company.

The Twisting Ducks Theatre Company had produced a series of films since 2007 to raise awareness and improve the lives of people with learning disabilities and autism. The Company had made health information accessible in several ways including easy to read and film-based resources and offer training to health and social care professionals.

The Board watched a short film called '24 years' worth living', produced to support a recent learning disabilities mortality review event. The video showed that, despite all the years of completing reviews, there was still 24 years difference in life expectancy for people with learning disabilities and autism.

The Board thanked colleagues from 'The Twisting Ducks Theatre Company' for joining the meeting and for providing a deep insight into the challenges faced.

B/2022/51 Chief Executive's Report

The report provided an overview of recent activity carried out by the Chief Executive and Executive Directors, as well as some key national policy updates.

Tees Esk and Wear Valley NHS Foundation Trust

Heartfelt condolences were conveyed to the families following the deaths of three individuals whilst in the care of Tees Esk and Wear Valley NHS Foundation Trust (TEWV). The ICB was committed to supporting TEWV to improve services and ensure care pathways for people who have mental health needs were met.

East Kent Report

A report had recently been published following an investigation led by Dr Bill Kirkup, CBE on maternity and neonatal services in East

Kent. The report highlighted issues reported in the media, specifically 'Dispatches' and 'Panorama', around the culture of maternity and neonatal services. Dr Kirkup had been invited to attend the January 2023 meeting to explore the learning for maternity services and highlight the opportunity to make connections around culture, openness and transparency and working with families.

North East and North Cumbria Learning and Improvement Network

The recent learning and improvement system event had looked at seven areas of priority. Work was underway on the first priority area 'waiting times and crisis support for child and adolescent mental health services' between the two mental health providers in the NENC. The next learning and improvement system event was scheduled for mid-December. It was suggested parent and carer forums in the region be included to help support the children and young people's summit.

Covid and Flu Vaccine Campaign

The Covid and flu vaccinations programmes were continuing. In particular, health and social workers were being encouraged to take up their vaccinations as well as eligible members of the public yet to be vaccinated. The overall rate of uptake for the flu vaccinations in schools visited to date was 57% which was benchmarked above the national average.

Flu admissions were currently higher than expected compared with previous seasons and expected to increase further. There were still significant numbers of people in hospital with Covid and were being monitored daily. A surge in flu cases, which on the backdrop of Covid, could put significant pressure on health services. The first outbreaks of flu in care homes had been reported and it was noted flu cases were rising in the community. Planning continued in relation to the increase of vaccination rates.

The ICB would be participating participate in an emergency planning exercise looking at a scenario of industrial action and elevated admission levels to identify learning and build this into plans.

RESOLVED:

The Board **RECEIVED** the report for information and assurance.

B/2022/52

Integrated Delivery Report

The report provided an overview from of quality, performance and finance. The report had been structured around 2022/23 planning priorities and linked to the NHS Oversight Framework. Key points were highlighted as follows:

Quality

- Following a recent Care Quality Commission (CQC) inspection, published September 2022, North Tees and Hartlepool NHS Foundation Trust were given an overall rating of 'requires improvement', compared to a previous rating of 'good'. The Trust was now on the national maternity improvement programme. Ockenden and East Kent learning reports were being combined into an improvement plan due to be published February 2023 with a planning meeting scheduled for March to look at this and take the work forward.
- The CQC recently inspected the learning disability and autism wards of Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust (CNTW) and Tees, Esk and Wear Valleys NHS Foundation Trusts (TEWV). In both trusts the ratings for these wards had deteriorated to 'requires improvement' for CNTW and 'inadequate' for TEWV. This did not impact their overall trust ratings.
- South Tyneside and Sunderland NHS Foundation Trust Maternity Services had been removed from the enhanced surveillance process and quality assurance would resume through the place-based quality review group meetings.
- There had been 14 never events to date which included invasive procedures. A review was underway to look at local and national safety standards and also compliance of checklists to identify learning across the organisation.

Performance

- South Tees NHS Foundation Trust had moved out of Tier 2 escalation for cancer due to improved performance. Learning had been shared with other foundation trusts across the patch
- North Tees and Hartlepool NHS Foundation Trust had moved into Tier 2 escalation for cancer waiting times
- Notable progress had been made by North Cumbria Integrated Care NHS Foundation Trust in reducing the cancer 62-day backlog
- Newcastle Hospitals NHS Foundation Trust remained in Tier 2.

Key Performance measures:

The following standards had shown a significant deterioration this month:

- The North East Ambulance Service NHS Foundation Trust (NEAS) category two response times had deteriorated from 40:45 to 57:34 (although compared favourably to the national at 1:01:19)
- The average hours lost per day had deteriorated significantly across the NENC, 106 compared to a target of 61.4

- 12-hour accident and emergency (A&E) breaches: Patients waiting in A&E more than 12 hours following decision to treat had increased significantly from 909 in September 2022 in NENC, to 1106 in October 2022.

The Board noted that the key areas of focus were supporting timely ambulance response times and reducing handover delays.

Primary Care

There was a significant increase in the number of general practitioner (GP) appointments being delivered compared to pre-pandemic levels. Approximately 5% of these appointments were not being attended, which was currently below the national rate. Face to face appointments were currently being offered which exceeded the level nationally.

Elective Care

The longest wait patients had experienced was two years from referral to treatment with a key pressure being the spinal service at Newcastle Hospitals NHS Foundation Trust. The Trust continued to manage patients and seek additional capacity through mutual aid to reduce backlogs. There were currently 3,344 patients in the region waiting for elective treatment and work was ongoing to review elective services for productivity and new ways of working.

Two rapid improvement events had taken place since September. The events focussed on managing the safety of individuals waiting for an ambulance, enhanced clinical triage for appropriate prioritisation and ambulance handover delays. Issues such as flow through hospitals, processes within emergency departments, and processes around community response to discharge were highlighted. A proposal was being developed to recommend a 'redline' in the system at 59 minutes on handover delays to ensure no handover exceeds one hour. It was felt the greatest risk was to unseen patients at home, waiting a long time for an ambulance.

A review had taken place of all acute providers against the 10 high impact interventions for affected discharge. Work was underway with Association of Directors of Adult Social Services colleagues to look at how the £500m discharge funding would be utilised at place level. It was noted that discussion was required with local health and wellbeing boards to agree the areas for funding. An indepth review into the work of the discharge funding would be received at the next Board meeting in public in January 2023.

Primary care had felt the pressure of ambulance and emergency care delays. Patients often visited primary care where they feared a long wait in A&E departments. If the GP decision was hospital treatment was required, a long wait for an ambulance

consequently required significant primary care resource. This demonstrated the high level of demand and system issues.

Reference was made to the Urgent and Emergency Care Network Board and the significant level of engagement and commitment from provider chief executives, medical director teams, nursing director teams and A&E Delivery Boards to focus on short term interventions to ensure patient safety whilst being mindful of a longer-term plan.

A significant issue within the care sector was patients being discharged from hospital requiring additional support. More patients were needing 2:1 care and support, specifically older people with multiple long-term conditions. Joint working, ownership and shared responsibility within the care sector was very strong.

The Board noted the significant pressures within mental health providers with 100% occupancy rates and long waiting lists for those requiring detainment under the Mental Health Act.

Work was ongoing with the regions 11 independent hospice providers, virtual wards and the home first approach, most of which were solutions that relied upon place-based resources. Working in partnership at place to address systemic issues was key whilst balancing urgent actions to address winter and long-term actions. There was a commitment to move beyond the metrics mandated nationally and identify measures that were important.

A system control centre had been established which would go live shortly. It was noted that there were no mental health measures currently defined nationally but a commitment had been made locally to develop a dashboard around mental health emergency pressures. Assurance was given assurance that the control centre was focus on the whole system and not just acute settings.

Healthwatch continued to receive feedback in relation to primary care and delayed access to timely appointments.

A query was raised in relation to social care issues and whether these would be concentrated on at place. It was suggested that more detail on workforce and delayed discharge data would be useful. It was clarified that the ICB's statutory responsibility was not to regulate or oversee social care but to look at some of the key indicators system wide. It was agreed this would be fed back to the next directors of adult social care meeting and an update received by the Board in due course.

ACTION:

An indepth review into the work of the discharge funding to be presented at the next Board meeting in January 2023.

RESOLVED:

The Board **RECEIVED** the comprehensive report for information and assurance.

B/2022/53 Finance Report

The report provided an update on the financial performance of the ICB and ICS for the period to 30 September 2022.

Some key points were noted as follows:

- The ICB had a duty to live within its allocated resources of £6.5b. The ICB was reporting a forecast surplus against plan of £5.6m, an increase of £3m
- The ICB was reporting pressure on independent acute activity and on packages of care. These were currently being offset through underspends on prescribing budgets and use of programme reserves
- Since the previous report, one foundation trust provider had reported a deterioration in forecast outturn of £5.6m (from surplus to break-even). This had been offset by a combination of additional surplus in the ICB as reported above. Another local foundation trust provider had improved its forecast outturn position by £2.6m.
- In respect of the national pay award, an allocation of £86.6m had been received for NHS organisations within the ICS to fund the additional costs of the Agenda for Change pay award, based on a national average pay impact of 1.66%. Each provider trust had calculated the impact for their organisation and identified a potential net shortfall in funding to support the full pay award of up to £20m. This represented a risk in the delivery of a balanced financial position for the ICS
- In relation to capital, there was an expectation that the ICB did not overspend the capital resource limit. However, there was a planned overspend at the beginning of the year and the latest forecast was that the ICB would break-even by year end.
- In terms of running costs, a forecast underspend of £1m was expected largely due to the impact of vacancies in the current year.

Attention was drawn to some high-level indications following the Autumn statement:

- An additional £3.3 billion pound expected
- An additional £2.8 billion for social care, £4.7 billion the following after
- An expected 3% cost reduction target for NHS England on top of any unachieved cost reduction plans from this financial year. It was expected that 2023/24 would be a challenging year in terms of NHS budgets.

A new NHS England underspend protocol had been published and would be reviewed in detail at the Finance, Performance and Investment Committee.

RESOLVED:

The Board **RECEIVED** the report for assurance and **NOTED** there were potential financial risks across the ICS still to be mitigated.

B/2022/54

ICB Oversight framework

The framework was presented to the Board for information and assurance purposes.

The framework had been approved by the Executive Committee in November 2022. Responsibility for maintaining effective oversight arrangements would sit with the Committee.

Work was underway to launch the framework and ensure it operated effectively. The framework would primarily deliver assurance but also act as a tool ensure objectives were being delivered and ensure learning opportunities were taken from across the system.

It was expected that the NHS England arrangements would continue to evolve and further responsibilities may devolve to the ICB in 2023/24.

It was recognised that there was opportunity to simplify the system. A mapping exercise was underway of all interactions in the system to have a single source of issues and incidents. The aim was for an integrated approach to governance.

The Board wished to record thanks to the provider collaborative for their engagement in become a learning and improvement system. It was recognised that transparency and openness was key as well as adapting behaviours.

RESOLVED:

The Board **NOTED** the oversight arrangements set out within the report.

The report highlighted progress made against the key ICB priorities, supporting winter planning and enhanced operational resilience.

Further winter guidance had been published by NHS England and a comprehensive review of this had reported the ICB to be in a positive position.

The ICB priority areas for winter in response to the guidance were:

1. Increased clinical triage and use of non-emergency department pathways
2. Increased access to urgent primary care
3. Improved discharge and patient flow.

Progress was noted in the following key areas:

- Increased provision for high intensity users – opportunities for services to be reshaped
- Community in practice – opportunities to learn from each other from pilots and new ways of working
- Maximising recruitment for new staff in primary care – recruitment and deployment of staff to best use capacity to support the urgent care need.

NHS England had identified the following six specific metrics for the provision of safe and effective urgent and emergency care that would be used to monitor performance in each system through the winter board assurance framework:

- 111 call abandonment
- Mean 999 call answering times
- Category 2 ambulance response times
- Average hours lost to ambulance handover delays per day
- Adult general and acute type 1 bed occupancy
- Percentage of beds occupied by patients who no longer meet the criteria to reside but require further support

From a local perspective, three metrics had also been identified:

- 111 and 999 calls clinical triage rates
- 111 and 999 call disposals by pathway
- Vaccination rates

The report highlighted the impact of an intervention that went live on 1 November to support the priority of increased clinical triage. The core clinical triage service, within the North East Ambulance NHS Foundation Trust, was reserved for the more complex cases through 999 route. Early indications showed this to be working effectively.

The report highlighted a steady increase in the number of patients accessing the 2-hour urgent emergency response.

All 13 local authorities in the ICS provided a 24-hour urgent response to patients who did not require clinical assessment at hospital and were better managed in the community. The most common 999 call for this type of response were patient falls and work was underway to look at how standards could best be met.

It was noted there had been some rapid improvement work done by Northumbria Specialist Emergency Care Hospital (NSECH) and North East Ambulance Service (NEAS) to navigate patients appropriately and avoid unnecessary conveyances to the emergency department and with the community matrons in Tees Valley to review patients waiting for ambulances to identify those who could be treated in the community more appropriately.

The recently published winter guidance set out the requirement for a strategic system coordination centre to support the system in responding to surges in demand and challenges. The centre would operate physically and virtually between 8am – 8pm, 7 days a week and would survey a wide range of metrics including waits for ambulances, ambulance handover times and peaks in delayed discharges causing flow problems. Detailed work with providers was underway with regards to system response plans. The Board thanked partners for assistance regarding the mobilisation of the centre.

The impact of these interventions (funded non-recurrently) was to be measured to make a considered judgement whether to roll these out more widely.

The role of pharmacies in the initiative was raised, noting that the data intelligence they captured was not always utilised. Responsibility for the commissioning of pharmacies would be delegated to ICBs in April 2023 which will provide opportunity to work with them more closely.

Healthwatch drew attention to communications regarding vaccinations which had caused some confusion initially, specifically children with health issues were not always being directed to most appropriate place for their vaccinations. This had now been addressed.

Workforce resilience hubs established during Covid remained critical as the NHS continued to recover from the pandemic. It was noted that national funding for the hubs was being withdrawn from 1 April 2023. Discussions had taken place as a system and a business case would be put forward in relation to need, learning and maintenance of support for the hubs.

A query was raised in relation to the difference between an emergency control room and a strategic coordination centre. It was clarified that emergency rooms could be stood up at any time

to respond to an emergency. Strategic coordination centres had been mandated nationally as previously mentioned and set up specifically to managing risk over the challenging winter period operationally.

RESOLVED:

The Board **RECEIVED** the report for assurance and **NOTED** the risks associated with delivery.

B/2022/56

NHS England Commissioning Delegations – Primary Care and Specialised Commissioning

The report presented provided an update on the status of the proposed delegation from NHS England to ICBs in respect of community pharmacy, optometry and dental (POD) services and the ICB's approach, progress and next steps.

The ICB already had delegated authority from NHS England for primary medical services since its establishment and would assume responsibility POD services, subject to completion of the due diligence process. The Board noted there would be an opportunity to re-integrate services at a local level.

Completion of the pre-delegation assessment framework had highlighted some risks which were being managed. The safe delegation checklist was to be completed, looking at due diligence, highlighting risks and how these would be mitigated moving forward. A further paper would be brought to the Board in March prior to the proposed delegation on 1 April 2023.

In relation to specialised commissioning, the Executive Committee had supported the recommendation to establish a joint commissioning arrangement with NHS England from April 2023 and full delegation from April 2024. This would enable the ICB to better understand the specialised commissioning responsibilities and implications and carry out the required due diligence.

NHS England had proposed a joint committee be established for specialised commissioning to enable the ICB to be involved in key decisions during the shadow period 2023/24. Discussions were underway regarding the responsibilities of the committee however accountability would remain with NHS England until full delegation on 1 April 2024.

There were currently 65 services expected to be suitable for delegation. Further work was to be conducted over the coming months with a final list to be confirmed later in the year. The services totalled £501m specialist commissioning spend.

The proposed delegation of specialised commissioning responsibilities to the ICB had identified the following risks:

- Financial risk – there was the intention to change the allocation approach to be needs based. This would need to be clarification during transition period and due diligence work
- The inheritance of responsibility - momentum needed to be maintained as addressing issues of sustainability and new ways of working.

There were examples of specialities across services which provided an opportunity of a holistic review of these services to ensure the best arrangement for the NENC population.

Healthwatch noted in terms of issues raised by the public, dentistry was by far the most significant. Across the NENC areas, there were some areas in the region where access to dental services deserts was having a serious impact on the population, particularly those who are already disadvantaged.

ACTION:

A further update to brought to the Board in March on the delegation of POD services prior to the proposed delegation on 1 April 2023 and on progress for the proposed delegation of specialised services to the ICB.

RESOLVED:

The Board **NOTED** the update in relation to the proposed delegation of both POD and specialised service commissioning and **APPROVED** the Executive Committee recommendation to form a joint committee with NHS England from April 2023.

The Board **DELEGATED** responsibility for approval of the pre-delegation assessment framework submission to the Executive Director of System Oversight.

B/2022/57

Establishing the Integrated Care Partnership

An updated was provided on the formation of the Strategic Integrated Care Partnership (ICP) and four Area ICPs, and to seek views on their terms of reference and membership.

The strategic ICP had met for the first time in September, with the next meeting scheduled for December. The aim was to improve health outcomes for people across NENC with a focus on developing an integrated care strategy, a draft of which was currently out for comments and feedback.

Members of the Board gave their views on the terms of reference and membership for the Strategic ICP and Area ICPs.

RESOLVED:

The Board **RECEIVED** the update for information.

B/2022/58 **Constitution of the NHS North East and North Cumbria Integrated Care Board – technical amendments**

An updated Constitution for the ICB was presented which set out some proposed technical amendments requested by NHS England.

RESOLVED:

The Board **APPROVED** the proposed amendments and **RECOMMENDED** submission of the revised Constitution to NHS England for formal approval.

B/2022/59 **Highlight Report from the Executive Committee 13 September and 11 October**

An overview of the discussions and decisions at the Executive Committee meetings held on 13 September and 11 October was provided.

A risk had been identified and added to the risk register in relation to cyber security following a national cyber event which had impacted on some urgent and emergency care services.

A chair's action was highlighted in relation to an urgent decision needed for the GP IT futures procurement of clinical information systems.

RESOLVED:

The Board **RECEIVED** the highlight report and minutes for assurance and formally **NOTED** the chair's action.

B/2022/60 **Highlight Report from the Quality and Safety Committee meeting held on 20 October 2022**

An overview of the discussions at the first meeting of the Committee held on 20 October 2022 was presented.

The Committee reviewed its terms of reference including the membership, cycle of business and risks.

The Committee also received and reviewed a report concerning the risks aligned to the quality and safety portfolio. Additional risks were suggested along with updates to existing risks including workforce, children and adult mental health services and prescribing.

RESOLVED:

The Board **RECEIVED** the highlight report and minutes for assurance.

B/2022/61 **Highlight Report from the Finance, Performance and Investment Committee and minutes of 1 September and 6 October 2022**

An overview of the discussions and decisions at the Finance, Performance and Investment Committee meetings held on 1 September and 6 October was presented.

The Committee reviewed its terms of reference, with a final draft to be discussed at the next meeting on 1 December. The proposed amendments to the terms of reference would be presented at the Board meeting in January 2023 for approval.

The Committee would also be discussing historical clinical commissioning group services allocation and coding at its meeting in December.

RESOLVED:

The Board **RECEIVED** the highlight report and minutes for assurance.

B/2022/62 **Recommended Addendum to the Scheme of Reservation and Delegation in relation to Individual Funding Requests**

A review of the individual funding request process had been undertaken and it was highlighted that an addendum to the Scheme of Reservation and Delegation (SoRD) was required to ensure appropriate and timely decision-making could be maintained for patients.

The Board was requested to approved this retrospectively from 1 July 2022.

RESOLVED:

The Board **APPROVED** the retrospective addendum to the SoRD.

B/2022/63 **Towards a Healthier and Fairer North East and North Cumbria: Review of our Strategic Approach to Tackling Health Inequalities**

The report provided an update on the formation of a Healthier and Fairer Advisory Group (as a formal subcommittee of the Executive Committee) to provide assurance on the work undertaken by the ICB to progress health inequalities.

The initial meeting of the Group had discussed its terms of reference, in particular the membership and governance arrangements. Membership of the Group would include

representatives from director of public health networks and voluntary sector partners.

The subcommittee would focus on three broad headings; prevention, Core20plus5 (to include children) and NHS economic disparities. Core20plus5 was a national initiative looking at individuals who live in the 20% most deprived areas, along with five groups with specific health indicators.

The ICB had been allocated £13,604,000 recurrent funding to support targeted reductions in health inequalities for this financial year and the next two years. Going forward, the Group would play a key role in recommending to the Executive Committee how this funding was allocated, based on robust analysis and evaluation of what would have the biggest impact on public health and health inequalities.

The intention was to take an evidenced-based approach and how the ICS could best support the most vulnerable and marginalised individuals across NENC. There were currently six universities and 60 health and care organisations included in this work.

The Board noted it would receive further updates on the work of the Group as it reviewed existing work programmes and agreed its priorities for the year ahead.

RESOLVED:

The Board **APPROVED** the formation of the Healthier and Fairer Advisory Group as a formal subcommittee of the Executive Committee.

B/2022/64 Board Assurance Framework

The Board was presented with the first edition of the ICB's Board Assurance Framework (BAF) for 2022/23. The framework was to be used to provide assurance on the management of key risks to the delivery of the ICB's strategic aims and objectives.

RESOLVED:

The Board **RECEIVED** the Board Assurance Framework for assurance.

B/2022/65 Questions from the Public on Items on the Agenda

Item 9.7 - Towards a Health and Fairer North East and North Cumbria: Review of Our Strategic Approach to Tackling Health Inequalities.

A question was received from a member of the public as follows:

'I note that the membership of the proposed Healthier and Fairer Advisory Group does not seem to have a role for a Patient Representative. I would suggest it should and I would like to put my name forward for the post. I will be happy to give full details of my background at an appropriate time'.

In response, it was noted that work was currently underway with Healthwatch around patient representation and those with lived experience as detailed in the Involving People and Communities Strategy which had been approved by the Board at its first meeting in July. An update on delivery of the strategy was scheduled for the Board in the new year.

B/2022/66 Any other business

There were no other items of business.

The meeting closed at 12:43.

DRAFT