

North East and North Cumbria Integrated Care Board

**Minutes of the meeting held in public on 28 November 2023 at 10am,
The Durham Centre, Belmont**

Present: Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
Christopher Akers-Belcher, Healthwatch Representative
Dr Hannah Bows, Independent Non-Executive Member
Ken Bremner, Foundation Trust Partner Member
Levi Buckley, Executive Area Director (North and North Cumbria)
David Chandler, Executive Director of Finance
Professor Graham Evans, Executive Chief Digital, and Information Officer
David Gallagher, Executive Area Director (Tees Valley and Central)
Tom Hall, Local Authority Partner Member
Professor Eileen Kaner, Independent Non-Executive Member
Dr Saira Malik, Primary Medical Services Partner Member
Cath McEvoy-Carr, Local Authority Partner Member
Jacqueline Myers, Executive Chief of Strategy and Operations
Dr Rajesh Nadkarni, Foundation Trust Partner Member
Dr Neil O'Brien, Executive Medical Director
David Purdue, Executive Chief Nurse and People Officer
Claire Riley, Executive Director of Corporate Governance, Communications and Involvement
Jon Rush, Independent Non-Executive Member
Dr Mike Smith, Primary Medical Services Partner Member
David Stout, Independent Non-Executive Member
Lisa Taylor, Voluntary Community and Social Enterprise Representative

In Attendance: Deborah Cornell, Director of Corporate Governance and Board Secretary
Heather Corlett, Child Health and Wellbeing Network Programme Lead (item B/2023/96)
Sarah Dronsfield, Director of Quality (observing)
Pamela Phelps, Deputy Director of Transformation Primary Care
Toni Taylor, Governance Officer (minutes)

B/2023/78 Welcome and Introductions

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

The following individuals were in attendance under public access rules:

- Laura Bell, Member of the public
- Adam Brown, Member of the public
- Pankaj Chaddah, MedTech Consulting Ltd
- Robert Hope, NHS Business Services Authority
- Jude Letham, Resident
- Paul McGettigan, NHS Business Services Authority
- Jonathon Power, Avicenna Pharmacy
- Dawn Smiles, MedTech Consulting Ltd
- Carolyn Smith, Pfizer
- Professor Samantha Weston, Teesside University

B/2023/79 Apologies for Absence

Apologies were received from Annie Laverty, Executive Director of Improvement and Experience.

The Chair noted Annie Laverty will be leaving the ICB, thanked her and wished her good luck for the future.

B/2023/80 Quoracy

The Chair confirmed the meeting was quorate.

B/2023/81 Declarations of Interest

Members had submitted their declarations prior to the meeting which had been made available in the public domain.

The Chair noted the following conflicts under agenda item 10.4: Primary Care Access Recovery Plan;

- Dr Saira Malik – place based clinical lead and practicing GP
- Dr Neil O'Brien – GP partner and his practice is a member of Chester-Le-Street Primary Care Network
- Dr Mike Smith – GP partner and Primary Care Network Clinical Director

The Chair noted the declarations and confirmed members were able to take part in the discussion as no financial decisions were being made.

B/2023/82 Minutes of the previous meeting held on 26 September 2023

RESOLVED

The Board **AGREED** that the minutes of the meeting held on 26 September were a true and accurate record.

B/2023/83 Minutes of the Annual General Meeting held on 26 September 2023

RESOLVED

The Board **AGREED** that the minutes of the Annual General Meeting held on 26 September were a true and accurate record.

B/2023/84 Action log and matters arising from the minutes

There were no further updates to the action log.

B/2023/85 Neonatal Position

The Executive Chief Nurse and People Officer provided an update on the Neonatal Position.

As part of the Ockenden Review, peer reviews have been carried out on maternity and neonatal services across the eight providers. An event is scheduled in February 2024 where best practice and learning will be shared.

A peer review visit was undertaken at Newcastle Hospitals NHS Foundation Trust, who have been identified as an outlier in terms of the Mothers and Babies: Reducing Risks through Audit and Confidential Enquiries (MBRRACE) data for mortality. This data looks at level 3 neonatal units who provide surgery with only a small number of organisations undertaking congenital work, Newcastle being one of them.

Work is being undertaken with MBRRACE nationally to compare like for like, and a joint peer review is planned with Leeds and Sheffield.

Some issues were raised during the peer review visit that required immediate attention;

- One bay in the unit had no emergency call buzzer – mitigations were put in place;
- Governance process around the reporting of serious incidents – an independent review is being undertaken;
- Staffing – the level of competency of staff to be able to manage the situation. Work is being carried out with the Trust regarding their workforce plan.

Newcastle Hospitals currently have 38 cots in the unit and were due to open another four in October as a result of pathway changes, this has now been delayed until January.

RESOLVED:

The Board **RECEIVED** the updated Neonatal Position under matters arising.

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.

Maternity and Neonatal Programme Board

The ICB Chief Executive has been appointed Chair of the Maternity and Neonatal Programme Board, with the first one scheduled for January 2024. The role is focused on chairing the group responsible for the delivery of the Three-Year Delivery Plan for Maternity and Neonatal Services. This work will ensure vital improvements are made so care is safer, more personalised and equitable.

Financial Position

NHS England (NHSE) wrote to all ICB and Trust Chief Executives on 8 November 2023, setting out the funding and associated actions the NHS has been collectively asked to take to manage the financial and performance pressures created by industrial action following discussions with Government.

Consequently, for the remainder of the financial year our objectives are to protect patient safety and prioritise urgent and emergency performance, while supporting high priority elective and cancer care and achieving overall financial balance across the NHS.

Funding of £46m has been allocated to the North East and North Cumbria and we have been working with our partners to ensure this funding support, along with other associated financial flexibilities, is used to ensure that as a system we achieve the aims set. NHSE have formally requested that our ICB Board sign off the plans by 22 November 2023. This was a demanding timescale, but I can confirm this was formally signed off on 21 November 2023.

Running Cost Reduction

The ICB continues to work on plans to achieve the national requirement to reduce running costs by 30%.

In November the ICB launched staff consultation on a new structure and way of working, this consultation will conclude on 15 December 2023.

In addition, recognising the significant service level agreement in place with the North East Commissioning Support Unit (NECS), it is inevitable that the running cost reduction will also impact on their organisation too. As a result, NECS have opened consultation with their staff regarding changes to their structure.

Staff continue to be supported throughout this process with a package in place offering access to wellbeing support, coaching and personal advice with regards to careers.

System Leadership Group

The second session of the System Leadership Group was held on 29 September 2023 facilitated by Sir David Pearson CBE and was well attended by partner members.

The group agreed the top three priorities;

1. Children and Young People, including Child Poverty
2. System Leadership
3. Workforce

These priorities support and complement the Integrated Care Partnership Health and Wellbeing Strategy.

Appointment of Chief Executives

Since the last Board meeting there have been two appointments of NHS Chief Executives locally;

- Sir James Mackey has been appointed for Newcastle Hospitals NHS Foundation Trust.
- Stacey Hunter has been for North Tees and Hartlepool NHS Foundation Trust.

Sir James and Stacey will take up their new roles in early 2024. Northumbria Healthcare NHS Foundation Trust are currently out to advertisement for their new Chief Executive with Birju Bartoli appointed as Interim Chief Executive.

Newcastle Hospitals

The ICB and NHSE have placed Newcastle Hospitals NHS Foundation Trust into a Quality Improvement Group to enable oversight of the improvement plan and actions taking place as a result of the Care Quality Commission (CQC) inspection and issues identified ahead of the CQC inspection. The ICB Chief Executive chairs this group with the Trust and both NHSE and the CQC are in attendance.

On 30 October 2023 the CQC publicly suspended the rating of the Trust. The CQC has taken this step as the draft report from the recent inspection has identified a significant variation from the Trusts current rating and their findings during the inspection. As yet there is no agreed publication date for the CQC inspection report.

Tees, Esk and Wear Valley Foundation Trust

Tees Esk Wear Valley Foundation Trust received their CQC report at the end of October with an overall rating of Requires Improvement. The CQC recognised that improvements have been made since the 2021 report with no areas rated inadequate.

The backlog in serious incidents was highlighted. The Trust has made progress since the inspection with 90% of the backlog been cleared.

Staffing was another area of concern, and whilst this is not unique to TEWV, there are plans in place to address the shortfalls. The Trust have 27% more nurses than this time last year and the Trust's retention rate is in the top 10 of mental health trusts in England.

The Trust remains in the Quality Improvement Group framework to maintain oversight of the improvement plan in place.

North Cumbria Integrated Care

On 17 November 2023 the CQC published their findings after they carried out inspections of Urgent and Emergency Care and Medical Care services in June and July 2023.

They also published findings after they carried out a 'well-led' inspection, which was rated by inspecting the Trust management team.

The Trust's overall ratings have remained the same as 'requires improvement'. However, the CQC notes that they have seen clear improvements since the last inspection in 2020.

North East Ambulance Service

The first Independent Oversight Group, chaired by Graham Prestwich, was held on the 27 October 2023. The creation of this group was one recommendation from the external review authored by Dame Marianne Griffiths.

The purpose of this oversight group is to ensure the recommendations detailed within the independent review are actioned and that learning is shared across ambulance services. The group includes representatives from families identified in the report.

The ICB Quality Committee will receive regular updates from this group.

Better Care Fund

All Better Care Funds with Local Authorities across the NENC have been agreed locally with Health and Wellbeing Boards and also nationally by NHS England.

Women's Health

Nationally, it was just one year ago that the first ever women's strategy for England was launched which sets out a 10-year ambition for boosting the health and wellbeing of women and girls.

We have set up a Women's Health Steering Group and are developing our implementation strategy which is due to come to the Board in the new year.

In addition, Government have made available to all ICB's £595k funding for systems to develop a Women's Health Hub.

Claire Riley, Executive Director for Corporate Governance, Communications and involvement is the ICB executive lead for women's health.

Boost

Boost is the hub that brings people together to promote innovation, idea sharing, networking, learning and improvement efforts across the NENC ICS. Supporting this was the launch of the Boost website (www.boost.org.uk), which will evolve over time, enabling people to sign up to the community, events, improvement resources and tools, bulletins, and blogs, and find out more about the work being developed.

Current members include people with lived experiences, local authorities, the NHS, public health, the voluntary, community and social enterprise sector, academia, private sector providers and many more.

Since going live with the Boost website on 09 October 2023, we have seen 350 new members sign up with total membership for the community now standing at 6322.

Finally, NHS Confed and The Health Foundation commissioned Professor Sir Chris Ham to write a report on self-improving systems. I am delighted to share that we have featured in this report which was published on 21 November 2023. A copy of this report can be viewed online.

'Always the Right Door' Children and Young People's Summit

Our Children and Young People's Mental Health Summit took place on 25 October 2023. There was a fantastic response from the system with over 250 delegates attending.

Delegates all got to vote on the top five 'big ideas' to take forward, which will be progressed, and the Board will be updated.

Personal Health Budgets

Within the NENC there is a significant range in current practice relating to personal health budgets. This impacts on the experience of being offered a personal health budget, receiving personalised care and support, and on the ICB's governance and oversight arrangements.

The ICB Chief Executive has attended two meetings with the North of Tyne Coproduction Group who generously shared their personal experiences of managing personal health budgets on behalf of their children.

Following these meetings and a discussion with senior clinical and operational leads the following actions have been agreed:

- Making Families Count will be engaged to capture the experiences of family carers (positive and negative) to inform staff training.
- A personal health budgets working group will be established as part of a programme of work on Continuing Healthcare.
- This working group will undertake a baseline assessment of the current practices across the ICB and devise a 3-year plan to address issues and move to best practice.
- This plan will be coproduced with families, people who use personal health budgets and partners.

Gender / Ethnicity Pay Gap

The ICB created, analysed and published the Gender, Disability and Ethnicity pay gaps, at the end of October. The mandatory ICB reporting date is March 2024.

We have also sought feedback from the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) teams for the Disability and Ethnicity, who have informed us they are not aware of any other ICBs undertaking this in a voluntary capacity.

Both sets of the WDES / WRES and pay gaps report have been delivered well ahead of our planned delivery dates contained with the one-year ICB interim Equality, Diversity and Inclusion strategy in March 2024. Reporting the data is the start, we will now work to identify the actions we can take to address the pay gaps.

ACTION:

A further update on gender / ethnicity pay gap to be presented to the Board in Spring 2024.

RESOLVED:

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

B/2023/87 Board Assurance Framework

The Executive Director of Corporate Governance, Communications and Involvement presented the updated Board Assurance Framework (BAF).

The Board Assurance Framework (BAF) is used to provide assurance on the management of key risks to the delivery of the ICB's strategic aims and objectives as well as the wider strategic goals of the Integrated Care Partnership. The BAF is reviewed by the Executive Committee and the Audit Committee before submission to the Board.

A risk appetite statement to help risk owners and staff to manage risk within the organisation has recently been agreed by the

Board. A review of current target risks is underway, and the governance team will be working with owners to identify any changes needed now that the risk appetite statements have been agreed.

It was suggested future BAF reports include more detail around the tracking of risks.

The Joint Forward Plan implementation plan is scheduled for a future Board meeting with a five-year horizon which will inform the refresh of the risk assessments.

RESOLVED:

The Board **SATISFIED** itself that the BAF accurately reflects the principal risks to achieve our objectives as well as their current mitigations. The Board **RECOMMENDED** the approval of the BAF for 2023/24.

B/2023/88

Highlight Report and Minutes from the Executive Committee held on 11 July, 8 August, 12 September and 10 October 2023

An overview of the discussions and approved minutes from the Executive Committee meetings in July and August 2023 were presented.

The Board's attention was drawn to the following key points:

Equality, Diversity and Inclusion (EDI) Implementation Plan
Hamid Motraghi, The Director of Health, Equality and Inclusion presented an update on the EDI implementation plan. A further update will be brought to the Committee in December followed by a submission to the Board in January 2024.

System Development Funding (SDF) Proposals

A report on the proposals for the allocation of SDF for 2023/24 was presented. The proposals were supported by the Committee with a caveat that all proposals would have a delivery plan.

Integrated Impact Assessment

The Committee approved the pilot plan and the organisational adoption of the integrated impact assessment. It was noted that the purpose of the tool was to assess the potential impacts from a service or policy change in relation to equality, health inequalities and quality and would ensure that the ICB had a clear and robust process.

Key Risks

The Committee discussed the NENC ICB and ICS finance report and the Medium-Term Financial Plan, noting there were financial risks across the system and acknowledged the ongoing work to mitigate these.

RESOLVED:

The Board **RECEIVED** the highlight report and confirmed minutes for the Committee meetings held on 11 July, 8 August, 12 September and 10 October for information and assurance.

B/2023/89 Highlight Report and Minutes from the Quality and Safety Committee held on 20 July and 14 September 2023

An overview of the discussions and approved minutes from the Quality and Safety Committee meetings in July and September 2023 were presented.

The Committee Chair highlighted the following key points;

Patient involvement and experience

In September the Committee had its first patient story, which focused on trauma informed mental health. In October the second patient story focused on neurorehabilitation.

Area Quality Exception Reports

The report outlined overarching themes structured as per the strategic aims of the National Patient Safety Strategy;

- Insight
- Involvement
- Improvement.

Information Technology (IT) Related Incidents

In response to several reported IT related incidents, the Committee received an overview report outlining any mitigations being taken to reduce associated risks while a review was being undertaken to identifying any actions and learning.

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes for the Quality and Safety Committee meetings held on 20 July and 14 September 2023 for information and assurance.

B/2023/90 Highlight Report and Minutes from the Finance, Performance and Investment Committee held on 7 September and 5 October 2023

An overview of the key points and approved minutes of the Finance, Performance and Investment Committee meetings held on 7 September and 5 October 2023 was presented.

The Committee received the below updates;

- Independent Sector finance and performance review
- Prescribing update
- Continued understanding and analysis of system finance and risks being managed and mitigated

- Inequality and impact of some initiatives (transport an example re: patient choice).

The Committee were assured that;

- ICB Mental Health and Learning Disabilities Sub-Committee is in place and are maintaining ICB wide oversight of waiting times in relation to children and young people's access to mental health services.
- The financial position of both the ICB and the wider ICS will continue to be reviewed in detail on a monthly basis
- Oversight framework is being implemented across North East and North Cumbria
- Performance data scrutinised by relevant ICB Committees.

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes of the Finance, Performance and Investment Committee meetings held on 8 September and 5 October for information and assurance.

B/2023/91 LeDeR Annual Report

The Learning from Lives and Deaths (LeDeR) of people with a learning disability and autistic people annual report is a statutory requirement that provides assurance on delivery of LeDeR including numbers of reviews, causes of death and learning/improvement action undertaken across the North East and North Cumbria (NENC).

The Executive Chief Nurse and People Officer presented the ICB's first LeDeR annual report.

During 2022/23 163 reviews were completed after the deaths of people with learning disability. Of these, 128 were initial reviews and 35 focused reviews. 94 were men and 69 were women. The top 3 causes of death were pneumonia, Cardiovascular Disease (CVD) and aspiration pneumonia.

During 2022/23 4 reviews were completed following the deaths of autistic people. All were men and all focused reviews (as LeDeR policy requires). The causes of death were complications with drugs misuse, Cardiovascular Disease and suicide.

Learning from reviews remains largely unchanged from previous years and the reasons people with learning disability die early in the North East and North Cumbria are the same as the rest of England.

There is a wide-ranging work programme to deliver improvement work across the health and care system as a result of learning from reviews.

The reviews of autistic people, a new addition to the LeDeR policy, take much longer to complete and reviewers are required to expand

their skills and knowledge to ensure all learning is gathered. The reasons autistic people die early appear to be different from people with learning disability although the numbers are very low of completed reviews. Further analysis of this will take place next year.

End of life planning and an increase in uptake of annual health checks, flu and covid immunisation is playing a significant role in lengthening the lives of people with learning disability.

Improvement work is underway lead by the Learning and Disabilities Network and includes;

- Easy read and holistic reads assessment
- Learning, Disability and Autism awareness training for all health and social care workforce
- App to track health and wellbeing
- Work with communications team and trusts to look at improving communicating methods i.e., easy signage.

The Board noted the report to be well presented with an easy read version available.

ACTION:

LeDeR to be added to the Board forward plan for 2024.

RESOLVED

The Board **APPROVED** the annual report for publication.

B/2023/92 Integrated Delivery Report

The NENC Integrated Delivery Report (IDR) provided an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions.

The Executive Director of Strategy and Operations drew the Board's attention to the following:

Ambulance response times

Category 2 response national objective is an average of 30 minutes. North East and North Cumbria's current average in October is 34mins:54s, with the North East Ambulance Service ranked at 5/11 of all ambulance providers. The plan is to get to an average response time of 27mins:5s by March 2024.

Ambulance handover times

The NHS Standard Contract sets the target that all handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes. No specific objective was set as part of 2023/34 planning round. A related local metric was agreed that all ambulance handovers would be less than 59mins:59s.

North East and North Cumbria's average in October was 21mins:50s, with a plan to reach 19mins:4s by March 2024.

A&E 4 hour wait times

A&E performance has been deteriorating since the end of September 2023 and remains below plan at 75.4%. The current plan has been revised as part of H2 2023/24 from 81% to 79.2%.

A&E 12-hour delay

There was no specific objective for 2023/24 but there has been a longstanding expectation nationally that no patient should wait beyond 12 hours from the decision to admit. Pre-covid 12-hour delays were a relatively rare event in North East and North Cumbria with 113 across the whole year and most Trusts at 0.

In the week ending 19 November, there were 167 patients waiting beyond 12 hours. North East and North Cumbria follows a similar trend to England.

Elective care

The national objective is to eliminate all 65 week and 78 week waits by March 2024.

Newcastle Upon Tyne Hospitals NHS Foundation Trust (NUTH) and South Tees Hospitals NHS Foundation Trust continue to have 78-week waiters. For both trusts there is close monitoring of actions and waiting lists as well as exploration of all alternatives including mutual support from other trusts and use of the independent sector.

The revised plan for March 2024 is for South Tees to reach 0 and a revised trajectory of 167 for Newcastle. County Durham and Darlington Foundation Trust (CDDFT) has a noted risk of 3 patients waiting for corneal tissue.

In terms of 65-week waiters, all trust had planned to reach 0 by March 2023 with the exception of NUTH due to pressures in complex spine capacity. All Trusts except CDDFT are behind plan, but this is notable for NUTH and South Tees who have taken the opportunity to revise their plans during a recent planning submission.

A revised plan H2 2032/24 due to the impact of industrial action has seen a change from 14 to 1145 by the end of March 2024.

Cancer

NENC has fallen behind plan for 62-day backlog reduction which is in excess of 200 above the September target. All but one Trust has confirmed they will deliver the plan by March 2024, with North Tees increasing their plan by 17.

There is significant variation across providers with regards to diagnostic 6 week waits. NENC is ranked as the 5th best performing

ICS in September 2023 with current position of 15.1% as of 12 November.

Approval to build four diagnostic centres across North East and North Cumbria will increase capacity, provide additional resource into endoscopy and support the system to achieve 5% by March 2025.

Waiting time for children and young people in mental health services

There is no specific 23/24 national objective or plan requirement for length of wait with the exception of eating disorders.

As at the end of August 2023 across NENC there were;

- 32,331 children and young people waiting for their second direct or indirect contact
- 2,833 children and young people waiting over two years
- 902 children and young people waiting over two years with a referral reason or autism or neurodevelopmental conditions

Adult mental health waiting times

Waiting times for adult mental health uses the same metrics as those for children and young people and show a similar picture.

The NENC plan for 23/24 shows significant improvement in performance for out of area placements reaching 162 by quarter four.

The Waiting Well Programme continues to support those people waiting the longest helping to improve physical wellbeing whilst offering support with housing and finances to reduce the impact on waiting.

RESOLVED

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

B/2023/93 Finance Report

The Executive Director of Finance provided the Board with an update on the financial performance of the NENC ICB and NENC ICS in the financial year 2023/24 for the period to 30 September 2023.

ICB Revenue Position

As at 30 September 2023 the ICB is reporting a year to date surplus of £6.4m, an adverse variance to plan of £9.8m relating to growth in prescribing and continuing healthcare costs, with a forecast surplus for the year of £32.4m in line with plan.

Prescribing costs, based on four months of actual data received so far, are demonstrating growth of almost 13% compared to the same

period last year, significantly higher than national expectations of growth reflected in ICB funding allocations (2.4%).

ICS Revenue Position

As at 30 September 2023, the ICS is reporting an overall year to date deficit of £65.7m compared to a planned deficit of £44.2m, an adverse variance of £21.5m. This is an improvement on the adverse variance reported last month of £26.7m.

ICS Capital Position

Capital spending forecasts are currently in line with plan; however this includes an allowable 5% 'over-programming', hence the forecast is £9.4m in excess of the ICS capital departmental expenditure limit (CDEL) allocation. This will need to be managed over the remainder of the year with the Provider Collaborative taking a lead role in this.

The final submitted financial plan for 2023/24 included overall net financial risks of £102.5m across the ICS. This included a large number of mitigations yet to be identified, excluding those, total unmitigated risk amounted to almost £252m.

As at 30 September 2023 this position has improved with net unmitigated risk of £90m being reported across the ICS.

The financial position of both the ICB is reviewed monthly by the ICB Executive and both the ICB and wider ICS position are reviewed in detail on a monthly basis by the Finance, Investment and Performance Committee.

Work is progressing on development of a medium-term financial plan for the ICS, incorporating a financial recovery plan.

H2 2023/24 Financial and Operational Plan Delivery

NHS England provided guidance to all systems on 8 November 2023 around the actions expected to manage financial and performance pressures created by industrial action following discussions with Government.

As a result of these pressures, for the remainder of the financial year NHS England has confirmed the agreed priorities are to achieve financial balance, protect patient safety and prioritise emergency performance and capacity, while protecting urgent care, high priority elective and cancer care.

To support the costs of industrial action to date, funding is being allocated to systems (non-recurrently) and the elective activity target for 2023/24 is being reduced by 2% with no holdback of the Elective Recovery Fund (ERF) for the rest of the year. Systems have also been given some flexibility to re-prioritise certain areas of programme funding, mainly Service Development Funding (SDF).

Taking into account existing financial risk, new national funding and flexibilities and local opportunities, an improvement in the planned position (£49.9m deficit) by £15m is now forecast as achievable.

RESOLVED:

The Board **NOTED** the latest year to date and forecast financial position for 2023/24 and the financial risks across the system still to be managed.

B/2023/94 Primary Care Access Recovery Plan

The Executive Area Director (South Tees and Central) presented the Primary Care Access Recovery Plan (PCARP) alongside the Deputy Director of Primary Care Transformation who was in attendance.

This document is the first iteration of the Northeast and North Cumbria approach to Primary Care Access Recovery and will continue to develop over the next two years.

The ICB is required to present this system plan at public boards by November 2023 with a further update in March 2024.

The plan outlines the requirement for the ICB to develop their own system-level access improvement plan, which includes a summation of the actions that Primary Care Networks and practices have committed to, as well as the interface elements with other providers and stakeholders.

The vision for primary care access recovery will bring together the principles of the national PCARP requirements with those of the Fuller stocktake and the Primary Care Network Direct Enhanced Service capacity and impact to;

- **Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy.
- Implement Modern General Practice Access to **tackle the 8am rush, provide rapid assessment and response**, and avoid asking patients to ring back another day to book an appointment.
- **Build capacity** to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
- **Cut bureaucracy and reduce workload** across the interface between primary and secondary care, and the reduce the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

This system plan recognises the need for a whole system approach to improving out of hospital care for patients and the reliance on fully integrated system working, to enhance the patient experience when accessing primary care services.

This vision aligns with the key goals, of our Integrated Care System.

The Executive Medical Director updated the Board on the four key areas identified in improving the primary and secondary care interface;

- Onward referrals within secondary care – consultant to consultant referrals
- Complete care - fit notes and discharge letters
- Call and recall - for follow up tests or appointments in secondary care
- Clear points of contact - for patients / primary care liaison officers.

To support delivery of the PCARP plan, NHS England and Department of Health and Social Care, have committed over £1 billion of retargeted funds and support offers for general practice and includes investing £645 million over the next two years to expand community pharmacy services, subject to consultation. For NENC ICB, this equates to circa. £107.9 million available for practices and PCNs.

ACTION:

The Board to receive a further update March 2024.

RESOLVED:

The Board **CONFIRMED** assurance as to the plan and approach to delivery Primary Care Access Recovery across NENC. The Board **AGREED** to receive an update March 2024.

B/2023/95 Artificial Intelligence

The Executive Chief Digital and Information Office presented an overview on Artificial Intelligence (AI).

Generative AI (gen AI) is a predictive language model producing unstructured content such as text, images, and audio.

Analytical, AI, is used to solve tasks i.e. classifying, predicting, clustering, analysing, and presenting structured data.

Artificial Intelligence is not to be confused with Robotic Process Automation (RPA). RPA is a software robot that mimics human actions, whereas AI is the simulation of human intelligence by machines.

Real-world applications of AI systems today include; speech recognition, customer service, computer vision and automated stock trading.

Widespread AI adoption in healthcare include;

- **Keeping Well** – major potential benefits is to help people stay healthy, minimising frequent clinical interventions, by encouraging healthier behaviour (**Shift left**).
- **Early Detection** - already being used to detect diseases, such as cancer, more accurately and in their early stages.
- **Diagnosis** - unlocks vast amounts of health data, AI can review and store vast medical data – every medical journal, symptom, and case study of treatment.
- **Decision making** - Alignment of health data with appropriate and timely decisions, predictive analytics supporting clinical decisions/actions.
- **Treatment** - help clinicians with a more comprehensive approach for disease management, better coordinate and comply with care plans.
- **End of life (EoL)** – People living longer and often with conditions such as dementia, and heart failure. AI can support “isolation” and help people to remain independent for longer during EoL phase.
- **Research** - Drug research is a recent application for AI in healthcare. Directing the latest AI to streamline the drug discovery and drug repurposing, potential to cut both the time to market for new drugs and their costs.
- **Training** - Through simulations, natural speech and the ability of AI to draw instantly on a large database of scenarios, means responses to questions, decisions or advice from a trainee can challenge in a way that a human cannot.

There are risk stratification solutions that are gaining traction and some examples include:

Health Navigator (HN)

AI screens patient data, rapid identification of risks such as disease progression across entire populations in real time. At risk patients, HN provides access to Health Coaches, to work with patients to reduce/prevent disease progression. HN have previously undertaken

work with Staffordshire ICS, which to 35% reduction in A&E admissions.

PinPoint Data Science

Using machine learning to combine signals from multiple blood analytes and basic patient information into a single clinical decision support tool. Allows clinicians to identify patients to be referred to specialists for cancer diagnosis, red flag particularly urgent cases and identify those who can be safely investigated for other possible causes of their symptoms.

Artificial Intelligence opens a lot of opportunities for health care such as diagnostics, predictive analytics, virtual health assessments, automating administrative tasks and the management of Electronic Patient Records (EPR).

There are however implications of Artificial Intelligence for healthcare to consider;

- AI will lead to improved health outcomes, but few have been trialled and evaluated in real-world settings. Clinical Safety assessments, need to be understood and implemented.
- Automation may reduce the time spent by staff on routine work, though they may require new skills to use AI.
- Concerns that AI could dehumanise healthcare, others argue staff time saved could be spent caring for patients.
- Patient data are often used to produce and test AI systems, raising issues around data quality, accessibility and patient privacy.

North East and North Cumbria have signed up to a number of opportunities in the use of AI within the region and these include;

- A £2m share of Government funding for the use of AI in diagnosing lung cancer.
- ICB led programme linked to spirometry.
- Primary care and general practice using AI to act as a triage.
- ICB signed up to partner on the Northumbria's University's Centre for Doctoral Training in Citizen-Centred AI to help shape the future.
- The use of discharge summary AI assistance. Next steps would be to create a summit, bringing clinicians together to consider and assess the opportunity.

Digital poverty was recognised as a concern in the region, and the need for alternatives to be considered to not disadvantage the North East and North Cumbria population.

The ICB will need to create a strategy and approach to understand the opportunities across the system, which will form a subset of the ICB Data Digital and Technology Strategy. This strategy will be

presented in a future Board development session for further discussion.

RESOLVED:

The Board **RECEIVED** the presentation.

B/2023/96 Better Health and Wellbeing for All: Delivering our Strategy for Children and Young People

The Executive Chief Nurse and People Officer David Purdue introduced today's presentation and presented alongside Cath McEvoy-Carr, Director of Children, Education and Skills Newcastle City Council and Heather Corlett, Child Health and Wellbeing Network Programme Lead who was in attendance today.

Giving children and young people the best start in life is one of the four key goals in NENC Better Health and Wellbeing for All Strategy and a key focus in the Joint Forward Plan.

The aim is to improve health outcomes for children and young people and work to ensure closer partnership working, particularly with local authorities, in relation to education, safeguarding and social care.

The key areas of focus include:

- Mental health and wellbeing
- Long term conditions
- Health protection
- Children and young people who may be vulnerable or have complex support needs
- Best start in life, pre-school needs, and perinatal.

Data currently shows that;

- Children represent **20% of our population;**
- Children are **100% of the region's future health outcomes;**
- Deprivation in childhood has a **huge impact** on the health and life outcomes as an adult;
- Poverty levels in our region have seen the **sharpest increases** nationally;
- "School readiness at the end of reception is a key measure of **early years development** across a wide range of developmental areas" (facts of life) and therefore a good marker to evidence the impact of these challenges;
- "Promotion of **health equity in childhood** is imperative not just for moral reasons but for the long-term good of society and for economic growth." (Covid inquiry).

The Child Health and Wellbeing Network North East and North Cumbria plays a role in the delivery of the Integrated Care Strategy and focuses its work into the ten priorities identified;

1. Voice of children and young people and families

'Getting it right for children and young people' was published in 2010 following an independent review on services provided by the NHS to children and young people. The report included 39 recommendations, one of which was the establishment of safeguarding partnerships.

Youth Board has been set up and gives opportunity for the voice of children and young people to be heard and are developing a Manifesto through visual arts.

The Network has developed three apprentice posts and consists of 50 groups representing communities across the system.

2. Mental health

In the UK there is growing concern over the rising prevalence of mental health problems in children and young people. 85% of young people with mental ill health say the support of their family and friends is helpful when dealing with their mental health.

Youth Mental Health First Aid (YMHFA) training funded by NHS charities together bid has seen 11 instructors train over 600 people.

'Always The Right Door' Children and Young People's Mental Health Summit held in October 2023 brought together 250 people working in health and care from across the region all committed to bringing about the changes we need to give children and young people the best start in life.

3. Poverty

In 2021/22, almost 190,000 (35%) babies, children and young people across the North East were living below the poverty line – this is an increase of around 51,000 since 2014/15.

Towards the end of October 199 families across North East and North Cumbria were provided with a repurposed mobile phone, laptop and/or sim card to facilitate access to diabetes technologies.

4. Additional needs and vulnerability

Multiple complexities exist within the neurodiversity pathway in relation to statutory responsibilities, diagnosis and available support.

There are a wide range of agencies and teams from across the education, health and social care system involved at all stages and it is a challenge for parents and carers to navigate.

Substantial variation in service provision exists at place due to the differing commissioning arrangements.

Neurodiversity pathway is currently in development.

5. Inequalities and access

Young people with asthma are more likely to have special educational needs for mental health reasons, perform worse in exams and leave school earlier than those without an asthma diagnosis.

Children and young people in the most deprived deciles have the highest number of non elective admissions to hospital.

Children and young people with Type 2 diabetes are more likely to be of minority ethnicity.

NHS England's Core 20 plus 5 model was launched for North East and North Cumbria and aims to reduce health inequalities for children and young people across the region. The 5 clinical priority areas of healthcare inequalities in the national model are;

- Asthma
- Diabetes
- Epilepsy
- Oral health
- Mental health

6. Strong start in life

Science tells us that a child's experiences from conception through their first five years will go on to shape their next 50.

To support integration and sharing good practice the network has developed multiple communication methods to reach the broad system represented.

The Children's Foundation support babies in the North East to have the best start in life and provide baby boxes containing essentials to get families started with baby care.

Over 100 baby boxes have been provided to vulnerable families and initial feedback have been positive with families telling us they have felt more confident and supported in bonding with their baby.

The September Baby Box Huddle event reinforced the need and importance of interventions like the Baby Box for early years and the need to keep early years on all health agendas.

7. Health promotion

All elements of work include a health promotion element, making every contact count.

The network is developing an alliance to support the children and young people system, strengthen partnerships and enable relevant escalation and support.

8. Family support

The family unit is integral to the child's development and wellbeing but sometimes hidden from our view and our plans yet paramount to their success.

South Tees Arts (STAR) initiative has been shortlisted in the 2023 North East Culture Awards for Best Arts & Education Partnership and was a 2022 HSJ Partnership Award finalist for the Most Impactful Project Addressing Health Inequalities.

9. Childhood illness

Asthma is most common condition in children and young people affecting 1 in 10 or 11 Children and Young People in the UK. Most emergency admissions are preventable, with high-quality management (including the use of asthma plans) and early intervention to address deterioration in control.

The North East and North Cumbria has significantly higher rates of Asthma admissions for young people aged 10-18 in relation to England's average.

#AskAboutAsthma2022 podcast is the most downloaded and 1600 people took up the asthma advisors training.

September has seen a reduction in hospital attendance in elective admissions and a 65% reduction since September 2021 for the same timeframe.

10. Data, digital and communication

Children and young people account for 25% of emergency department attendances and are the most likely age group to attend A&E unnecessarily. Children and young people from the most deprived areas are consistently more likely both to go to A&E and to need emergency hospital treatment than children from the least deprived areas.

Many of these attendances could be managed effectively in primary care or community settings.

Newcastle Gateshead Clinical Commissioning Group produced the little orange book which helps parents and carers of children

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under five years with practical information about common childhood conditions.

Healthier Together initiative commenced in 2022 and has been funded to date and aims to improve the health of babies, children and young people throughout North East and North Cumbria. The website continues to grow with regular usage of 12,000 hits and 30 practices have signed up to receive online consultation.

In summary the activity of the network is aligned to the Better Health and Wellbeing Strategy with focus on utilising the skills of the network to ensure the system delivers what is required. The network will continue to advocate for the voice of children and young people to be at the heart of everything we do.

A recent research paper points to wider social and determinants driving physical and mental health difficulties in children in early life, in their teens and into early adulthood which will be circulated to the Board.

RESOLVED:

The Board **RECEIVED** the presentation.

B/2023/97 Questions from the Public on Items on the Agenda

No questions were received from the public.

A letter was received from Keep Our NHS Public requesting further information on the process in which the ICB answers questions submitted to the Board. The letter will be responded to directly and a response made available on the website.

ACTION:

Executive Director of Corporate Governance, Communications and Involvement to make the response to the letter available on the ICB website.

B/2023/98 Any other business

There were no other items of business.

The meeting closed at 14:00