

Item: 7

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

## BOARD

30 JANUARY 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:

- ICB Running Cost Reduction
- Integrated Care Partnership Update
- System Leadership Group
- Newcastle upon Tyne Hospitals FT
- Urgent and Emergency Care
- Shared Care
- Dentistry
- Measles
- WorkWell
- Complaint themes, learning and action

### Risks and issues

This report highlights ongoing areas for action linked to financial pressures and delivery of the ICB running cost reduction.

### 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

ADASS – Association of Directors of Adult Social Services  
ARI - Acute Respiratory Infection

CQC - Quality Improvement Group ICB – Integrated Care Board ICP – Integrated Care Partnership ICS – Integrated Care System NENC – North East and North Cumbria NECS – North East Commissioning Services NHSE – National Health Service England NUTH – Newcastle upon Tyne Hospitals SLG – System Leadership Group SVOC – System Vaccines Operation Centre QSC - Quality and Safety Committee						
<b>Sponsor/approving executive director</b>	Professor Sir Liam Donaldson, Chair					
<b>Report author</b>	Samantha Allen, Chief Executive					
<b>Link to ICP strategy priorities (please tick all that apply)</b>						
Longer and Healthier Lives						✓
Fairer Outcomes for All						✓
Better Health and Care Services						✓
Giving Children and Young People the Best Start in Life						✓
<b>Relevant legal/statutory issues</b>						
Note any relevant Acts, regulations, national guidelines etc						
<b>Any potential/actual conflicts of interest associated with the paper?</b> (please tick)	<b>Yes</b>		<b>No</b>	✓	<b>N/A</b>	
If yes, please specify						
<b>Equality analysis completed</b> (please tick)	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
<b>If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?</b> (please tick)	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
<b>Key implications</b>						
<b>Are additional resources required?</b>	None noted.					
<b>Has there been/does there need to be appropriate clinical involvement?</b>	Not applicable – for information and assurance only.					
<b>Has there been/does there need to be any patient and public involvement?</b>	Not applicable – for information and assurance only.					
<b>Has there been/does there need to be partner and/or other stakeholder engagement?</b>	Engagement has taken place throughout the ICB 2:0 assurance process with NHS England and provider organisations. We continue 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 and key national policy updates and reports.

### **2. National**

#### **2.1 Industrial Action**

The longest period of industrial action in the history of the NHS has recently concluded. The action was for 6 days from the morning of Wednesday 03 January 2024 to the morning of Tuesday 09 January 2024 and quickly followed action taken in December.

The provider trusts across the integrated care system made detailed plans to manage the impacts of this action and the ICB's Incident Coordination Centre operated 24/7 each day for the period of action. The ICB Strategic Co-ordination Centre operated daily 08:00-20:00, with enhanced staffing in place to proactively monitor system pressures and provide support to Trusts with any operational difficulties as well as liaised with NHS England (NHSE).

This industrial action took place during the busiest period of the year, with more people needing NHS services and many people being ill with flu, Covid-19, and norovirus. As a result, patients were already having to wait much longer to be seen and the additional pressures required many staff to work extra hours to manage demand and ensure patient safety. I wish to thank all clinical and support staff who, again, enabled us to provide care to our communities during this period.

The main impact of this and other recent strikes has been the loss of elective (planned) patient appointments and operations, with fewer scheduled on the days of action due to the reduced availability of medical staff. The total number of elective procedures that were required to be rescheduled was 507 with 3009 outpatient appointments needed to be rebooked.

The ICB continue to work with the NHS providers to learn from these experiences and develop plans, as far as possible, to mitigate the impact of the industrial action on elective operations and appointments.

#### **2.2 NHS England Update on 2024/25 Planning**

NHS England typically publish extensive planning guidance for the forthcoming financial year in the final two weeks of December. This year, NHSE did not issue the full guidance, but did publish a short letter which confirmed:

- The full planning guidance will be published in January 2024 (no confirmed date).
- The key priorities from 2023/24 are expected to continue unchanged and will be based on continued recovery and improving productivity, including:
  - maintaining urgent and emergency care capacity
  - increasing elective and diagnostic capacity and reducing waiting times
  - improving primary care access
- The overall financial framework will remain. Systems will be expected to achieve financial balance and deliver locally agreed metrics of productivity.

NHSE did publish four documents on 23 December:

- Draft NHS Standard Contract 2024/25: The proposed changes for 2024/25 mostly codify existing policy commitments into contractual requirements. For example, to require NHS Trusts to implement the high-impact actions set out in the NHS Equality Diversity and Inclusion Plan.
- Proposed amendments to the NHS Payment Scheme for 2024/25: The payment scheme was previously published covering the two financial years of 2023/24 and 2024/25. As such the proposed amendments for 2024/25 are fairly marginal.
- Updated Joint Forward Plan Guidance: The guidance is largely unchanged from the previous version.
- Guidance on developing the 2024/25 Joint Capital Resource Use plans: As previously ICBs and Partner NHS Trusts are required to publish a one-year capital plan.

The ICB is not waiting for the national guidance and has commenced work with partners to set out actions and milestones and coordinate the plan for the year ahead, alongside our financial planning for future years.

In preparation for the 2024/25 planning round, and the refresh of the joint forward plan, the ICB has also been developing proposed commissioning intentions. The commissioning intentions will also support the process to develop contract mandates, leading to the agreement of 2024/25 contracts with ICB commissioned service providers.

### **3. ICB Development**

#### **3.1 ICB Running Cost Reduction**

We continue to work on our plans to achieve the national requirement to reduce our running costs by 30%. This equates to around £17.6m in real terms. On 15 December 2023 the staff consultation concluded and the end of consultation report was published on 09 January 2024.

As updated at the previous Board meeting, North East Commissioning Support Unit, which is part of NHSE has commenced consultation with their staff regarding changes to their structure.

Regular meetings continue with the Partnership Forum, our formal meeting with the trade unions, as well as fortnightly meetings with the Staff Side Chair.

We continue to be confident that we will achieve the national target set however this is and will continue to be challenging for all involved. As a result, we have a support offer in place for all staff and we will continue to support staff throughout this process. I should also remind Board that the annual staff survey was conducted during the consultation process, which included the proposal to reduce the workforce and I therefore anticipate the results will reflect this.

The scale of the change and impact on our staff is also significant given the local context for the ICB i.e., moving from 8 CCGs into one on the 1 July 2022, the transfer of staff from NHS England in our first year and the nature of the commissioning support unit provision arrangements we inherited from the eight organisations.

#### **4. North East and North Cumbria**

##### **4.1 Financial Position**

A revised forecast outturn deficit position of £35m for the ICS was approved by the ICB Board in November 2023 (an improvement on the original planned £50m deficit). This followed confirmation from NHSE of additional non-recurrent funding and other associated financial flexibilities to support industrial action and other pressures.

You will note within the finance report for month 8 (30 November 2023), the reported forecast ICS position continues to be in line with original plan (£50m deficit). In line with NHSE instructions, the revised forecast plan of £35m deficit, which is equivalent to less than 0.5% of the overall NENC ICB allocation, will be reported at month 9.

We also continue to work closely with partners on system financial recovery planning given the financial challenges we collectively face in future years.

##### **4.2 Strategic Integrated Care Partnership Update**

I was pleased to attend our last Strategic Integrated Care Partnership (ICP) meeting on 07 December. This gave us the opportunity to hear about the emerging themes from across all four of our Area ICPs and consider how this feedback continues to shape the detailed delivery arrangements set out within our Joint Forward Plan.

Strategic ICP members received updates on the work of our Healthier and Fairer Advisory Group's work programme, and its three key workstreams of Prevention, Health Inequalities, and Broader Social and Economic Determinants of Health.

We also received a useful update on our innovative Housing, Health, and Care Programme which has been jointly developed between ourselves and ADASS, the Northern Housing Consortium, and TSA: the voice of technology enabled care. As set out in our Integrated Care Strategy, housing is a key determinant of health and wellbeing, and our vision, co-produced with stakeholders is that: 'people can be healthy, live the life they want and do the things that are important to them, as independently as possible'. The programme is co-led by four organisations working together and during 2023 we have agreed a vision and three key priority workstreams a set programme resource to support their delivery. Through our learning and improvement community (Boost) a community of practice to support local ownership and respect local plans is being established, whilst building cross boundary partnerships to better address some challenges and maximise our national voice. Our key workstreams are:

- Complex Needs: We will deliver integrated models of support to reduce the number of people in or at risk of long-term hospital care.
- Older People: We will identify and provide choices to live independently.
- Warm and Dry: We will identify and reduce non-decent and/or cold and damp homes across both rented sector.

As I updated at the last ICB board meeting we are also actively considering options to align our Area ICP boundaries with those of two combined authorities in our area, as well as the ongoing partnership arrangements in North Cumbria between Cumberland and Westmorland and

Furness councils. This will require further discussion with our local authority and wider partners to ensure that our ICP arrangements continue to add value and provide a key forum to consider those cross-cutting health and wellbeing issues that span places and sectors.

#### 4.3 System Leadership Group

The first structured meeting of the System Leadership Group (SLG) was held on 29 November 2023. Mike Greene, Chief Executive Officer of Stockton-on-Tees Borough Council and I co-chair this group for the Integrated Care System.

The group approved the Terms of Reference with the addition of Voluntary Community and Social Enterprise representatives to the membership. It was agreed the SLG will focus on a small number of priorities aligned to the implementation of the Better Health and Wellbeing for All Integrated Care Strategy.

The group will also be a key forum for intelligence sharing, especially on the changing national/public policy agenda and provide a platform to influence the national agenda in the context of the North East and North Cumbria.

A review of the groups achievements and developments will be undertaken in six months with the support of Sir David Pearson CBE.

#### 4.4 Newcastle upon Tyne Hospitals NHS Foundation Trust

Over the last 18 months the ICB has escalated concerns to NHSE over Newcastle Hospitals and over this time NHSE has moved the trust from National Oversight Segment 1 to 3. Concerns include a general decline in performance and management of the Trust alongside longstanding issues linked to adult cardiac surgery and, overall, a general worry linked to closed cultures and governance within the Trust.

Concerns were further evidenced following a CQC inspection into the experience of patients with a learning difficulty, autism and dementia in December 2022. A Section 29A was issued to the Trust and improvements are being implemented.

In addition, maternity services were inspected by the CQC in January 2023 and rated as Requires Improvement. This resulted in a broader CQC inspection, including a well led inspection, which started in July 2023. This report is expected to be published by the end of January 2024.

The ICB expects this report to raise serious concerns that include over 50 whistleblowing instances, issues with governance, organisational culture, including bullying issues and overall leadership, incident reporting, clinical on call rotas and learning from safety issues.

We have been working with NHSE, CQC and the Trust to ensure immediate action is taken in relation to the areas of concern. This includes establishing a Quality Improvement Group to have oversight of the improvement plan alongside regular contact through the normal day to day operational areas. This will now transition into a broader Oversight meeting as a result of the Segment 3 assessment.

The ICB will continue to work with the CQC and NHSE over the coming weeks and months ahead and support the Trust to make the necessary improvements. All partners will continue to be fully briefed and involved as we look to work with the Trust to address the concerns and ensure plans are in place to tackle the issues raised.

## 4.5 Urgent and Emergency Care

### Ambulance Handovers and Impact on Category 2 Performance

In order to reduce the number of patients waiting for long periods of time to be handed over from ambulance crews to Emergency Department Teams, an enhanced handover escalation process was implemented by the ICB, with the support of our NHS Trusts in December.

When an extended delay occurs (>3 hours), this is now escalated to the both the hospital and ICB Director for resolution. This approach has resulted in a significant reduction of long delays and has enabled ambulance services to manage clinical risk and ensure emergency 999 calls can be appropriately managed during periods of increased and sustained pressure.

The delivery of Category 2 Performance was still above plan at 50:16 minutes the week commencing 10 December and 40:30 minutes the week commencing 31 December 2023. We have however seen improvement in this area and the current performance is 30:33 minutes. When compared to 2022/23 performance we have seen improvements of 14:27 minutes. The challenge now is to sustain and also improve this position over the coming year.

The UEC Strategic Board system priority of reducing handover delays is one of the contributing factors of improved Category 2 performance.

### Senior Nurse and Senior Paramedic Front of House Navigation Initiative

Working with the ambulance service the ICB has been able to resource the role of a senior decision maker at the front door of the Emergency Department with a senior nurse and senior paramedic for a six-month period (December 2023 – May 2024) for front door ambulant self - presentations and ambulance arrivals.

This initiative will be subject to a robust evaluation in April 2024 with a view to informing future care models and measures of success for this initiative will include:

- Improved patient experience
- Improved flow
- Supporting achievement of the 4-hour ED standard
- Supporting 15 - minute Ambulance Handover
- Staff support - collaborative working

### Community Based Acute Respiratory Infection Hubs

In November 2023, the ICB agreed to allocate £1.5m for the development of combined adult and paediatric community-based Acute Respiratory Infection (ARI) hubs to support the ICS in managing increasing demand over the winter period.

Mobilisation of ARI hubs began in early December 2023, with roll out running throughout the month in to early January. As of January 2024, there are 33 ARI hubs in place across 14 Places providing an additional 25,000 appointments in the system. The duration of ARI hubs will vary from Place to Place depending on when hubs were mobilised. However, it is anticipated that the majority of hubs will continue through to the end of February and in some cases through to the end of March 2024. Early data suggests a high uptake in appointments filled with an average utilisation rate of 91%. This development and virtual wards will also be evaluated to assist our planning for winter this year.

## General Practice Services

Local area teams have reported that along with the usual winter respiratory or sickness illnesses, some of the practices have seen increased mental health presentations; issues around incomplete discharge letters from secondary care; and additional expectations for GPs including increased home visit requests; and patients demanding/refusing to see a GP when their triaged issue could be dealt with by an Advanced Care Practitioner.

The November 2023 reports shows that NENC is providing 19.5 million appointments (20 million including covid vaccinations) which on a 12-month rolling average is an increase of 5.4% from the previous year and a 12% increase from March 2019 baseline.

### 4.6 Shared Care

The interface between primary and secondary/tertiary care is important in ensuring that patients receive high quality care and in making the best use of clinical time and NHS resources in all care. The NENC ICB, like most systems, has a range of shared care arrangements for the ongoing prescribing and monitoring of patients within community and primary care settings. Typically, these arrangements are initiated by secondary care and supported by general practice especially for the support of people living with long-term conditions, some with multi morbidities requiring multiple medicines as part of their treatment plan.

Shared care arrangements exists across a range of clinical pathways but there has been an increase, nationally, in private providers entering the market. These providers are able to deliver services to the public with an expectation that local NHS systems will support any follow up shared care arrangements.

Concerns have been raised from across the ICB about the increasing multiplicity of providers involved in ADHD assessments, the subsequent paperwork for general practitioners or the lack of assessment and waiting in some parts. Additionally shared care following diagnosis is also increasing in numbers as referrals for specialist diagnosis continue to increase. General Practice is taking on an increasing workload and the ICB recognises the impact of this in terms of both time, wellbeing of staff working in general practice and financial sustainability.

A Local Enhanced Services Review Group has been established working closely with the Regional Local Medical Committee on understanding the shift of additional work into primary care. This will include the recommendations of the above task group around the ADHD pathway. The recommendations from the review group will be published early in the next financial year with a proposal to move to a transition position for General Practice. There is oversight of this work programme in alignment with the Primary Care Access and Recovery Plan previously presented to the Board.

### 4.7 Dentistry

As people will recall, we took responsibility for dentistry from NHSE in April 2023 and since this time we have not only been developing a recovery plan and broader oral health strategy, we have also invested over £3m to help to address the issues that exist with the service across the region. More of this is detailed further in papers on the agenda.

Concerns are being raised regarding the overall state of dentistry services across the country. Such concerns are well reported and well placed given the harrowing experiences being shared by the public. Issues are being raised by both people requiring access to dentistry and politicians locally too.

We are expecting a national dental recovery plan over the coming months, in the meantime, I wanted to assure the Board that this is an area of priority which will require further investment, innovation and a sustainable plan for the future. This will however not be easy given the market conditions we inherited and will take some time to get us to the position where we would expect to be.

#### 4.8 Measles

We are aware of the growth in measles outbreaks in some communities across England. Recognising the seriousness of this, we want to assure the Board regarding the position across the North East and North Cumbria.

Overall, we have not had a measles case since April 2023, although this does not mean we are complacent about the risks. The community uptake of the MMR vaccination is high across our region with six of our Local Authority areas placed in the top 10 for MMR vaccination rates. As a region, we collectively have the highest vaccination rate.

Notwithstanding this, we still have some communities where we know vaccination rates could be higher. We are working with the vaccination teams with regional and local partners to ensure we increase further the vaccination rates in those areas.

In addition, we have written to all NHS organisations to ensure they all have systems in place to record the vaccination rate for staff and to ensure they have appropriate infection prevention and controls in place.

#### 4.9 Right Care Right Place Implementation

Right Care, Right Person is a new approach to helping people in crisis across the whole of England and Wales. It recognises that the police are not always the best service to help someone who is in crisis and aims to ensure that people receive the most appropriate and beneficial care for their needs.

While some mental health incidents require police attendance (for example, if there is a risk to life, a potential crime is involved or police have specific legal duties under the Mental Health Act), many involve no safety risk or crime. Right Care, Right Person aims to ensure that people receive support from the right person, with the skills, training, and experience to meet their needs.

Local partnerships in each force area in the NENC are phasing in Right Care Right Person in line with local circumstances and operational needs. This is a complex process involving a reconfiguration of existing services and teams across a range of partners.

In the Northumbria Police area, the new approach commenced in December 2023 and should be fully in place by the end of January 2024. Other force areas in the region will follow over the coming months. In all four of the force areas in the NENC, police are working flexibly around timelines to ensure that health and social care partners are able to provide a safe service and a smooth transition. I wish to thank our colleagues in each police force for the partnership working to achieve this.

The ICB and the police have adopted a multi-agency bronze, silver and gold management approach across all agencies which will support providing the best care by ensuring the most appropriate agency/agencies response to calls for service. In doing so always considering privacy, safety, and dignity alongside least restrictive principles.

This is a substantial change and does not bring with it additional funding. However, all the partners have a strong history of working together and are working hard to provide the best possible service in line with the Right Care Right Person principle. The early findings from the Northumbria force implementation have indicated that 379 calls have had an alternative disposition. There is a daily review meeting, facilitated by Northumbria Police, for a review of any issues of concern and this will inform any future revision to pathways. At the time of writing, no examples of harm have been identified as a consequence of alternative call disposition routes.

December 2023 data

NEAS	144
Acute provider	58
MH Provider	55
Social Care	50
Other Health (inc. VCSE)	37
Schools	35

There is a requirement for NHS providers to ensure clear local protocols are in place for assessing risks and considering whether police attendance is required. This includes a rapid escalation process to the police. The implementation within the Northumbria force area has also provided learning for the implementation in the other three force areas and will inform the future commissioning of alternative service provision including alternatives to crisis provision.

As part of the Northumbria work, a pilot scheme with Everyturn staff based in the police call centre has been jointly funded by the Police and Crime Commissioners office and the ICB. This will provide further intelligence and insight for the wider implementation of Right Care, Right Place. This was a commitment I made with the Northumbria Police and Crime Commissioner and I look forward to learning the results of this approach.

#### 4.10 WorkWell Vanguard Partnerships

There is very good evidence that work and health are inextricably linked. Being in work raises living standards and pulls people out of poverty, and a prolonged absence from work can lead to a deterioration in health and wellbeing, both due to financial strains and the absence of positive psychological and social support. In November, the government launched the WorkWell Vanguard programme, making £64million of funding available to support 15 ICBs as lead applicants on behalf of local partnerships with local authorities and local Jobcentre networks to design and deliver local integrated work and health support services. WorkWell is part of the government's commitment to tackle economic inactivity which is rising across the country and especially in the NENC.

The ICB is making an application to this fund to design and deliver WorkWell Vanguard Services to tackle health related causes of economic inactivity, building on existing good practice in our system through accessible advice and guidance and 'health coach' models of support. WorkWell also gives us the opportunity to bring together existing work and health initiatives together under one coherent strategy. This will help to support the ICP's 'fourth objective' of increasing the NHS's contribution to social and economic development and strengthen our links with our local and combined authorities and DWP, and NHS 'anchor institutions' who are increasingly committed to investing locally to support the local economy and to creating pathways to employment for local people. If successful, funding to ICBs will run for two years from April 2024. We are working closely with our Local Authority partners on the application.

#### 4.11 Complaint Themes and Learning Actions

The ICB has a process for managing service user and stakeholder feedback, including correspondence from MPs and elected members on behalf of their constituents, and managing complaints directly from their public.

We ensure that all of these sources of feedback are managed in a timely manner, while also taking the time to identify any emerging trends and opportunities to make service improvements. A key vehicle for this is the Patient Voice Subgroup, which reports to the ICB Quality and Safety Committee (QSC). The remit of the subgroup is to consider and triangulate various sources of stakeholder and service user feedback, one of which is complaints, to identify emerging trends and issues. These then form the basis for recommendations to the QSC for action or further exploration, or through targeted involvement and engagement activity.

As a key public-facing service directly managed by the ICB, Continuing healthcare (CHC) is a frequent subject of service user feedback, and the Patient Voice Subgroup has carried out some focused work on themes from complaints in this area, which has led to the following recommendations to the QSC:

- Improvements in the communication with patients' families or their representatives, for example the timeliness of replying to voicemails – but also how we could apply a 'health literacy' lens to our public facing guidance materials.
- Clarifying the financial processes for agreeing and confirming funding uplifts.
- Quality assurance processes, for example the verification of information within any correspondence that is sent to patients or their representatives.
- Timescales for the appeals process.

In addition to this, the Patient Voice Subgroup has also considered other emerging issues and have proposed the following actions:

- Primary Care access GPs, Dentists and Pharmacists:
  - An ICB-wide public-facing communications programme on Primary Care Access.
  - Further briefing through the ICB's MP and Elected Members Bulletin, health overview and scrutiny meetings (OSC) and health and wellbeing boards (HWB) on GP access and recovery and alternative access points for primary care (e.g., Think Pharmacy), and dental access plans including the outputs of the ICB's Oral Health Commission.
  - Healthwatch to gather evidence on the effectiveness of our incentivised access plan for dentistry.
  - ICB Pharmaceutical Services Committee to analyse the pattern of community pharmacy closures and consider how we can support vulnerable providers.
- Access to Covid vaccinations with a further dedicated briefing session for MPs from SVOC on the progress of the vaccination programme and a standard briefing presentation to be developed for use at health overview and scrutiny meetings and health and wellbeing boards.
- ADHD and Autism waiting times and to consider the outputs from recent Children and Young People's Mental Health Summit which will be progressed through mental health workstream and focus on assessment, diagnosis, and treatment. Briefings on progress through the ICB's MP and Elected Members Bulletin and at health overview and scrutiny meetings and health and wellbeing boards.
- Accessible information and to further develop public-facing communications materials on primary care accessibility and how to access vaccinations (as well as their benefits) and to review 'Get Involved' pages on the ICB website.

- Transport and connectivity to NHS services, and to consider how the ICB can influence the priorities of transport commissioners in combined authorities.

Actively listening to our communities and partners, triangulating and understanding their concerns, will ensure we support continuous improvement for both the ICB and system partners.

## **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 January 2024

## Appendix 1

Between 29 November 2023 – Monday 15 January 2024 the NENC Executive Team have undertaken the following visits:

<b>NENC Organisations</b>	<b>Number Of Visits</b>
NHS Foundation Trust / Providers	17
Local Authority	15
Place (including community and voluntary sector)	11
Community and primary care (including general practice)	8