

Item: 7

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

## BOARD

26 MARCH 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:

- NHS Leadership Competency Framework
- ICB Running Cost Reduction
- Financial Position
- MP Engagement
- Foundation Trust's Key Updates
- General Practice Pressures
- Dentistry
- International Women's Day

### 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

CQC – Care Quality Commission  
ICB – Integrated Care Board  
ICP – Integrated Care Partnership

ICS – Integrated Care System LCF - Leadership Competency Framework MSSP - Maternity Safety Support Programme MP – Members of Parliament NENC – North East and North Cumbria NECS – North East Commissioning Services NEMCA - North East Mayoral Combined Authority NHSE – National Health Service England NUTH – Newcastle upon Tyne Hospitals PSR - Public Service Reform SLG – System Leadership Group UDA - Unit of Dental Activity						
<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</b> (please tick all that apply)						
Longer and Healthier Lives						✓
Fairer Outcomes for All						✓
Better Health and Care Services						✓
Giving Children and Young People the Best Start in Life						✓
<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 (ICB) and key national policy updates and reports.

### **2. National**

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

In 2023/24 NHS England introduced a new duty for ICBs, and their partner NHS Trusts, to publish a joint forward plan covering a five-year period. The North East and North Cumbria (NENC) joint forward plan was approved by the ICB Board in September 2023. A draft of the plan had been published in early July for stakeholder feedback.

ICBs and partner NHS Trusts are required to publish an updated joint forward plan every March. The plan is required to describe how the ICB and its partner NHS Trusts:

- Intend to arrange and/or provide NHS services to meet their population's physical and mental health needs.
- Will deliver the NHS long term plan and universal NHS commitments.
- Will address the Integrated Care System (ICS) four core purposes and meet the ICB legal requirements.

As the first joint forward plan was only agreed six months ago, the proposed approach to the refresh is to recommit to the existing plan, rather than a re-write, but with the following amendments:

- Minor updates to several sections.
- More material updates to a smaller number of sections.
- A small number of new sections in response to stakeholder feedback as outlined in the September 2023 version.

Amendments were approved at NENC ICB Executive Committee on 12 March 2024 and will be published on the ICB website. A standard briefing for stakeholders, including Health and Wellbeing Boards, will be developed to ensure ongoing engagement. The Joint Forward Plan can be found in Appendix 2.

#### **2.2 NHS Leadership Competency Framework**

The NHS Leadership Competency Framework (LCF)<sup>1</sup> was published on 28 February 2024 for all Board members and NHS providers, ICBs and NHSE Board.

<sup>1</sup>[NHS England » NHS leadership competency framework for board members](#)

LCF provides a framework for Board member recruitment and appraisal and will inform future board leadership and management training and development.

The LCF has 6 domains, each with a range of competencies. The 6 competency domains will be incorporated into all NHS Board members role descriptions and recruitment processes from 01 April 2024. They will also inform a core part of Board member appraisals an ongoing development of members and the Board.

The next steps are for all Board members to self-assess against the LCF and discuss findings with their Chair or Chief Executive as part of their 2023/24 annual appraisal. This will help guide Board members personal development plans for 2024/25.

The implementation of the new framework will be communicated to the ICB Chair and Chief Executive to commence from 01 April 2024.

A review of the LCF as part of the planned review in 2025 of the Fit and Proper Persons Test Framework.

### **3. ICB Development**

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

The ICB Running Cost Reduction program continues to progress and is on track to deliver by 01 April 2024. Following continuous ICB staff engagement, staff who are slotted into posts received confirmation letters on 12 March 2024. Ringfenced staff interviews are taking place throughout March prior to the program concluding on 01 April. HR processes and support will continue thereafter for those staff who remain at risk.

Transition planning has taken place, with the inclusion of NECS, and actions will be undertaken throughout April 2024. 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.

#### **3.2 Staff Survey Results**

In the autumn last year the ICB took part in the national NHS Staff Survey for the first time. We received 451 staff responses, which equates to a 65% response rate. This is a good result especially considering the survey took place at a really challenging time, given it was the start of the ICB 2.0 process. By taking part it has really helped the ICB to understand how we can improve the experience of working in the organisation, and also help live the values of the NHS People Promise.

The results showed a mixed picture overall, which was expected. On a positive note, 66% of those who responded feel safe to speak up about anything that concerns them and this is higher than the average for ICBs. The results also showed staff feel that the ICB would address concerns. This is an important mark of our culture, and we continue to develop an organisation where staff feel safe to speak up, listened to and that actions are taken in response to feedback.

The results have also shown there are areas for improvement; notably only 39% said they would recommend the ICB as a place to work and we also need to address the appraisals process, as only 27% of staff said it helped set clear objectives. Clearly, this is not where the organisation wants to be. As the ICB moves forward, improvement work will be undertaken.

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

### **4.1 Financial Position**

In respect of 2023/24, you will note within the financial report for month 10 (31 January 2024), the reported ICS position is a forecast deficit of £35m in line with the position approved by the ICB Board in November 2023. In month 11, additional funding has been received from NHS England to cover the additional costs associated with industrial action from December to February, together with a further £35m of funding allocation to offset this planned deficit.

This additional funding was effectively held by NHSE to offset the agreed planned deficit at the start of the year which is now being transacted to allow cash to flow to the system. This will allow the ICS to report a breakeven position for the year from month 11, but importantly from a financial performance perspective, the ICS will still be deemed to have over-spent its funding by £35m which will be subject to repayment from 2025/26.

Whilst we continue to work with system partners to manage the 2023/24 financial year, we are also working at pace to develop 2024/25 financial plans. We expect 2024/25 to be a very challenging year financially given the scale of underlying financial pressures facing the ICS. System partners are working collectively to review plans and seeking to ensure affordable workforce plans are in place, with high levels of efficiency needed to balance the financial position, requiring relevant quality impact assessments to be considered.

The announcement of additional funding for the NHS within the Spring Budget was welcome although the revenue funding is to cover the cost of 23/24 pay uplifts already agreed. Significant additional capital funding is expected from 2025/26.

### **4.2 MP and Elected MP Engagement**

The ICB continues to regularly engage with local Members of Parliament. Since the establishment of the ICB in July 2022 we have managed over 800 items of correspondence received from MPs. We also hold regular bi-monthly online meetings with MPs and their office staff, as well as meetings with MPs on a 1:1 basis.

The ICB produces a fortnightly MP and elected member bulletin which provides updates on topical health issues affecting the region, as well as addressing local issues raised by MPs. Recent bulletin topics have included access to NHS dental services, winter pressures and updates on the Covid-19 vaccination programme updates.

As part of our ongoing work with local MPs, we also regularly prepare bespoke briefing documents on local constituency matters. Recent briefing topics have included primary care access, mental health service waiting times and pharmacy closures.

In addition to this the ICB continues to support MPs with issues raised by local campaign groups. Most recently, the ICB attended a meeting with the Save South Tyneside Hospital Campaign Group where we discussed the impact of the Path to Excellence programme to date and gained further insight regarding their concerns regarding areas such as transport and maternity.

### **4.3 Working with our partners on Work and Health**

One of the four objectives set for ICBs by government is to 'help the NHS support broader social and economic development'. As part of meeting this objective, the ICB is working with a range of partners on an exciting programme linked to work and health integration. This work recognises the vital role that 'good work' has on good health, and the role that NHS organisations can play in integrating work and health services.

The ICB has been funded by the DWP/DHSC Joint Work and Health Unit to build its leadership capacity in this area and to develop a Work and Health Strategy and Partnership in the North East and North Cumbria to better join up employment and health support. Partners collaborated on an application for £4million of national WorkWell Vanguard funding to develop and deliver a pilot programme which would see work and health coaches in primary care settings in Cumberland, Middlesbrough and South Tyneside. These three delivery sites were selected due to the challenging levels of economic inactivity in those areas and for the opportunity to align this work with both of our combined authorities in the Tees Valley and the new North East Mayoral Combined Authority (NEMCA) area.

Alongside this we have we have been working closely with colleagues in NEMCA on an emerging programme of public service reform (PSR). The strategic intent of a NEMCA PSR programme is to enable public services in our region to best serve residents, reducing the strain on crisis services by investing upstream in effective preventative measures.

NEMCA's Devolution Deal sets out the devolved powers and funding streams within the combined authority's seven portfolios that will support delivery of a PSR programme. It is proposed that the PSR programme is convened by NEMCA for system-wide impact, but with a shared strategy and priorities co-designed with key public service institutions in the region, including the ICB and the Integrated Care Partnership.

A NEMCA PSR programme will need to build on the excellent work already happening within public sector organisations across the region and reflect on the opportunities to spread and share best practice. In recent years, the existing North of Tyne Combined Authority and NHS North East and North Cumbria ICB have developed a strong working relationship, exemplified by the co-design of an innovative scoping project to develop a comprehensive work and health strategy.

It is proposed that NEMCA and the ICB build on these developments – and existing work, including our Healthier and Fairer Programme – and use their respective convening powers to work to explore the development of a joined up PSR programme and a 'health in every policy' approach to the work of NEMCA, and test new approaches to integrated service delivery including our future public service workforce, support for unpaid carers, our Housing, health and Care programme, and Child Poverty Prevention.

#### 4.4 System Leadership Group

The North East and North Cumbria System Leadership Group meeting was held on 07 March 2024. The group approved the System Leadership Compact document with focus being around specific initiatives, including on working reducing inequalities across the NENC, aligning to the "Better Health and Wellbeing for All", this will be reviewed by the members in twelve months.

The group were provided an update on the changes to the current People System Governance with the establishment of a new group in order to support and provide assurance on the delivery of the North East and North Cumbria People and Culture Strategy.

An insight into Housing, Health and Care – Complex needs programme was provided to the group, featuring the improvements on the programme's region section-led housing activity. The partner organisations and networks will be working together to ensure a joined-up approach across the region.

All future meetings will continue bi-monthly with attendance from partners to progress the agreed priorities and initiatives.

#### 4.5 County Durham and Darlington NHS Foundation Trust

The Trust, NHSE and the ICB led a multi stakeholder Rapid Quality Review. Following this the outcome was to offer NHS England Support which aligns with the National Oversight Framework of the Trust being in Segment 3. The Trust is invited onto the Maternity Safety Support Programme (MSSP). The Chief Midwifery Officer and National Clinical Lead for the MMSP will be visiting the Trust to agree the outcome measures with the ICB.

The ICB will lead the Quality Improvement Group which will oversee the progress of the MSSP and agree exit criteria for the programme. The Quality Improvement Group will have a part 2 which will focus on the emergency care pathways at the Trust.

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

The Quality Improvement Group terms of reference have been renewed following the decision by NHSE to move the Trust into intensive support. The group has a clear agenda focussing on the areas identified by the CQC in relation to the restrictions on their licence. The areas are governance, culture and risk management.

#### 4.7 Tees Esk and Wear Valleys NHS Foundation Trust

The CQC prosecuted the Trust in relation to the tragic deaths of 3 young women, the Trust pleaded guilty to the charges for 2 of the young women but not guilty to the third charge, the Trial took place over four days, beginning Monday 26 February 2024.

The judge found the Trust not guilty, the not guilty verdict means that after considering all the evidence over the course of the trial, the judge believes the Trust did not breach regulations 12 and 22 of the Health and Social Care Act 2008, relating to safe care and treatment.

Sadly, there are no positives that come from this trial and the thoughts of the ICB are with the family of the young woman.

The Trust have acknowledged and apologised for unacceptable failings in care while the young woman was at West Lane Hospital.

There will be a further court appearance on Friday 19 April 2024, which is the sentencing hearing for the two charges the Trust pleaded guilty to.

#### 4.8 Teesside Foundation Trust's Partnership Agreement

Both acute foundation trusts, North Tees & Hartlepool and South Tees, have been working increasingly closely together. Having already appointed a joint chair across both organisations, following some developmental work sponsored by the ICB, work began to articulate what collaboration means.

Resulting from this work that involved significant stakeholder engagement across the footprints of the two organisations, the two statutory boards agreed to create a group and created a Joint Partnership Board and delegated delivery of collaboration to it. They also agreed to appoint a joint chief executive. Stacey Hunter was appointed late in 2023 and has taken up post from February 2024. Subsequently a process was agreed to create a single executive team across both organisations.

To encapsulate how they will work together within the group model, the two boards created a partnership agreement between them and with the NENC ICB as host commissioner, which was signed by their joint chair, chief executive and Sir Liam Donaldson in a ceremony before the joint partnership board held on 21 February 2024.

#### 4.9 Impact Against Performance

Urgent and emergency care pathways were challenged during the winter months with an increase in A&E attendances of 15% in January 2024 compared to January 2023. Despite this increase, A&E 4 hour performance was only slightly worse in January 2024 compared with the previous year (75.2% vs 74.1%) and the relative position of NENC ICB improved. The ICB ranked 8<sup>th</sup> best performing for A&E 4 hour in January 2024 compared to 14<sup>th</sup> best the year before. Although there is a continued issue with patients waiting over 12 hours from the decision to admit there was significant improvement from last January with a decrease of 38% (down from 1,583 to 986).

Although Category 2 average response times were slightly longer in January 2024 compared to January 2023, NEAS ranked 4<sup>th</sup> best in January 2024 compared to 8<sup>th</sup> best in January 2023. The number of ambulance handover delays over an hour in January was slightly less than the previous year.

Published data for December 2023 demonstrates a reduction in all long waits. The number of patients waiting over 104 weeks for elective treatment reduced from 27 in December 2022 to 6 in December 2023. More recent unpublished data indicates that Newcastle upon Tyne Hospitals has no patients waiting over 104 weeks, this is a significant milestone. Whilst the ICB was behind plan for the reduction of 78 week waits in December substantial progress had been made from the same month in the previous year reducing from 1,103 to 376. Recent data shows continued progress and all trusts are striving to reach 0 by the end of March, mutual support is critical to achieving this outcome.

Mental health performance is improving in a number of areas and is also ahead of plan in some, for instance access to mental health support for children and young people increase in community mental health services 2+ contacts and dementia diagnosis rate. Although performance relating to increasing the numbers of people accessing Talking Therapies for anxiety and reducing inappropriate out of area bed days is behind plan there has been improvement in both between December 2022 and December 2023.

#### 4.10 General Practice Pressures

GPs are experiencing increased pressure on services across the country and across NENC. The national increase of c2% being added to the general medical services contract for 2024/5 has been met with concern by local GPs as being insufficient to help with pressures being faced. There are suggestions that GPs are contemplating industrial action over the coming months as a measure of their disquiet.

Following conversations with the regional Local Medical Committee and GP leaders within the ICB, the need to engage better with general practice (and the other primary care professions) is recognised and mechanisms are being developed including local medical committees, the primary care provider collaborative, local delivery teams.

One of the significant areas of concern is shared care arrangements - the management of patients between primary and secondary care providers. There are particular issues with some patient pathways, including ADHD, post operative bariatric surgery and gender dysphoria. Work is beginning on these three priority areas initially and a work plan on others, including the development of a process for clarifying and agreeing clinical responsibilities across the NENC, to be delivered locally with provider organisations.

The ICB has also committed to further support for the primary care provider collaborative to help improve engagement with primary care. Additional support, above and beyond the primary care access recovery plan is being provided including digital funding.

Information has gone out to all practices outlining this approach.

#### 4.11 Dentistry

Board colleagues will be well versed in the national and local challenges being experienced by people wanting to access NHS dental services and will be aware of the efforts being undertaken to manage these challenges with the NENC.

Following board support to invest in replacing activity lost, as a result of dentists handing contracts back, there has been steady but slow improvement in number of patients treated since ICB took over responsibility for commissioning. There is however still some way to go to recover to pre-pandemic levels.

We are implementing the Phase 1 short-term measures and additional capacity that was commissioned initially on a non-recurrent basis in 2023-24 to include incentivised access scheme, out of hours urgent dental treatment capacity, additional dental clinical assessment workforce/triage capacity and additional minor oral surgery capacity in North Cumbria. We are managing payment of the unit of dental activity (UDA) over-performance by offering practices up to 102% payment and up to 110% subject to submission/agreement of a plan on how the additional funding will be used to improve access for patients/address inequalities (estimated reduction in claw-back of circa £1.31m).

A full procurement plan has commenced that will provide between 198,322 and 244,596 additional UDAs through 11 contracts in total covering North Cumbria, Durham, Darlington, Sunderland and Northumberland.

We are commissioning two temporary urgent dental access centres on a short-term basis in North Cumbria and Darlington worth £490k in 2024/5.

We are undertaking further local commissioning/formal procurements to replace additional capacity lost from contract hand backs (circa 155,700 UDAs since April 2023).

The recently published National Dental Plan includes the following initiatives that we are implementing as quickly as we can:

- A specific tariff for new patients from March 2024 to the end of March 2025 to incentivise dentists to treat new patients.
- A new minimum national £28 UDA price. This affects 51 practices in NENC and is being managed to also reduce annual clawback.
- Golden Hello payment (240 posts nationally @ £20k per post phased over 3 years, although it is not yet clear what the proposed number will be for NENC ICB).

In addition to the new increased minimum UDA price, the dental recovery task and finish group are completing proposals to manage realignment of activity and finance across the ICB.

Given the significant pressures, impact on local people and media and political focus on the challenges to accessing NHS dentistry, we are creating a focussed dental recovery programme with additional capacity and broader cross team work to optimise our approach to tackling these challenges.

## 4.12 Boost

Our Boost community was officially launched in October 2023 ([www.boost.org.uk](http://www.boost.org.uk)). We now have just under 7,000 members from across health and care organisations, communities and third sector who are supported by a website and monthly bulletin. Structured under a frame of Learn, Connect, Improve and Lead the site provides access to improvement information and opportunities to be part of improvement networks and access training and development.

Our Lunch & Learn programme continues to go from strength to strength. Six sessions have been held, two of which have been directly connected to the recent 'Always the Right Door' Children and Young People Mental Health Summit, further sharing and spreading the learning from this powerful event. We are currently extending this offer to include 'connect and learn' sessions which will showcase innovation and improvements and then provide a space for people to ask questions and build on the learning in other areas.

The Discharge and Safe Transfer of Care Collaborative was launched at the end of last summer with the purpose of improving the safety, experience and outcomes of patients being discharged from hospital and transferring their care. Since then, we have held five events centred around three themes; the role of the third sector, virtual wards and drug changes on discharge.

In November, Kerry Evans spoke about the National NHS & Care Volunteer Responder Scheme and since then she has met with key stakeholders from across the system to both promote the scheme and access the service. The next priority is to look at where volunteers could be used to support the pickup and delivery of medication and equipment for virtual wards.

The Boost team are working closely with the Engagement and Involvement team to develop our approach to working with communities. This includes the creation of a co-production module which will be offered in addition to the Working with Communities modules.

These programmes of work have supported the ongoing expansion of the Boost YouTube channel, which aims to become a repository of improvement and leadership learning for health and care colleagues across NENC. Over the last 6 months, more than 182 hours of content has been watched.

A funded evaluation of our learning and improvement community will be completed by July 2024 and we are currently looking at future options to support Boost to grow further.

Other achievements over the last six months include:

- 1458 people have attended 99 Boost events since last October.
- Establishment of a peer network for NHS leaders who are responsible for improvement in NHS organisations. Including a baseline assessment of improvement maturity across all provider organisations in the region.
- Establishment of a patient and staff collaborative involving 6 organisations who will take part in five learning events over a 10-month period and apply their learning on up to eight wards within their trust. There will be real time capture of patient experience twice a month to enable each ward to provide evidence of impact and change.
- Ongoing collaboration with the NENC Knowledge and Library Services to establish evidence as a theme for all communities of practice.
- Development of the Healthier and Fairer programme offer to compliment the Boost offer.
- Becoming accredited to deliver the Mary Seacole programme on behalf of the system.
- Developing our improvement methodology around our theory of change – including the launch of a learning for Improvement workshop.

- Launch of a pilot programme in collaboration with University of Cumbria – level 7 module in Leadership through Transformational Learning – to date nearly 50 people have or will be attending. Evaluation from the first cohort is being written up as an academic paper.
- Boost are continuing to host a system coaching network providing free coaching out to health and care staff. We are currently training 15 more health and care staff to become accredited coaches and continue to offer CPD and supervision.
- Launched the system leadership community of practice with an inaugural Professor Michael West Compassionate Leadership Webinar.
- Continue to support the ICB 2.0 staff offer with individual, resilience and team coaching, supportive conversation, career conversation and interview skills training and other wellbeing support.

#### 4.13 International Women's Day

For this year's International Women's Day, the theme was 'Inspire Inclusion', and some of our staff and partners shared their experiences and what has inspired them in their professional and working lives. It was fantastic to see all of the activity designed to celebrate International Women's Day.

There really are some inspiring stories both past and present of women's contribution to our health and care system across the region. I encourage you to take some time to listen, read and take in this vast array of work which clearly shows women's resilience, determination, and innovation.

On the day, it was timely to announce that women in Sunderland will be among the first to benefit from a series of new women's health hubs<sup>2</sup>. The new hub – one of three currently in development in the region – will offer a range of services including expert menopause advice, long-acting contraception fitting, health checks and cervical screening. This new service will make a huge difference in women's lives, offering a more holistic approach tailored to women's needs, reducing the need for multiple appointments at different locations and times, saving time and money and making it easier to access multiple services at the same time. Further women's hubs in Gateshead and Cumbria will open soon.

### 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:** 18 March 2024

<sup>2</sup> [Region's first women's health hub launches on International Women's Day | North East and North Cumbria NHS \(northeastnorthcumbria.nhs.uk\)](https://northeastnorthcumbria.nhs.uk)

## Appendix 1

Between 30 January – 19 March 2024 the NENC Executive Team have undertaken the following visits:

<b>NENC Organisations</b>	<b>Number Of Visits</b>
NHS Foundation Trust / Providers	23
Local Authority	14
Place (including community and voluntary sector)	18
Community and primary care (including general practice)	6

## Appendix 2 – Joint Forward Plan