

**North East and North Cumbria Integrated Care Board**

**Minutes of the meeting held in public on 30 January 2024 at 10am,  
The Durham Centre, Belmont**

**Present:** Professor Sir Liam Donaldson, Chair  
Samantha Allen, Chief Executive  
Christopher Akers-Belcher, Healthwatch Representative  
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  
Lisa Taylor, Voluntary Community and Social Enterprise Representative

**In Attendance:** Deborah Cornell, Director of Corporate Governance and Board Secretary  
Sir James Mackey, CEO, Newcastle Upon Tyne Hospitals NHS Foundation Trust (item B/2024/118)  
Ewan Maule, Director of Medicines and Pharmacy (item B/2024/116)  
Professor Kath McCourt, Interim Chair, Newcastle Upon Tyne Hospitals NHS Foundation Trust (item B/2024/118)  
Kamini Shah, Dental Public Health Consultant, NHS England (item B/2024/115)  
Toni Taylor, Governance Officer (minutes)

**B/2024/99 Welcome and Introductions (agenda item 1)**

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:

- Michelle Hudson, Coloplast Ltd
- Carolyn Smith, Pfizer Internal Medicine

The Chair announced the appointment of Professor Pali Hungin who will commence his role as an Independent Non-Executive Member of the Board on 1 March 2024.

The Chair noted Jon Rush, Independent Non-Executive Member would be leaving the meeting early, however the meeting would remain quorate.

**B/2024/100 Apologies for Absence (agenda item 2)**

Apologies were received from, Dr Hannah Bows, Independent Non-Executive Member, Annie Laverty, Executive Director of Improvement and Experience and David Stout, Independent Non-Executive Member.

**B/2024/101 Quoracy (agenda item 3)**

The Chair confirmed the meeting was quorate.

**B/2024/102 Declarations of Interest (agenda item 4)**

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

The following declarations were highlighted under item 11 – Newcastle Upon Tyne Hospitals NHS Foundation Trust;

- Claire Riley – Brother-in-Law works for Newcastle Hospitals
- Levi Buckley – partner is Chief Executive of Healthworks. Healthworks provide services to Newcastle Hospitals for community-based interventions.

The Chair noted the indirect conflicts already declared on the register and members were able to take part in the discussion.

**B/2024/103 Minutes of the previous meeting held on 28 November 2023 (agenda item 5)**

**RESOLVED**

The Board **AGREED** that the minutes of the meeting held on 28 November were a true and accurate record.

**B/2024/104 Action log and matters arising from the minutes (agenda item 6)**

The action log had been updated before the meeting and there were no further updates.

**B/2024/105 Chief Executive's Report (agenda item 7)**

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.

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.

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.

The Chief Executive thanked 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.

NHS England update on 2024/25 planning

Interim guidance was published with the full planning guidance expected in January 2024. The ICB has commenced work with partners to set out actions and milestones and coordinate the plan for the year ahead, alongside financial planning for future years.

It was highlighted to the Board that the delay of the full planning guidance has had a significant impact on the voluntary sector, with lack of clarity from April 2024. As a result the voluntary sector has seen a loss of key members of staff who will need to be recruited and replaced if services continue. The voluntary sector acknowledges that for the last two years there have been factors out of the ICB's control but would welcome working together as a system to ensure this doesn't happen in the future.

### ICB Running Cost Reduction

Work continues to achieve the national requirement to reduce running costs by 30% and is expected to conclude by the end of March 2024.

### Financial Position

A revised forecast outturn deficit position of £35m for the ICS was approved by the Board in November 2023, an improvement on the original planned £50m deficit.

### Strategic Integrated Care Partnership

The last Strategic Integrated Care Partnership (ICP) meeting took place on 7 December where updates were received as follows:

- Healthier and Fairer Work Programme
- Innovative Housing, Health and Care Programme

It was noted in terms of the children and young people priority, that it would be good as a system to feed into the work of the National Stakeholder Council who met for the second time yesterday and involves Department for Education and NHS England colleagues.

### Newcastle Upon Tyne Hospitals NHS Foundation Trust

There is a dedicated item on the Care Quality Commission publication later in the meeting, where the Chair and Chief Executive will be in attendance.

### System Leadership Group

The first structured meeting of the System Leadership Group (SLG) was held on 29 November 2023, which is co-chaired by Sam Allen, ICB Chief Executive and Mike Green, Chief Executive Officer of Stockton-on-Tees Borough Council.

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.

The ICB Chief Executive and Executive Lead for Mental Health, Learning Disabilities and Autism are scheduled to meet with the Minister alongside Adult Social Care Directors at the end of February. The aim is to look at what the government can do to support the North East and North Cumbria as a system in relation to individuals with learning disabilities who remain in institutionalised care settings.

### Community Based Acute Respiratory Infection (ARI) Hubs

Mobilisation of ARI hubs began in early December 2023. As of January 2024, there are 33 ARI hubs in place across 14 Places providing an additional 25,000 appointments in the system. This development and virtual wards will be evaluated to assist planning for winter and to look at whether the investment is delivering the outcomes and value for money.

### Shared Care

The NENC ICB has a range of shared care agreements for the ongoing prescribing and monitoring of patients within community and primary care settings. 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. A Local Enhanced Services Review Group has been established working closely with the Regional Local Medical Committee on understanding the shift of additional work in primary care.

It was highlighted the need to look at neurodiversity as a Board and as a wider system with regards to shared care.

With regards to the General Practice (GP) access recovery work around the Fuller Principles it was noted there to be a disconnect with regards to the community mental health transformation. There are models where the GP demand has reduced in the context of how as a community, we look at mental wellbeing and mental health needs. GP demand across the system needs to be looked at in a more integrated way.

### Measles

There is a growth in measles outbreaks in some communities across England. Overall NENC has not had a measles case since April 2023 and community uptake of the MMR vaccination is high across the region. However, there are still some communities where vaccination rates could be higher, and work is underway with the vaccinations teams and regional and local partners to ensure we increase further the vaccination rates in those areas.

### Right Care Right Person

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 people receive the most appropriate and beneficial care for their needs.

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 forces in the region will follow over the coming months, working closely with third sector and community / voluntary sector.

The Board's attention was drawn to some national anecdotal cases from quality perspective that could be looked at and the learning incorporated into this work.

#### Patient Voice Subgroup

The Patient Voice Subgroup which reports into the ICB Quality and Safety Committee was established in partnership with Healthwatch and VCSE. The subgroup considers and triangulates various sources of stakeholder and service user feedback to understand concerns and support continuous improvement.

#### Joint Forward Plan

In preparation for the 2024/25 planning round, and the refresh of the joint forward plan, the ICB has been developing proposed commissioning intentions. There is a plan in place to engage with partners and stakeholders through place-based arrangements.

#### Complaints Themes and Learning Actions

Healthwatch have been gathering evidence on the effectiveness of the incentivised access plan for dentistry. The Board were updated that to date 277 responses have been received and Healthwatch are now moving into the next phase which include mystery shopping of dentists across the region. The Board thanked Healthwatch for their support in the dental work.

#### WorkWell Vanguard Programme

The ICB submitted a comprehensive bid of £3m to design and deliver WorkWell Vanguard Services to tackle health related causes of economic activity. As part of the bid three areas across the system were selected based on data and the level of worklessness; Carlisle, Middlesbrough and South Tyneside. If successful, funding to ICBs will run for two years from April 2024. The Chief Executive commended Dan Jackson, Director of Policy, Involvement and Stakeholder Affairs who coordinated the bid work with local authorities and the Department of Working Pensions.

#### **RESOLVED:**

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

### **B/2024/106 Board Assurance Framework (item 8.1)**

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

The Board Assurance Framework 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 was reviewed by the Executive Committee and the Audit Committee before submission to the Board and had some minor changes as a result which are highlighted in red. A copy of the corporate risk register is available at appendix 2.

**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 **APPROVED** the BAF for 2023/24.

**B/2024/107 Highlight Report and Minutes from the Executive Committee held on 14 November and 12 December 2023 (item 8.2.1)**

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

A decision log to provide the Board with a detailed overview of the items requiring decisions by the Executive Committee has been shared with members. The Board's feedback is welcome with regards to any further improvement suggestions.

The following items were submitted to the meeting of the Committee and details are contained within the decision log at appendix 2:

- Business Case – Establishing and Enhancing Acute Respiratory Infection (ARI Hubs) Winer 2023/24.
- Workforce Development Funding.

The Committee noted 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 14 November and 12 December 2023 for information and assurance.

**B/2024/108 Finance, Performance and Investment Committee held on 7 December 2023 (item 8.2.2)**

An overview of the key points from the Finance, Performance and Investment Committee meeting held on 7 December 2023 were presented.

**Terms of Reference review**

The Terms of Reference are being reviewed in terms of efficiency and capital oversight which links closely to Executive Committee.

**Performance Oversight**

There has been changes to NHS Oversight segmentation with two Trusts moving from segment two to three.

Mental health service waiting times continue to be a priority.

### Finance

The Committee received updates on the system finance position and revised 'H2' forecasts, capital oversight arrangements and 2024/25 financial and operational planning.

### Independent sector cost

Deep dive work is underway to look at how allocations are spent and how patients get service within our local area.

The Committee meeting scheduled on 4 January 2024 was cancelled due to quoracy and system pressures. The next meeting is scheduled for 1 February 2024. The confirmed minutes of December and February's meeting will be submitted to the Board in March 2024.

### **RESOLVED**

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

### **B/2024/109 Highlight Report and Minutes from the Quality and Safety Committee held on 9 November 2023 (item 8.2.3)**

An overview of the discussions and approved minutes from the Quality and Safety Committee meeting held on 9 November 2023 were presented.

### Patient involvement and experience

The Committee heard a patient story which focused on neonatal intensive care unit experience and reflections. A very thoughtful account of the difficulties experienced in the first year of a baby's life where there are lots of illness and movement around hospitals. The patient story highlighted the importance of information being communicated in the right way at the right time and also for provider trusts to have the involvement of Voluntary, Community and Social Enterprise (VCSE) organisations in supporting those families.

### Patient Safety Incident Response Framework (PSIRF)

The report provided an overview of the ICB workstream to support the transition to the PSIRF for all providers. The ICB was working with the Trusts to ensure they had a PSIRF plan and policy signed off by the end of November 2023. The Committee was assured that the majority were on track to deliver this. There is learning from the early adopters which will be shared.

The Committee's main focus is patient safety, patient experience and clinical effectiveness. It is important the Committee looks proactively at the learning to identify what has been learnt and how we need to move forward.

The Executive Chief Nurse and People Officer noted the quality strategy which was currently under development and will incorporate the learning and improvement element.

**RESOLVED**

The Board **RECEIVED** the highlight report and confirmed minutes for the Quality and Safety Committee meeting held on 9 November 2023 for information and assurance.

**B/2024/110 Digital, Data and Technology (DDaT) Strategy (item 9)**

The strategy for health and care enabled transformation through Digital, Data and Technology builds upon and replaces the previous North East and North Cumbria Integrated Care System 2019 and 2020 Digital Strategies.

Although the DDaT Strategy spans a three-year time period, it is acknowledged that given the rapid rate of technological change, there may be future updates and iterations.

Annual strategic deliverables will be picked up during the joint forward plan process and will be monitored on a twice-yearly basis for adherence and compliance with the stated delivery plan.

The strategy has been developed to fully align with and enable, the Integrated Care Partnership "Better Health and Wellbeing for All" Strategy.

The strategy outlines five key and interlinked strategic themes, to deliver the digital vision:

- **The essentials** – Getting the basics right.
- **Improving** – Continuing to advance and innovate.
- **Connecting** – Linking the region and beyond.
- **Empowering** – Bringing personalised care closer to home.
- **Insight** – Using data in context to deliver action.

Stakeholder and partner engagement has taken place, with feedback incorporated into the production of the strategy. There has also been patient and public involvement in the development of the strategy through Healthwatch and VCSE colleagues.

A shortened, easier read version of strategy will be created. A video animation is currently available on the ICB website to help colleagues and members of the public understand the opportunities.

The Chief Executive brought to the attention of the Board a digital inclusion project in North Tyneside which was showcased through Boost learning and improvement community.

The DDaT won't stand alone and will create a framework for other strategies including;

- Digital Primary Care Strategy
- Digital Inclusion Strategy

- Cyber and Data Security Strategy

6% of the NENC population currently have no access to the internet at home. The addition of people with no access to digital devices, highlights the importance of delivering the Digital Inclusion Strategy.

*Jon Rush left the meeting at 11:08am.*

The Executive Director of Finance noted regular meetings will take place with Her Majesty's Treasury in Darlington looking at experiences of health and social care in the North East and what the future should look like. The importance of investing in digital is high on the agenda.

It was noted there to be a workforce challenge and the need to retract and retain DDaT professionals to support the implementation of these technologies.

The Chief Executive committed to cost out the impact of delivering the strategy looking at a collaboration and shared approach across the system and how we utilise resources. This will be followed up through Executive Committee and the Board will be updated in six months.

**ACTION:**

**The Chief Executive to update the Board in six months' time on the cost impact of delivering the DDaT strategy.**

An overview of the DDaT Strategy was presented at a Board development session during December 2023, subsequent feedback was received and included in the final strategic document.

The Integrated Care Board is asked to receive this 2023-2026 DDaT strategy and consider approval and subsequent publication.

**RESOLVED**

The Board **APPROVED** the Digital, Data and Technology Strategy for publication.

**B/2024/111 Integrated Delivery Report (item 10.1)**

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 Chief of Strategy and Operations drew the Board's attention to the following:

**Care Quality Commission (CQC)**

Newcastle Upon Tyne Hospitals NHS Foundation Trust CQC report has now been published and the rating confirmed. Tees Esk and Wear Valley NHS Foundation Trust's overall rating remains

unchanged as "Requires Improvement". North Cumbria Integrated Care NHS Foundation Trust's overall ratings have remained the same as "Requires Improvement", however the CQC noted clear improvements since last inspection in 2020.

#### NHS Oversight Framework

Newcastle Upon Tyne Hospitals NHS Foundation Trust and County Durham and Darlington NHS Foundation Trust moved from segment two to segment three with identified needs for mandated support. NENC ICB will work with NHS England and both Foundation Trusts to determine the actions required to provide the bases for a de-escalation back into segment two.

#### NENC System Performance, Improvement and Oversight Group

The newly established NENC System Performance, Improvement and Oversight Group maintains oversight of the overall system and individual provider performance against the NHS operational performance waiting time standards. The first meeting in December 2023 had a detailed discussion in relation to urgent and emergency care pressures with an action to establish an ambulance data task and finish group across the system. The second meeting looked at neurology cancer pathways.

#### Ambulance response times

Category two response national objective is an average of 30 minutes. North East and North Cumbria's current average in December is 42mins:29s, with the North East Ambulance Service ranked at 5/11 of all ambulance providers. January 2024 has seen a further improvement.

#### 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 December 2023 was 24mins:18s, with a plan to reach 19mins:4s by March 2024.

#### A&E 4 hour wait times

A&E performance has been deteriorating since August 2023 and remains below plan at 73.9%. The current plan has been revised as part of H2 2023/24 from 81% to 79.2%. Formal recovery plans are in place with the most challenged organisations.

#### 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.

In the week ending 14 January 2024, there were 152 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.

Waiting times continue to be impact by industrial action. However, an improvement was noted as of last week with 600 patients coming off the 65-week waiting list.

*Dr Neil O'Brien left the meeting at 11:16.*

#### Cancer

NENC remains behind plan for 62-day backlog reduction. Sunderland South Tyneside NHS Foundation Trust were commended for their significant sustained improvement in neurology waiting times.

#### Waiting time for children and young people in mental health services

Trends in mental health waiting times across NENC ICB have been incorporated into the report from this month. Work is underway to look at the recovery actions to address these long wait times with new models of care and increase in capacity.

#### Adult mental health waiting times

The NENC plan for 2023/24 shows improvement in performance reaching 162 by quarter four for the number out of area placement bed days.

The NENC two mental health trusts were commended for their work. As of October, CNTW had 0 inappropriate out of area placements and TEWV reported an improved position at 5.

*Dr Neil O'Brien re-entered the meeting at 11:26.*

The performance report will support the delivery of improvement plans and will include progress updates. The ICB are not expecting any national metrics in relation to mental health waiting times.

13,000 adults waiting for a diagnosis will be missing out on opportunities to better understand their condition and self-help options.

The Elective Recovery Fund supports physical health activity to help reduce waiting times, the Board noted the need for something similar for mental health.

NENC ICB previously reported a doubling in monthly demand for children and young people's mental health. The approach to tackle this demand includes;

1. Waiting list initiative to try and tackle some of the urgent backlog.
2. Redesign of clinical model in primary care, secondary care and local authority in terms of children with special educational needs and disabilities.
3. A deep dive in adult ADHD.

Local authority partner member drew the Board's attention to the increasing number of referrals into adult and children's social care with regards to mental health support due to the unavailability of health services. The number of children being excluded from school are also significantly increasing nationally, some of whom may have undiagnosed mental health.

#### Serious Incidents

The data on the number of serious incidents is no longer reported. Providers are now underway with their transition to Patient Safety Incident Response Framework (PSIRF) and will cease the application of the former serious incident framework.

When looking at the new arrangements it's important to look at the impact on openness, accountability and learning.

It was suggested whether the Board schedule a session to look at whether are we prioritising through programmes areas of work that would impact our population the most including;

- Urgent and emergency care
- Community services
- Mental health

#### **RESOLVED**

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

#### **B/2024/112 Finance Report (item 10.2)**

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

Work continues across the system to review the position, seek to identify mitigations and collectively work to manage potential risks. Financial controls are being actively reviewed with additional controls implemented where necessary.

#### ICB Revenue Position

As at 30 November the ICB's position is in line with plan. Prescribing costs are running at 13% due to price.

### ICS Revenue Position

As at 30 November 2023, the ICS is reporting an overall year to date (YTD) deficit of £29.7m compared to a planned deficit of £48.6m. It is expected month 9 will report a deficit of £35m.

The ICS Efficiency programme is on track to deliver the total required of £408m however it should be noted that the level of recurrent efficiency delivery is expected to be circa £63m behind plan (around 1% shortfall). This is mainly within the provider part of the ICS and effectively makes the 2024/25 financial plan more challenging.

### Risk

Net risks have reduced significantly this month following confirmation of additional non-recurrent support funding and changes to Elective Recovery Funds. As at 30 November 2023, overall net risks are estimated at £10m across the ICS, compared to £88m at month 7.

The ICB reported to NHS England that industrial action for December and January cost around £11m.

### 2024/25 Financial Plan

Work is progressing on the 2024/25 financial plan although formal planning guidance is yet to be issued and the development of a medium-term financial plan for the ICS, incorporating a financial recovery plan.

### **RESOLVED:**

The Board **NOTED** the latest year to date and forecast financial position for 2023/24, the financial risks across the system still to be managed and the agreed revised system forecast position which will be reported at month 9.

## **B/2024/113 NENC ICB Emergency Preparedness, Resilience and Response (EPRR) NHS Core Standards Self-Assessment 2023/24 (item 10.3)**

The Executive Chief of Strategy and Operations provided the Board with an overview of the North East and North Cumbria Integrated Care Board's self-assessment against the NHS England EPRR core standards for 2023-24.

The NHS England EPRR Core Standards process changed for 2023-24. Building on a pilot held in the Midlands region in 2022, NHS England introduced an amended assurance process for all ICBs in the North East and North Cumbria, North West and Yorkshire.

The pilot process involved a re-basing of the EPRR Core Standards used in previous years and introduced an enhanced

threshold for evidence based on similar levels of scrutiny as adopted during the Manchester Arena and Grenfell Inquiries.

In December 2023, after feedback from NHSE and using the revised standards and higher evidence threshold, NENC ICB was self-assessed as being non-compliant with an overall score of 49%.

The four areas of non-compliance relate to;

- EPPR Core Standards Workplan 2024
- Business Continuity Management
- Training and Development
- Review of On-Call Rotas.

It is important to note that although the ICB has declared itself as being non-compliant, the organisation has rigorous and robust plans in place and has used them regularly to manage any significant incidents in line with their category 1 responsibilities.

The Strategic Control Centre has been signed off as fully compliant against the national framework.

Since inception in July 2022, the ICB has regularly shown the ability to respond to significant incidents and impacts including industrial action, adverse weather, medicine shortages, outbreaks and placement of unaccompanied migrant children.

Since September 2023, the ICB EPPR Team have managed to quickly gather evidence for several previously non or partially compliant standards in the Governance, Command and Control and Response domains. The ICB also held a successful EPPR table-top exercise with multi-agency partners in December 2023 which helped attain several standards that would increase our current self-assessment rating to 62%.

A formal monthly system group is now in place, working together with partners to deliver the revised compliance sets of policies and arrangements required to be in place to achieve a substantial compliance rating.

**RESOLVED:**

The Board **APPROVED** the NENC ICB EPPR Core Standards self-assessment as validated by the Local Health Resilience Partnership (LHRP) and Regional Health Resilience Partnership (RHRP).

The Board **ACKNOWLEDGED** a workplan was in place, overseen by the ICB EPPR Steering Group, to ensure rapid progress in enhancing EPPR Core Standards during 2024.

**B/2024/114 Executive Medical Director Report (item 10.4)**

The Executive Medical Director provided an update on a selection of medical directorate priority programmes.

Waiting Well

The aim of the Waiting Well project, initiated in August 2021, is to support patients across North East and North Cumbria on the routine list for surgery to prepare physically and psychologically ahead of their procedure.

A digital solution, the Waiting Well dashboard, was developed to provide near real-time information relating to patients who were currently awaiting a procedure with the ambition to improve clinical outcomes.

Figures to the end of October 2023 show that:

- 6575 patients have been contacted and offered support.
- 79% of those contacted were from deciles one and two.
- 2601 accepted support (40%).
- 68% of those who accepted are from deciles one and two.

Early data shows patients reported improvements in their overall quality of life, reflecting the five dimensions of mobility, self-care, usual activities, pain/discomfort, and anxiety/depression.

The team are currently working with academic teams from Teesside University to apply for a research grant to undertake a full health economic evaluation. A further update will be brought to the Board following the evaluation.

Winter Pathogens

Data on flu, COVID and acute bronchiolitis outlines the peaks and troughs of winter pathogen demand placed on the local system.

Many scenarios were planned for, including the scenario below which describes the pattern of this year's prevalence of winter pathogens;

- A rise in respiratory admissions through September 2023
- A rise in COVID cases through Autumn with a peak in demand mid-winter
- A rise in flu in early January 2024
- A peak in Respiratory Syncytial Virus (RSV) in November 2023
- With normal levels of scarlet fever and invasive Group A Strep.

RSV followed the usual seasonal pattern this winter and is now falling sharply. This is good news for paediatrics and hopefully

next year we will have more success with the proposed vaccination programme.

The ONS data suggests the most recent COVID JN.1 wave has now peaked and has not caused undue pressure on hospitals in comparison to what was seen in previous winter waves.

The flu wave may have also peaked and the impact in terms of hospitalisations has been much lower than seen in pre-pandemic years. Hospitalisations for flu at regional level are below England levels and much lower than we saw last year or in pre-pandemic years.

#### Post Covid Services

Commissioning for post COVID services transitions to the ICS from April 2024, the updated guidance is intended to be used as a blueprint for best practice in supporting people with long COVID and is designed to be adapted to local needs.

The updated guidance sets out the expectation that specialist post COVID services should continue to be commissioned by ICSs and that ICBs should appoint a named lead to oversee delivery of post COVID services.

There are no significant changes proposed to the model of care provided by post COVID services and the expectation is that patient experience and access to services should not be impacted by the transition of commissioning responsibility from national to ICS level.

The guidance emphasises that a positive COVID test is not required for referral to a post COVID services and re-access to services after discharge should be available to patients should their condition deteriorate.

Although adult referrals into services have increased, there is a feeling services are less busy, contrasting with the data that suggests otherwise. Nationally, the numbers are small for children and young people compared to adult but waiting times are increasing.

#### Diagnostics Programme

The November performance data show that in NENC ICS there is a steadily improving position with 14.8% of patients waiting more than 6 weeks for their diagnostic tests (compared to the NEY position of 17.5% and the national position of 23.3%).

In the short term, opportunities for providers to give mutual aid to trusts with longer waiting lists is being explored alongside expanding diagnostic capacity through the development of

community diagnostic centres and additional diagnostic equipment.

A review of the compliance with NICE guidance has been undertaken regarding GPs having direct access to request diagnostic tests for suspected cancers (particularly imaging tests).

Most providers are compliant with this and in the few cases where this is not currently available (although alternative referral pathways are in place) work is underway with the primary and secondary care clinicians to agree a solution.

There is new national guidance regarding further direct access to additional diagnostic tests in respiratory and cardiac services and the ICB is in the process of reviewing this.

The new digital diagnostic projects will help to facilitate more flexible use of capacity by streamlining and simplifying the referral process onto a common platform and provide an opportunity to review referral pathways.

**RESOLVED:**

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

**B/2024/115 Water Fluoridation (item 10.5)**

The Executive Area Director presented Improving Oral Health and Reducing Inequalities in the North East and North Cumbria: Water Fluoridation.

Kamini Shah, Consultant in Dental Public Health NHS England was in attendance as a subject expert to answer any questions and support the discussion.

The challenges will be tackled in three phases;

- Immediate actions to stabilise services
- Strategic approach to workforce and service delivery
- Development of an oral health strategy to improve oral health and reduce the pressure on dentistry.

There are four key facets of good oral health;

- Using fluoride toothpaste
- Regular check ups
- Application of fluoride varnish when needed
- Whole population water fluoridation.

All four UK Chief Medical Officers advocate water fluoridation as an effective public health intervention. The Government wants to expand water fluoridation across the North East to reach an

additional 1.6 million people. This is subject to public consultation and due to start early 2024.

Some areas in the North East are already covered by water fluoridation scheme since 1969. This scheme currently does not cover North Cumbria.

Tooth decay is largely preventable, however remains a serious health problem. Water fluoridation is an effective and safe public health measure. Fluoride in water can reduce the likelihood of experiencing dental decay and minimise its severity.

The impact is greatest for those areas with higher health needs and can reduce this inequality, especially with regard to children living in the most disadvantaged circumstances.

The government has the power to introduce water fluoridation schemes subject to consultation. Depending on the outcome, work will be undertaken with the water company over the next few years to implement the scheme.

In advance of the broader oral health strategy and to help achieve consensus across the North East the Board are asked to support in principle in advance of the formal consultation going live online and start to look at how we respond to this individually but also collectively.

The Board noted water fluoridation to be a cost-effective beneficial way to prevent disease and reduce health inequalities.

It was noted local authorities have either refreshed or are in the process of refreshing their oral health strategies looking at prevention also.

**RESOLVED:**

The Board **RECEIVED** the presentation and **NOTED** the progress to date.

**B/2024/116 Medication use and practice in North East and North Cumbria analysis and action (item 10.6)**

The Executive Medical Director presented Medication use and practice in North East and North Cumbria analysis and action.

Ewan Maule, Director of Medicines and Pharmacy in the ICB was in attendance as a subject expert to answer any questions and support the discussion.

Primary care spend for medication is approximately £600m per year, which equates to 10% of all ICB spend, with a further £400-500m per

year spent through secondary care. The prescription budget can be volatile and is closely linked to supply chain challenges.

Prescriptions can be therapeutic and help ease or prevent symptoms.

As a system prescribing is managed in a number of ways;

#### Formulary, guidance and governance

A single formulary is used across North East and North Cumbria with a formulary working group in place across primary and secondary care providing advice on effective and cost-effective medication. Formulary compliance and variation is monitored and benchmarked across prescribers.

#### Changing behaviour

Incentives or behavioural insights and communications are used to help change prescribing behaviours.

#### Improving systems

Medicines Optimisation Pharmacists work at a system level in practices and Primary Care Networks (PCNs) to advise and support prescribers in their decisions.

#### Prevention and non-pharmacological

Preventing long term ill health and the consequent resource utilisation of that. Promoting non-pharmacological options where these are evidence based.

The North East and North Cumbria has a higher spend than the England average on medicines, but good at cost efficient prescribing with low cost per item but high on prescribing volume. This is closely linked to deprivation and is highly reflective of the demographics.

Work is underway nationally to look at prescribing. NHS England have produced a list of 16 areas for systems to focus on, which are a mix of financial, quality and safety measures. NENC have prioritised five areas;

- Addressing problematic polypharmacy/overprescribing
- Improving valproate safety
- Reducing opioid use in non-cancer pain
- Appropriate use of blood glucose meters and testing strips
- Obtaining secondary care medicines in line with framework agreements.

It can be challenging in primary care to do a comprehensive medical review due to time pressures. The workforce has been enhanced with practice pharmacists now carrying out comprehensive medication reviews which could reduce overprescribing, hospital admissions and adverse outcomes.

Understanding the complexity surrounding the prescribing decision is really important and improving these could improve prescribing rates. Some of these complexities could include;

- Long secondary care waiting lists
- Lack of non-pharmacological alternatives such as counselling
- General practice pressures and limited time for medicine reviews
- Virtual appointments
- Private providers – people accessing healthcare in other ways not limited by guidelines
- Poor health literacy.

North East and North Cumbria are high prescribers in the number of patients taking more than 10 medicines, but lower growth than other areas in terms of the England average.

The Overprescribing Strategy is currently in development and will form part of the wider ICB clinical strategy. There are four categories of action being taken as part of this strategy;

- Engaging the system
- Patient engagement
- Formularies and guidance
- Evidence based systems and deployment of resources

Medicine supply is a problem for the entire country, this year has seen double the supply problems compared to 2022 and currently affects 10% of prescribed medicines at any one time. Managing shortages demands significant resources from the system and impact on patient care.

Cost concessions, temporary higher prices for medicines in short supply, cost the ICB over £15m last year.

A new systemwide Medicines Safety Group has been established with representation from all sectors of healthcare. The group's two main priorities are;

1. Valproate in pregnancy
2. Opioids

A recent campaign was proven to be successful in the reduction of opioid prescribing. The number of patients on high dose opioids has reduced from 8,256 in 2018 to 3,804 last month (54% reduction). North East and North Cumbria has moved from highest prescriber of opioids in England to the 78<sup>th</sup> centile. There is still more work to do but a great example of how good campaigns, public engagement, advice for prescribers and informing the public can make a big impact on safety.

Shared care is impacting on prescribing and is challenging because of the increasing workload in primary care along with waiting lists in secondary care.

Preventative prescribing represents a short-term challenge to resources, for longer term outcome improvement and requires balance between using new technologies versus promoting non-pharmacological approaches.

Engagement with the pharmaceutical industries and medical technology industries has significant potential to improve quality of care and drive investment in North East and North Cumbria.

ICB Industry Forum has been established supported by Health Innovation North East and North Cumbria and is in its infancy.

The Medicines Optimisation Strategy currently in development is a systemwide approach to improving the effectiveness, safety, quality and efficiency of medicines use. The ICB will engage patients, prescribers and all parts of the system in the development of the strategy and will also be informed by behaviour insights work.

**ACTION:**

**The Executive Medical Director to present the Medicines Optimisation Strategy at a future Board meeting.**

The North East and North Cumbria ICB are the highest prescriber for anti-depressants in the country, this is an area of focus in both the Mental Health Strategy and Medicines Optimisation Strategy.

Prescribing for people with learning disabilities was not included in the 16 areas of focus provided by NHS England but the ICB recognise this is an area that should be focussed on more.

General practice has access to systems whereby they can see which drugs are most cost effective for the condition identified, however this is not real time prices. The ICB Medicines Optimisation Team carry out the manual process of updating the system on a monthly basis.

Exploring the use of Artificial Intelligence was suggested as a potential way of supporting clinicians in carrying out medication reviews.

The data is there, it's often around what questions to ask the system. Having the ability to know what the key questions are and ask them. Data can be provided very quickly.

The Board's attention was drawn to the Patient Safety Research Collaboration (PSRC) led by Professor Anthony Husband, Head of the School of Pharmacy, Newcastle University where there is also

focus on the use of medicines. The ICB Director of Medicines and Pharmacy is involved in the work of the PSRC.

**RESOLVED:**

The Board **RECEIVED** the presentation.

*Dr Neil O'Brien left the meeting.*

**B/2024/118 Newcastle Upon Tyne Hospitals NHS Foundation Trust Care Quality Commission (CQC) Report (item 11)**

The Interim Chair and newly appointed Chief Executive of Newcastle Upon Tyne Hospitals NHS Foundation Trust attended to present an overview of the challenges and actions identified in the recently published Care Quality Commission report.

The CQC report was published on 24 February 2024 following an inspection of services. The overall Trust rating was Requires Improvement. Within this, the 'Caring' domain was rated as 'Good', and the 'Well-Led' domain rated as 'Inadequate'.

In conjunction with the publication of the CQC report, a separate report was published following a focussed inspection on the Cardiothoracic Surgery Department.

The CQC imposed conditions on the Trust's registration with a requirement for the Trust to take action to address the areas of concern. The Trust are required to implement an effective governance system within 28 days.

CQC throughout their inspection identified issues around;

- Culture and behaviour
- Incident reporting
- Freedom to speak up and fear of repercussions
- Defensiveness and denial
- Compliance with safety processes
- Governance and leadership

There has been a lot of work underway already to implement improvements in the Trust including;

- Board session on risk and hotspots in December 2023
- Non- Executive Director discussion on governance and oversight
- Engagement with staff and partners
- Staff roadshows
- Reshaping/resetting governance, decision making and oversight
- Review of Board skills, capacity and capability
- Board Development Framework
- Direct oversight and intervention in Adult Cardio Surgery.

The Board and Committee structure was reviewed and significant changes made;

- A Technology and Data Committee established to allow a more dedicated and focused Quality Committee.
- Assurance Committee re-established.
- Eight new Clinical Boards are being developed.

Learning next steps have been identified for implementation right across the system. A path is to be agreed with CQC to confirm the approach to conditions imposed and reinspection.

The Trust has recognised that due to pressures within the system such as the pandemic, the Board and Executive Team have not had the downtime to reflect and develop.

It is inevitable with such a big organisation, that some teams will work more closely than others. The North East is known for having a more static workforce, where individuals often work in the same place for most of their career, this can bring its advantages and challenges. It is hoped the Clinical Boards once established will ensure consistency of values standards and expectations.

Cardiothoracic Surgery Department was noted to be in a separate building and mental health secure units locked behind doors due to the nature of the service. It is important to find ways to open the doors and help people feel connected. It can make a huge difference to people when their interactions with colleagues are kind and supportive.

Newcastle Hospitals implemented the Electronic Patient Record (EPR) system in 2017 but allowed other systems to exist and interface alongside. This then caused some issues and risk, particularly around the recent issue highlighted with regards to patient letters. A session is scheduled with the EPR team to map out the process to tackle the issues and fix the system.

It was noted the hospital's Freedom to Speak Up arrangements were in place late 2022, with the inspection taking place June 2023. This is a priority for the Trust when engaging with staff to test, reinforce and communicate the process and encourage people to speak up.

*Cath McEvoy-Carr left the meeting at 14:29.*

It was noted that Healthwatch felt reassured that the caring domain was rated as 'Good' and can support the Trust with building the confidence of patients and public throughout the improvement journey.

The Board thanked the Interim Chair and Chief Executive for their attendance today providing assurance on their progress to date.

**Item: 5**

**RESOLVED:**

The Board **RECEIVED** the update and were **ASSURED** on the progress of actions.

**B/2024/119 Questions from the Public on Items on the Agenda (item 12)**

No questions were received from the public.

**B/2024/120 Any other business (item 13)**

There were no other items of business.

**The meeting closed at 14:35**

DRAFT