

**North East and North Cumbria Integrated Care Board
Executive Committee (Public)**

**Minutes of the meeting held on Tuesday 12 March 2024, 10:55hrs in the
Joseph Swan Suite, Pemberton House, Colima Avenue, Sunderland**

Present: Sam Allen, Chief Executive (Chair)
Levi Buckley, Executive Area Director (North & North Cumbria)
David Chandler, Executive Director of Finance
Graham Evans, Executive Chief Digital, and Information Officer
David Gallagher, Executive Area Director (Tees Valley & Central)
Jacqueline Myers, Executive Chief of Strategy and Operations
Dr Neil O'Brien, Executive Medical Director (Vice Chair)
David Purdue, Executive Chief Nurse, and People Officer
Deb Cornell, Director of Corporate Governance and Board Secretary
deputy for Claire Riley, Executive Director of Corporate Governance,
Communications, and Involvement

In attendance: Rebecca Herron, Governance Manager (Committee Secretary)

EC/2023-24/345 Agenda Item 1 - Welcome and introductions

The Chair welcomed all those present to the meeting and confirmed the meeting was quorate.

EC/2023-24/346 Agenda Item 2 - Apologies for absence

Apologies for absence were received from Claire Riley, Executive Director of Corporate Governance, Communications, and Involvement

EC/2023-24/347 Agenda Item 3 - Declarations of interest

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

The Director of Corporate Governance and Board Secretary declared an interest on Item 8.4 - Tactical On-Call Proposals due to being a staff member included on the tactical on-call rota.

The Chair noted the conflict and confirmed the Director of Corporate Governance and Board Secretary would not participate in the discussion or decision making for Item 8.4 - Tactical On-Call Proposals.

**EC/2023-24/348 Agenda Item 4 - Minutes of the previous meeting held on 13 February
2024**

RESOLVED:

The Executive Committee AGREED that the minutes of the meeting held on 13 February 2024, were a true and accurate record.

EC/2023-24/349 Agenda Item 5 - Matters arising from the minutes and action log

The Chair requested all Executive Committee members review and update their allocated actions.

Action 193 Minute reference EC/2023-24/296 Primary Care Dental Access Recovery

The Chair confirmed this action was now complete

Action 194 Minute reference EC/2023-24/297 Protected Learning Time Proposal for General Practice

The Executive Medical Director confirmed this action was now complete

Minute reference EC/2023-24/320 Executive Area Directors Update Report February 2024 (North and North Cumbria)

The Executive Area Director (North and North Cumbria) informed the Committee an initial meeting has taken place regarding the Cumbria Health Summit. It was noted the Chief Executive, Cumberland Council requested this event to be Cumberland wide. It has been agreed the event will focus on health and service integration.

ACTION:

All Executive Directors to review and update their allocated actions on the action log within one week.

EC/2023-24/350 Agenda Item 6 - Notification of urgent items of any other business

No further items of any urgent business had been received.

EC/2023-24/351 Agenda Item 7.1 - Executive Area Directors Update Report March 2024 (North and North Cumbria)

The Executive Area Director (North and North Cumbria) provided a summary of items outlined in the report.

The Committee was asked to particularly note from the report:

- Gateshead
 - A review of Children & Young People's Mental Health Pathways, Single Point of Access & Getting Help contracts has taken place. A detailed report with recommendations was presented to the Gateshead Place Subcommittee and the Subcommittee have taken the decision to support the direction of travel in that workstream.

- North Tyneside
 - It has been agreed to continue with the current BeetrootCOMMUNITY service for a 3 month period until the end of June 2024, discussions are ongoing as to how the system can be supported.
 - Special Educational Needs and Disability (SEND) work is continuing, Newcastle and Gateshead also have SEND plans in place

The Chair noted potential risks around financially challenged Primary Care colleagues, the Executive Area Director (North & North Cumbria) gave assurance to the Committee that the issues were being controlled.

The Executive Medical Director noted a consistent approach/offer of primary care support is required.

The Executive Chief Digital and Information Officer requested the estates and digital team to be involved in the approach/offer of primary care support discussions.

The Executive Chief Nurse noted the falls procurement in North Tyneside and requested a copy of the meeting notes in terms of the decision which was taken.

RESOLVED:

The Committee RECEIVED the report for assurance and NOTED the decisions and assurance logs included within the report.

EC/2023-24/352

Agenda Item 7.1 - Executive Area Directors Update Report March 2024 (Tees Valley & Central)

The Executive Area Director (Tees Valley & Central) provided a summary of the items outlined in the report.

The Committee was asked to particularly note from the report:

- County Durham
 - The engagement period about 'Getting Help' (Children and Young Peoples Mental Health) has now ended, a draft report will be produced.
 - The building work at Whitebeam Gardens, Stanley, is now complete. This has resulted in six bungalows and a staff base.
- South Tyneside
 - The new Alternative Primary Medical Services (APMS) contract for the St George and Riverside Practice has been enacted
 - Primary Care Access Recovery Plan (PCARP):17 practices are continuing work regarding their Support Level Framework

- and Progress Meetings with Primary Care Network leads have taken place
- South Tyneside and Sunderland
 - The system diagnostic that is being undertaken by Newton Europe across South Tyneside and Sunderland is nearing completion which will develop a transformation plan and future governance arrangements. It was noted this may be useful to use as a template elsewhere.
 - Tees Valley
 - Work is ongoing to ensure full diagnostic spirometry provision across Tees via a primary care led model. Based on ongoing engagement, a revised Memorandum of Understanding has been developed and issued, resulting in currently a 77% uptake rate. This however still leaves a gap in provision across the locality with no alternative.
 - Cleveland Police held a Right Care Right Person (RCRP) event for all partners on 9th Feb. It was noted other police forces are also progressing with RCRP.
 - A Rapid Process Improvement Workshop (RPIW) is in development between South Tees Hospitals Foundation Trust and North East Ambulance Service with the aim of working through and improving processes within the department.
 - Team Stockton Leadership Board, which includes senior leaders from system partner organisations across the Local Authority area, met to discuss progress in relation to a shared set of priorities.

RESOLVED:

The Committee RECEIVED the report for assurance and NOTED the decisions and assurance logs included within the report.

EC/2023-24/353

Agenda Item 8.1 – Clinical Networks Proposal

The Executive Medical Director introduced the report which provided the Committee with the proposed approach to the management and alignment of Clinical Networks (CNs) and Operational Delivery Networks (ODNs) within the Integrated Care System (ICS).

The paper outlines the review which has taken place with the Provider Collaborative of both the operational delivery networks and the system led networks across the ICB. Appendix B outlines the proposed grouping of the system networks.

The Executive Medical Director informed the Committee NHSE will continue to support the Integrated Stroke Delivery Network. The funding will be withdrawn for all other networks on 31 March 2024.

The Executive Medical Director informed the Committee if the system networks are lost this poses a risk to the ICB.

It was noted the cost to continue the clinical leadership would be £35k-£40k. There would be a requirement from the ICB to commit project and administrative support to the clinical networks.

The Committee is asked to support the approach, commit to continue the managerial support for the networks.

The Executive Director of Finance noted a concern around the cost of the broader support required from the project management office and administration.

The Executive Chief of Strategy and Operations noted if the plan is to keep all clinical networks a huge amount of resource will be required to service them. The Executive Chief of Strategy and Operations questioned if there were plans to condense the clinical networks. The Executive Medical Director confirmed the networks can be brought closer together.

Following further detailed discussion, the Committee agreed a meeting would be arranged with the regional team, provider collaborative and the ICB to discuss specialised commissioning and ODNs further and that the ICB would not replace the clinical networks.

ACTION:

The Executive Medical Director to arrange a meeting with the regional team, provider collaborative and the ICB to discuss specialised commissioning and ODNs.

RESOLVED:

The Committee REJECTED the proposal to align ODNs and CNs across the ICB.

EC/2023-24/354 Agenda Item 8.2 – Weight Management Services

The Executive Medical Director introduced the report which provided the Committee with the current situation of Tier 3 weight management services.

It was noted obesity is a preventable health condition in the North East and North Cumbria region and treating obesity-related ill health comes at a large cost to the NHS. The new medication is very effective and can only be accessed through Tier 3 weight management services at this time.

Weight management services are classified in a Tiered approach from 1-4 which are distinct levels of intervention. Definitions vary locally but usually tier 1 covers universal services (such as health promotion or primary care); tier 2 covers lifestyle interventions (structured programmes of diet and

exercise/activity typically for 12 weeks); tier 3 covers specialist weight management services (12-to-24-month programmes); and tier 4 covers bariatric surgery.

It was noted there is inequity of provision of weight management services across the ICB.

The Executive Medical Director raised a potential risk around National Institute for Health and Care Excellence (NICE) approving the medication for GP initiation would have significant financial ramifications for the NHS.

The Chair noted discussions have taken place around this paper outside of the meeting and thanked the Executive Medical Director for the paper.

The Executive Director of Finance welcomed the approach in the paper and reminded the Committee of the financial restrictions and it is not possible to do everything.

The Executive Chief of Strategy and Operations noted it is a large piece of work to develop a cost effective and clinically effective plan.

The Chair raised two questions, when NICE may approve GP initiation and when pharmaceutical could start supply and is there an opportunity from a digital innovation perspective to make this available.

The Executive Medical Director informed the Committee it is usually 3-6 months before NICE will rule on GP initiation and flagged there are at least 15-20 other weight loss drugs which are currently being developed.

Following further detailed discussion, the Committee agreed to support the development of a full business case and a work is required to determine prioritisation.

RESOLVED:

- 1) The Committee NOTED the need to invest in Tier 3 services**
- 2) The Committee AGREED to commit the resource to develop a full business case**

EC/2023-24/355 Agenda Item 8.3 – Winter Planning

The Executive Chief of Strategy and Operations introduced the report which provided the Committee with the progress of the prioritised areas of Urgent Emergency Care (UEC) as a whole system, supported by a comprehensive outline of key actions, risks and mitigations across the UEC programme.

The Executive Chief of Strategy and Operations informed the Committee this paper is for information.

It was agreed that Winter Planning would be shared for information going forward.

The Chair noted the variation in the step up and step down for frailty model and some Foundation Trusts do not have a step up model in place. The Executive Medical Director confirmed there is further work to complete on the community escalation model.

RESOLVED:

- 1) The Committee NOTED the comprehensive update on Winter across a wide range of services and programmes.**
- 2) The Committee NOTED that the long-term viability of Virtual Wards given the current state of utilisation is a significant concern. The proposed commissioning model will be presented to the ICB Executive Team in April 2024.**

EC/2023-24/356 Agenda Item 8.4 – Tactical On-Call Proposal

The Chair noted the Director of Corporate Governance and Board Secretary would not participate in the discussion or decision making due to declaring a conflict of interest at the start of the meeting.

Executive Chief of Strategy and Operations introduced the report which provided the Committee with an overview of the North East and North Cumbria Integrated Care Board's proposed changes to the tactical On-call arrangements.

The Executive Chief of Strategy and Operations informed the Committee Emergency Preparedness, Resilience and Response Team have reviewed the Tactical On-call arrangements in light of recent changes and ICB 2.0.

The current NENC ICB On-Call rotas provide cover 7 days a week, focusing on the out of hours periods with:

- Weekly on-call rota running Tuesday to Tuesday (from 17:30 to 08:30hrs)
- Weekends (from 17:30hrs Friday, to 08:30hrs Monday)
- Bank Holidays (covering the 24-hour period from 08:30 to 08:30 the next day)

The proposal is to maintain the composition of the 1st on-call rota with relevant substantive Band 9s and supplementary Band 8Ds but reduce the number of Tactical (1st) on-call rotas from four to two (One North and One South). The proposed changes will reduce the burden on Directors fulfilling the On-call function.

The Committee discussed the approach to identifying rota members. The Executive Chief of Strategy and Operations confirmed the rota inclusion criteria would be reviewed.

RESOLVED:

- 1) **The Committee APPROVED the move to 2 tactical rotas**
- 2) **The Committee APPROVED the move to 2 rota slots per week**
- 3) **The Committee APPROVED the approach to identifying rota members**

EC/2023-24/357

Agenda Item 8.5 - Medicines Decisions - TA922: Daridorexant and TA924: Tirzepatide

The Executive Medical Director introduced the report which provided the Committee with the medicine's decisions from the February 2024 Medicines Subcommittee meeting.

The Committee are asked to approve the addition of NENC TA922: daridorexant for treatment of long term insomnia to formulary as a GREEN+ drug via NHS sleep clinics in the and the addition of TA924: tirzepatide for treating type 2 diabetes to formulary as a GREEN drug.

RESOLVED:

- 1) **The Committee APPROVED the addition of NENC TA922: daridorexant for treatment of long term insomnia to formulary as a GREEN+ drug via NHS sleep clinics**
- 2) **The Committee APPROVED the addition of TA924: tirzepatide for treating type 2 diabetes to formulary as a GREEN drug.**

EC/2023-24/358

Agenda Item 9.1 - NENC ICB and ICS Finance Report Month 10

The Executive Director of Finance introduced the report which provided the Committee with an update on the financial performance of the North East and North Cumbria Integrated Care Board (NENC ICB) and NENC Integrated Care System (ICS) in the financial year 2023/24 for the period to 31 January 2024.

The ICS overall year to date deficit is £32.3m. The forecast ICS position reported at month 10 is a deficit of £35m which reflects the revised plan approved by the Board in November 2023.

Net unmitigated financial risk across the ICS is now estimated at £12.2m. This reflects a potential risk that the system is not able to retain certain Public Dividend Capital (PDC) benefits relating to IFRS16 which are currently included in the forecast position.

ICB running costs:

- The ICB forecast underspend for the year is £1.5m. This underspend helps to offset pressures where certain costs have been realigned to programme budgets

ICB Revenue:

- The ICB forecast surplus for the year continues to be £32.4m in line with plan.

ICS Capital:

- ICS capital spending forecasts include the impact of IFRS16 (lease accounting), resulting in a forecast overspend of £33m.

In month 11, an additional funding allocation of £35m has been received from NHSE. This funding is intended to offset deficits within relevant organisations within the system and will enable an overall breakeven position to be reported for the year. It is important to note 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.

The Executive Director of Finance informed the Committee a meeting would be arranged with the ICB Chair, Chair of the Audit Committee and Chair of the Finance, Performance, and Investment Committee (FPIC) to discuss ICB surplus plans.

The Executive Director of Finance explained to the Committee the content of the additional funding table 1 as outlined in the report. In line with NHSE expectations, it is proposed this £35m of funding is allocated to the three provider trusts forecasting a deficit position, in proportion to respective deficit values. The Committee were asked to approve the proposed allocation of funding in Table 1 including Community Diagnostic Funding of £32.3m and additional funding of £3m for Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) in respect of in-year cost pressures raised by the Foundation Trust.

The Executive Director of Finance informed the Committee there was a residual sum from the Elective Recovery Fund (ERF) of £40m. Previously an incentive payment approach to ERF was approved by FPIC, due to the industrial action impact on partner organisations there has been a need to revisit how the residual monies are distributed. To provide further certainty to providers and minimise any material financial impacts, it is proposed the funding for wider pathway costs is effectively fixed at amounts originally included in plans, and advice and guidance funding received is allocated to providers based on the national methodology for monitoring advice and guidance.

The Chair enquired if FPIC are assured the Capital Plan will be realised this year. The Executive Director of Finance confirmed the 2023/24 Capital Plan will be realised.

The Committee recognised the financial risks and the ongoing work to mitigate the risks.

RESOLVED:

- 1) **The Committee NOTED the latest year to date and forecast financial position for 2023/24.**

- 2) **The Committee NOTED there are a number of financial risks across the system still to be managed although these are reduced from previous levels**
- 3) **The Committee NOTED the additional funding received in month 11 and approve the proposed allocation of funding shown in Table 1**
- 4) **The Committee AGREED to delegate authority to the Chief Executive and Executive Director of Finance to amend the allocation of industrial action funding if required, within available budget**
- 5) **The Committee APPROVED the recommended approach on ERF supported by FPIC**

EC/2023-24/360 Agenda Item 10.1 - Integrated Delivery Report

The Executive Chief of Strategy and Operations introduced the report which provided the Committee with an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions.

The Committee was informed of the key messages as follows:

- Health inequalities information is now included within the report
- The ICB have received an Industrial Action Wash Up letter which outlined six Urgent and Emergency Care metrics to achieve by March 2024. The Executive Chief of Strategy and Operations will circulate the letter to Committee members
- Accident and Emergency waiting times within 4 hours is currently at 75%
- Category 2 Mean Ambulance Response Times
 - February figures show a slight improvement for the 2023/24 average, moving to 34 minutes 36 seconds. This is due to better actual performance in January than was previously forecast
- Electives
 - 78+ week waits target is 167, this currently sits at 115
 - There is a continued reduction in the number of 65+ week waiters across NENC, following a growing trend since April 23
- Cancer 62 day waits is currently at 863 against the 817 target

The Chair noted it would be beneficial to understand at place level the trend in waiting times and the number of tooth extractions in children <10 year old in our ICB. The Executive Chief of Strategy and Operations and the Executive Area Director agreed to take a deeper look at these metrics.

ACTION:

- 1) **The Executive Chief of Strategy and Operations to circulate the Industrial Action Wash Up letter to Committee members**

- 2) **The Executive Chief of Strategy and Operations and the Executive Area Director to investigate metrics around the trend in waiting times and the number of tooth extractions in children <10 year old in our ICB at place level**

RESOLVED:

The Committee RECEIVED the report for information and assurance.

EC/2023-24/361 Agenda Item 11.1 - Broadcare Contract Extension

The Executive Chief Nurse and People Officer introduced the report which provided the Committee with the options appraisal to procure the Broadcare database.

The Broadcare database is the platform used by NECS, Sunderland/South Tyneside and North Tyneside for All Ages Continuing Care (AACC). Northumberland data is currently held by Northumberland council.

To ensure a consistent and standard approach for recording client data and to support national and local reporting a single database for the management of AACC was recommended.

The NECS and Sunderland/South Tyneside contract arrangements with Broadcare end on 31st March 2024. North Tyneside's contract with Broadcare ends 30 June 2025. The preferred option is option 1 as this will allow the extension of the NECS and Sunderland/South Tyneside Broadcare contract arrangements to 30 June 2025. This will allow time to appoint a Project Manager to lead on a ICB wide AACC system procurement.

RESOLVED:

The Committee APPROVED option 1 to enable the continuation of current IT Platforms and for NECS and ICB (Sunderland/South Tyneside places) to procure Broadcare for 15 months to 30 June 2025 to allow time to conduct an ICB wide AACC system procurement

EC/2023-24/362 Agenda Item 12.1 – Clinical Strategy

The Executive Medical Director introduced the report and presentation which provided the Committee with the proposed ICB Clinical Strategy.

The Executive Medical Director suggested to the Committee there is a need to reframe the ICB strategies as plans as the Better Health and Wellbeing for All strategy is our overall strategy.

The Executive Medical Director informed the Committee of the key points of the presentation slides as follows:

- The vision of the Clinical Strategic Plan is to use population health information to get the best outcomes from health services in the North East and North Cumbria
- The prioritisation framework is slightly different for adults and children. There was a focus on prevalence, mortality, and inequality to identify the prioritisation lists
- The clinical priority areas identified build on the Core20Plus5 framework
- The clinical priorities are:
 - Adults
 - Lung Cancer
 - Cardiovascular Health
 - Respiratory Health
 - Lower Back Pain
 - Anxiety/Depression
 - Children and Young People
 - Diabetes*
 - Asthma*
 - Epilepsy*
 - Obesity
 - Oral Health*
 - Anxiety and mental health*
 - Autism and learning disabilities
- There are specific measurable recommendations for each priority area which form a plan on page for both adults and children
- There is further work to determine what impact is expected on outcomes in the next five years
- There has been engagement with clinical leaders in within each of the specialities
- The vision for delivery will be through existing programmes of work or to develop programmes where the priorities are not already present

The Chief Digital and Information Officer acknowledged the plan is simple, takes data insight and delivers action.

The Executive Area Director (North & North Cumbria) noted with the focus of secondary prevention it may appear the ICB are making decisions around disinvestment in secondary care to support prevention.

The Executive Chief Nurse and People Officer noted this takes the voice of our clinicians into account which is positive.

The Executive Director of Finance noted the plan was clear and noted the financial planning need to be worked through in detail. It was noted obesity is in the Childrens priorities but not adults. The Executive Medical Director clarified paediatricians were very clear that obesity has a huge impact on children's health and strongly felt it needed to be included as a priority area.

The Committee supported the Clinical Strategic Plan approach and agreed a reframe of the strategies is required.

ACTION:

The Executive Medical Director to circulate the presentation slides to the Committee members

RESOLVED:

- 1) **The Committee APPROVED the draft clinical strategy for submission to the Board.**
- 2) **The Committee AGREED to receive a further report detailing the associated outcomes framework, communications and engagement plan, governance structure and an overarching implementation plan.**

EC/2023-24/363 Agenda Item 12.2 – People & Culture Strategy

The Executive Chief Nurse and People Officer introduced the report which provided the Committee with development of governance arrangements to oversee implementation and provide assurance on delivery of the integrated care system People and Culture Strategy.

The Committee has previously approved the establishment of a People Strategy Group to oversee implementation of the system People and Culture strategy. In addition, a People Partnership Forum has been approved which will have a broader membership to support ongoing delivery and development of the strategy and retain wider system engagement.

It is proposed that the People Partnership Forum will report to the People Strategy Group; in turn the Strategy Group will report to the System Leadership Group (SLG). This recognises the system wide nature of the strategy and the need for full system engagement and action to implement. It will also ensure connection with the Executive Committee. Discussions will take place with system leaders regarding the opportunity to align with the People Strategy Group at the March SLG meeting.

The Committee supported the proposed governance arrangements and agreed to update the ICB Governance Map accordingly.

RESOLVED:

- 1) **The Committee NOTED the proposed People and Culture Strategy governance arrangements.**
- 2) **The Committee NOTED that work continues to take forward the People and Culture Strategy**

EC/2023-24/364 Agenda Item 13.1 – Risk Management Report

The Director of Corporate Governance and Board Secretary introduced the report which provided the Committee with an updated position on the risks facing the organisation for the reporting period of 25 January 2024 to 27 February 2024.

Two risks aligned to the Executive Committee have changed score in the reporting period:

- NENC/0048 – GP practices losing connection to the Great North Care Record following migration to the TPP (SystemOne) clinical system. The risk score has reduced from 16 A (high) to 12 A (high).
- NENC/0072 – Clinical waste. The risk has been reassessed and the score has been increased from 6 G (low) to 9 Y (moderate).

Two risks aligned to the Committee are currently overdue a review. Reminders have been sent to risk owners.

It was noted work is ongoing to align all risk to the risk appetite set by the Board and to launch mandatory risk training for staff.

The Chair noted there are no closed risks within the report. The Director of Corporate Governance and Board Secretary confirmed risks are not closed often and there is a need to develop the closing of risks.

It was noted risk NENC/0060 relating to the 2.0 programme would be closed next month.

The Chair queried if anything further needs to be done on overdue risk NENC/0063 – Workforce capacity to deliver primary care. The Executive Area Director confirmed mapping the key workstreams has commenced. The Executive Chief of Strategy and Operations confirmed the new staff structure will provide a strengthened workforce capacity. It was agreed the risk requires a review; the Director of Corporate Governance and Board Secretary will liaise with the risk owner to review and update the risk.

ACTION:

The Director of Corporate Governance to liaise with the risk owner of NENC/0063 – Workforce capacity to deliver primary care to review and update the risk

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2023-24/365

Agenda Item 13.2 – Terms of Reference Review

The Director of Corporate Governance and Board Secretary introduced the report which provided the Committee with the updated terms of reference for the Committee and its Subcommittees.

The Director of Corporate Governance and Board Secretary informed the Committee the terms of reference for the Executive Committee have been reviewed and aligned to the revised standard template for ICB committees, along with some minor changes following review of all ICB committee terms of reference to ensure consistency of language throughout. Alongside the minor changes noted above, some changes to job titles of members on the Executive Committee have been amended which will come into effect in April on the implementation of the ICB's updated structures following the ICB 2.0 process.

The ICB's standard operating procedure for establishing Subcommittees and groups has also been updated and this has resulted in a few minor recommended amendments to subcommittee terms of reference as highlighted within the attached documents.

The Director of Corporate Governance and Board Secretary assured the Committee all Subcommittee terms of reference have been through the correct governance routes and are supported by the relevant Subcommittees.

The Committee noted three amends to the Executive Committee terms of reference:

- Section 6.1 point 5 – Executive Area Directors to be updated with new job titles
- Section 6.2.2 point 5 – Clarify WRES
- Bullet points under section six to be numbered

The People and Organisational Development Subcommittee is a new subcommittee and the terms of reference and have been submitted to the Committee for approval.

It was noted the Subcommittee membership is very large in the People and Organisational Development Subcommittee. The Chair requested the Director of Corporate Governance and Board Secretary to review and reduce the level of membership.

The Committee approved the Executive Committee terms of reference and all Subcommittee terms of reference as outlined within the report and the Committee approved that changes to job titles can be made within the terms of reference without the need for the terms of reference to be brought back to the committee/subcommittee again for approval.

ACTION:

- 1) The Committee Secretary to update the Executive Committee terms of reference with the agreed amends**
- 2) The Director of Corporate Governance and Board Secretary to review and reduce the level of membership of the People and Organisational Development Subcommittee**

RESOLVED:

- 1) The Committee APPROVED the minor changes to the Committee and Subcommittee Terms of Reference for:
 - Executive Committee
 - Healthier & Fairer Advisory Group Subcommittee
 - Individual Funding Request Panel Subcommittee
 - Investment Oversight and Vacancy Panel
 - Medicines Subcommittee
 - Mental Health, Learning Disabilities and Autism Subcommittee
 - People and OD Subcommittee
 - Primary Care Strategy and Delivery Subcommittee
 - County Durham Place Subcommittee
 - Darlington Place Subcommittee
 - Gateshead Place Subcommittee
 - Hartlepool Place Subcommittee
 - Newcastle Place Subcommittee
 - North Tyneside Place Subcommittee
 - Northumberland Place Subcommittee
 - South Tees Place Subcommittee
 - South Tyneside Place Subcommittee
 - Stockton Place Subcommittee
 - Sunderland Place Subcommittee
- 2) The Committee NOTED that those Subcommittees who have not had the opportunity to consider the minor changes will do so at their next meeting and any resulting material changes will be brought back to the Committee for consideration/ratification.
- 3) The Committee NOTED that further changes to job titles may be required for some members on the Executive Committee and Subcommittees following the implementation of ICB 2.0 structures from April 24.
- 4) The Committee APPROVED the submission of nineteen Terms of Reference (as listed above) to the Board within Issue Eight of the Governance Handbook.

EC/2023-24/366 **Agenda Item 14.1.1 – Contracts Group Highlight Report**

Noted for information and assurance.

RESOLVED:

The Committee RECEIVED the report for assurance.

EC/2023-24/367 **Agenda Item 14.1.2 – All Ages Continuing Care Strategic Transformation Group Highlight Report**

Noted for information and assurance.

RESOLVED:

The Committee RECEIVED the report for assurance.

EC/2023-24/368 Agenda Item 14.1.3 - Financial Sustainability Group Highlight Report

Noted for information and assurance.

RESOLVED:

The Committee RECEIVED the report for assurance.

EC/2023-24/369 Agenda Item 14.2.1 – Place Subcommittee Minutes

County Durham - noted for information and assurance only.
South Tyneside - noted for information and assurance only.
Sunderland - noted for information and assurance only.
Darlington - noted for information and assurance only.
Hartlepool - noted for information and assurance only.
South Tees - noted for information and assurance only.
Stockton - noted for information and assurance only.
Gateshead - noted for information and assurance only.
Newcastle - noted for information and assurance only.
North Cumbria - noted for information and assurance only.
North Tyneside - noted for information and assurance only.
Northumberland - noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Subcommittee minutes as listed above for assurance.

EC/2023-24/369 Agenda Item 14.2.2 – Pharmaceutical Services Regulations Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Pharmaceutical Services Regulations Subcommittee Minutes for assurance

EC/2023-24/370 Agenda Item 14.2.3 – Primary Care Strategy and Delivery Subcommittee (PCSDSC) Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Primary Care Strategy and Delivery Subcommittee Minutes for assurance.

EC/2023-24/371 Agenda Item 14.2.3.1 – Primary Care Access Recovery Plan Highlight Report – January

The Executive Area Director (Tees Valley & Central) introduced the report which provided the Committee with the key highlights of Primary Care Access Recovery Plan process to date.

The Executive Area Director (Tees Valley & Central) informed the Committee the Primary Care Access Recovery Plan (PCARP) Update will be submitted to Board as is required by NHSE. The Committee agreed as the agenda for March's Board is large the PCARP update will be submitted to May's Board meeting.

The Executive Area Director (Tees Valley & Central) informed the Committee there was currently a circa £659.4K underspend on the Primary Care System Development Funding (SDF). To ensure the full allocation has been utilised, several new and revised proposals have been put forward and are summarised in table 3 of the report. The Committee are asked to approve the revised funding proposals as outlined within the report.

The Committee supported the revised funding proposals.

Several decisions around the Dental Access Recovery Plan have been supported informally by the Committee and formal approval is requested for:

- The non-recurrent funding allocation for 2024-25 to roll forward the Phase 1 short term measures and additional capacity commissioned in 2023-24 as below:
 - £3,635,206 – extension of incentivised access scheme, OOHrs dental treatment capacity, additional dental clinical assessment workforce/triage capacity and additional oral surgery capacity in North Cumbria
 - £275k – extension of project support for incentivised access, scheme, general dental access, and specialist procurements
- Increasing the Unit of Dental Activity (UDA) rate across the 51 practices within NENC to £28
- To progress the business cases for the Urgent Dental Access Centres for North Cumbria and Darlington at pace.

The Committee approved the recommendations for the Dental Access Recovery Plan

RESOLVED:

- 1) The Committee **APPROVED** the revised SDF proposals
- 2) The Committee **APPROVED** the Dental Access Recovery Plan non-recurrent funding allocations for 2024-25
- 3) The Committee **APPROVED** the increase of the UDA rate
- 4) The Committee **APPROVED** the development of the business cases for the Urgent Dental Access Centres for North Cumbria and Darlington

EC/2023-24/372 Agenda Item 14.2.4 – Medicines Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Medicines Subcommittee Minutes for assurance.

EC/2023-24/373 Agenda Item 15.1 – Menopause Policy

The Director of Corporate Governance and Board Secretary introduced the report which provided the Committee with the proposed Menopause Policy for adoption by the ICB.

There are greater numbers of women in the ICB workforce. Staff are reporting that they are receiving a varied or less than positive experience when seeking support in the workplace.

The policy is aiming to provide a high level of support to staff. The policy is based on the NHS England published menopause policy; developed in conjunction with Royal Colleges (British Medical Association, Royal College of Nursing, Royal College of Midwives), NHS Employers, Unison, the British Menopause Society and NHS England menopause and LGBT+ networks.

The Executive Area Director (North & North Cumbria) noted clarity was required on incontinence 'Procedures allowing for flexibility without drawing attention (Panel meetings etc.) Access to showers/extra uniform if applicable'. within the 'adjustments you feel may assist' column on the symptom's checklist. It was agreed this section requires further clarification and the document requires a formatting check.

ACTION:

The Director of Corporate Governance and Board Secretary to liaise with the Menopause Lead to simplify the 'Procedures allowing for flexibility without drawing attention (Panel meetings etc.) Access to showers/extra uniform if applicable' on the symptom's checklist and to carry out a formatting check

RESOLVED:

- 1) The Committee APPROVED the menopause policy subject to the suggested amendments**
- 2) The Committee APPROVED the recommendation to engage the support of the Menopause Transformation Lead to embed and support**

At 13:28pm the Executive Chief Nurse and People Officer left the meeting

EC/2023-24/374 Agenda Item 15.2 - Standards of Business and Declarations of Interest Policy

The Director of Corporate Governance and Board Secretary introduced the report which provided the Committee with the updated standards of business conduct and declarations of interest policy.

It was noted the policy has been reviewed to ensure it remains up to date and reflective of the ICB's operating model and some changes have been made as a result. The changes within the policy include:

- Updated job titles to reflect the ICB 2.0 programme changes
- Reference to the newly launched conflicts of interest training which will be launched on Electronic Staff Record
- A revised Fraud/Theft section as per advice from AuditOne.
- A flowchart included in the Policy on a Page as a visual aid.
- Reference to the Fit and Proper Person Test Criteria, Procurement Policy, and Provider Selection Regime Guidance.

RESOLVED:

- 1) The Committee REVIEWED the updated policy**
- 2) The Committee RECOMMENDED the submission of the policy to the Board for formal approval**

EC/2023-24/375 Agenda Item 15.3 - Commissioning of NHS Continuing Healthcare for Adults: NHS Choice & Equity & Policy

The Chair introduced the report which provided the Committee with the updated NHS Continuing Healthcare for Adults: NHS Choice & Equity & Policy.

The Chair noted:

- The Policy was initially legally reviewed and deemed appropriate.
- The Policy has been reviewed against most recent Framework Guidance, legislation and regulations and remains appropriate in content.
- There is no material change to the meaning or content, rather the wording has been changed to reflect the ICB as the new organisation.
- The Policy continues to support decision making in Continuing Healthcare ensuring that peoples individual needs are met in a considered, fair, and equitable way whilst also ensuring the conscientious and appropriate use of public money.

The Director of Corporate Governance and Board Secretary informed the Committee discussions have taken place with the Director of Quality regarding the establishment of a policy group to form a collective overview of the ICB policies.

The Chair noted the policy requires further proof reading, formatting, and governance review.

ACTION:

The Director of Corporate Governance and Board Secretary to complete a further governance review to the policy

RESOLVED:

The Committee APPROVED the Commissioning of NHS Continuing Healthcare for Adults: NHS Choice & Equity & Policy

EC/2023-24/376 Agenda Item 16.1 – Any Other Business

There were no further items of any other business for consideration.

EC/2023-24/377 Agenda Item 16.1.1 – Joint Forward Plan

The Executive Chief of Strategy and Operations presented the report which provided the Committee with a refreshed Joint Forward Plan and requested for the Committee to recommend to the Board for approval.

The Chair noted the Joint Forward Plan would be appended to the Executive Committee Highlight Report paper that will be submitted to the Board.

RESOLVED:

The Committee Recommended the refreshed Joint Forward Plan to the Board for approval

EC/2023-24/378 Agenda Item 16.2 - New Risks to add to the Risk Register

Two new risks were identified to be included on the risk register:

- Prioritisation
- Capacity of staff during transition

There were no further risks identified.

ACTION:

The Director of Corporate Governance and Board Secretary to liaise with the Chair to include the two new identified risks on the risk register

EC/2023-24/379 Agenda Item 17 - CLOSE

The meeting was closed at 13:35hrs.

Date and Time of Next Meeting

Tuesday 9 April 2024 10:00am.

Signed:

A handwritten signature in black ink, appearing to read "J. Allen".

Date

09 April 2024