

North East and North Cumbria Integrated Care Board
Executive Committee

Minutes of the meeting held on Tuesday 14 February 2023, 10:35hrs in the Joseph Swan Suite, Pemberton House, Colima Avenue, Sunderland

Present: Samantha Allen, Chief Executive (Chair)
 Nicola Bailey, Interim Executive Area Director (North and North Cumbria)
 Craig Blair, Director of Place (Middlesbrough and Redcar & Cleveland)
 David Chandler, Interim Executive Director of Finance
 Joseph Chandy, Director of Transformation (Primary Care)
 Graham Evans, Executive Chief Digital and Information Officer
 Leanne Furnell, Director of Workforce
 Jacqueline Myers, Executive Chief of Strategy and Operations
 Neil O'Brien, Executive Medical Director
 David Purdue, Executive Chief Nurse
 Claire Riley, Executive Director of Corporate Governance, Communications and Involvement

In attendance: Andrea Brown, Executive Assistant (minutes)
 Deborah Cornell, Director of Corporate Governance and Involvement
 Neil MacKnight, Head of Quality, Primary Care Transformation (item 8.4 only)
 Ewan Maule, Director of Medicines and Pharmacy (items 8.5 and 11.1 only)
 Hamid Motraghi, Director of Health Equity, and Inclusion (item 12.1 only)
 Pamela Phelps, Senior Head of Commissioning Primary Care (item 8.3 only)
 Joanne Smith, Research Manager, NECS (item 11.1 only)

EC/2023/150	<p>Agenda Item 1 Welcome and introductions</p> <p>The Chair welcomed all those present to the meeting.</p>
EC/2023/151	<p>Agenda Item 2 Apologies for absence</p> <p>Apologies for absence were received from Dave Gallagher, Executive Area Director (Tees Valley and Central) who was represented by Craig Blair, Director of Place (Middlesbrough and Redcar & Cleveland); Annie Laverty, Executive Chief People Officer, who was represented by Leanne Furnell, Director of Workforce; Jacqueline Myers, Executive Chief of Strategy and Operations, who was represented by Joseph Chandy, Director of</p>

	Transformation (Primary Care); and Aejaz Zahid (Executive Director of Innovation).
EC/2023/152	<p>Agenda Item 3 Declarations of interest</p> <p>The Executive Medical Director and the Director of Transformation (Primary Care) both made a declaration of interest during Agenda Item 7.1 Executive Area Directors Update – County Durham Local Improvement and Integration Scheme (LIAISE) 2023/24 and within Agenda Item 8.4 – COVID-19 Vaccine Gateway Criteria for Inclusion in Local Incentive Schemes (LIS). The Chair noted the declarations and agreed that both the Executive Medical Director and the Director of Transformation (Primary Care) could take part in the discussion but not the decision-making.</p>
EC/2023/153	<p>Agenda Item 4 Minutes of the previous meeting held on 10 January 2023</p> <p><u>RESOLVED:</u> The Committee AGREED that the minutes from the meeting held on 10 January 2023 were a true and accurate record.</p>
EC/2023/154	<p>Agenda Item 5 Matters arising from the minutes and action log</p> <p><u>Item number 12 (minute reference EC/2022/44) Central & Tees Valley Place Based Delivery Report (Social Impact Bonds)</u> The Interim Executive Director of Finance confirmed that this remained a complex issue and advised that the timescale had slipped slightly. It was agreed that a further update would be provided in May 2023.</p> <p><u>Item number 30 (minute reference EC/2022/87) NHSE Clinical Network Staff Transfer to the NENC ICB</u> The Interim Executive Director of Finance confirmed that a further update could be expected at the meeting in March 2023.</p> <p>The Executive Medical Director noted that six vacancies were being held in a team of 16 despite having budgets for two years.</p> <p><u>Item number 31 (minute reference EC/2022/103 NECS – Strategy Partnership and Delivery Plan</u> The Executive Director of Corporate Governance, Communications and Involvement confirmed that a summary had been included in the Pulse and on the ICB website to promote the work of NECS. The bulletin had also been issued. Item complete.</p> <p><u>Item number 33 (minute reference EC/2022/111) Any Other Business – Hospital Discharge £500m</u> The Executive Chief Nurse advised that a taskforce had been established as requested. It was agreed that a terms of reference and reporting line would need to be agreed. The Executive Chief Nurse to discuss further</p>

	<p>with the Director of Corporate Governance and Involvement. Ongoing.</p> <p><u>Item number 34 (minute reference EC/2022/112) Finance Update</u> The Interim Executive Director of Finance advised that a meeting had taken place with each director and that a half day session would no longer be required. Item complete.</p> <p><u>Item number 36 (minute reference EC/2023/129) Place Based Delivery Report (North and North Cumbria) – Ophthalmology & Audiology</u> The Interim Executive Area Director (North and North Cumbria) advised that this had been picked up through the contract review but would provide more detail before the next meeting.</p> <p><u>Item number 37 (minute reference EC/2023/137) Community Diagnostics Programme Update</u> The Director of Corporate Governance and Involvement confirmed that the potential risk for no future revenue for the Community Diagnostics Programme had been added to the risk register as requested. Item complete.</p> <p><u>RESOLVED:</u> The Committee NOTED the updates for the matters arising and action log.</p>
EC/2023/155	<p>Agenda Item 6 Notification of urgent items of any other business</p> <p>No items of any urgent business had been received.</p>
EC/2023/156	<p>Agenda Item 7.1 Executive Area Directors Update Report January 2023 (North and North Cumbria)</p> <p>The Interim Executive Area Director (North and North Cumbria) provided a summary of the items which the Committee was asked to particularly note from the report:</p> <ul style="list-style-type: none"> • North Cumbria – Potential Practice Mergers – two practices within the west of county and two practices in Carlisle had approached North Cumbria Place to request consideration of merging four practices into two practices. The Deputy Director of Systems and Integrated Care Communities Development (North Cumbria) was currently working with North Cumbria Primary Care and NHS England (NHSE) to ensure all relevant process were following, including patient engagement. • North Cumbria – ICB Chief Executive Visit – the visit of the Chief Executive to North Cumbria to meet with a variety of staff across different organisations and areas in addition to primary care network colleagues, patient participation groups and other local stakeholders, had been well received.

- **North Cumbria – Health and Wellbeing Board** – having undertaken a review of the scrutiny committee membership, supported by the North Cumbria Place Based team, the Cumbria Health and Wellbeing Board had indicated an expectation that there would be two health and wellbeing boards in place across North Cumbria from April 2023 following the establishment of the two new councils.
- **North Tyneside – Place Based Governance** – development of place-based governance arrangements with key stakeholders in North Tyneside was underway with a review of the existing groups to determine which of those should continue and which should be refreshed or disestablished. Confidence remained that a robust ICB subcommittee at place would be operational in North Tyneside from April 2023.
- **Gateshead – Gateshead Cares System Board** – a large review of the care partnership in Gateshead was underway. Planning was also underway for a health and care system event on 10 March 2023 to revisit ambitions and priorities with a view to developing timelines around future working arrangements.
- **Northumberland – Integrated Working** – following the appointment of Dr Helen Paterson into the role of Chief Executive at Northumberland County Council (NCC), the wider executive team had now been appointed. An away day was in the planning stages across NCC and the ICB to consider and develop shared priorities and strategies.
- **Newcastle – Collaborative Newcastle Awards Shortlisting** – the Collaborative Newcastle's 'Learning to Lead Together' programme had been shortlisted in the category 'People Development Programme of the Year – Public Sector' at the Learning and Performance Institute awards ceremony.
- **Newcastle – Special Schools** – information received from NHSE indicated that clinical interventions in schools must now be commissioned and funded by ICBs which was linked to the changes in the high needs funding block within the Local Authority. Newcastle had developed (with partners) a proposed new model of provision of nursing support into special schools which had been endorsed by NHSE and discussed with ICB executive directors.
- **Newcastle – Spirometry** – the current service in Newcastle was not meeting NICE guidance (with some exceptions), therefore potential models and costs were being explored to ensure that full compliance could be reached. An investment business case proposal would be brought to the Executive Committee for consideration once all information had been gathered.

	<p>RESOLVED: The Committee RECEIVED the report for assurance and NOTED the decisions log included within the report.</p>
EC/2023/157	<p>Agenda Item 7.1 Executive Area Directors Update Report January 2023 (Central and Tees Valley)</p> <p>The Director of Place (Middlesbrough and Redcar & Cleveland) asked the Committee to note the following:</p> <ul style="list-style-type: none"> • County Durham – Acute Respiratory Infection (ARI) hubs – three locally commissioned ARI hubs were in the process of opening and had been mobilised at pace to help tackle the immediate pressures on emergency departments and primary care created by the extraordinary increase in respiratory infections over the winter. In Durham, the hubs would create up to 6000 additional appointments in primary care up to 31 March 2023. • Sunderland – Place Based Working – in January 2023 it was anticipated that Sunderland Joint Consultative Forum and the Sunderland Health and Care Alliance would commence three development sessions to progress the establishment of its place-based governance arrangements. It was reported that the work was going well but that there had been some challenge in some areas, particularly around Sunderland. • Sunderland – All Together Better (ATB) – ATB were working with partners to improve access to the out-of-hours GP service and improve links between the service and other urgent and emergency care services. A proposal had been made to relocate the GP Out of Hours (OOH) Service from its current base at Leechmere/Vocare House to a suitable location in the Urgent Treatment Centre at Sunderland Royal Hospital. No proposal to change the home visiting element of the service had been made. <p>The Executive Medical Director noted that a paper was also expected to be brought to the Committee regarding the re-procurement of the OOH service in South Tyneside with a proposal to extend for an additional year. The advantage being that it would then be aligned to the re-procurement of the Sunderland OOH service. A request had been made to pause this work until the extension in Sunderland had been considered and agreed.</p> <ul style="list-style-type: none"> • Sunderland – Mental Health (MH) Conveyance – the Care Quality Commission (CQC) had instructed a MH conveyance provider to suspend their service for a three month period with immediate effect to enable time for a number of quality improvements to be implemented. Work continued to understand the impact and address any quality

	<p>concerns with commissioning teams working to secure short-term options to support secure MH transport.</p> <ul style="list-style-type: none"> • Tees Valley – Winter Funding – across the Tees Valley, work had been undertaken with partners to identify a range of potential winter initiatives focussed on increased capacity within Same Day Emergency Care (SDEC) and the Urgent Treatment Centre although funding resources were limited and ICB support had been sought. • Tees Valley – Children and Young People (CYP) – a piece of work was underway across the five places within Tees Valley and respective directors of children's services to jointly identify system priorities for CYP including speech and language services; commissioning for CYP with complex needs; emotional health and wellbeing; best start in life including integrated working with maternity services and Children in our Care. <p><u>RESOLVED:</u> The Committee RECEIVED the report for assurance and NOTED the decisions log for information.</p>
<p>EC/2023/158</p>	<p>Agenda Item 7.2 South Tees Integrated Urgent Care</p> <p>The Director of Place (Middlesbrough and Redcar & Cleveland) introduced the report which provided details of the progression and delivery of the South Tees Integrated Urgent Care project. Through close collaborative working and engagement with clinical leads from across the urgent and emergency care system in the Tees Valley, a robust proposal had been developed for the future configuration and standardisation of urgent care services across Tees Valley.</p> <p>The Committee was supportive of the proposals presented and asked if consideration had been given to the use of mobile units. It was noted that a bid had been submitted for capital for a temporary facility at John Cook Hospital which could be explored.</p> <p>National guidelines for urgent treatment centre opening times were discussed and a review of access usage at certain times during the night would be helpful for learning across the patch. It was proposed to operate in Hartlepool until midnight following a review of access.</p> <p>Clarification of what decisions could be taken at Place, whilst complying with governance guidelines, to be identified to avoid any extended delays.</p> <p><u>ACTION:</u> The Chief Executive and Interim Executive Director of Finance to consider the capital available to support the next period of winter pressure and to identify what decisions could be taken at Place,</p>

	<p>whilst complying with governance, to avoid any extended delays.</p> <p><u>RESOLVED:</u> The Committee:</p> <ol style="list-style-type: none"> 1) SUPPORTED the proposed phased strategic approach to implementation based on a 3-stage process, as outlined in the report; 2) SUPPORTED the progression of developing an interim, short-term contract, in lieu of a contract extension, with the existing provider of GP OOH services in the South of Tees locality; 3) SUPPORTED issuing notice to the GP OOH Provider and to request information in relation to the Transfer of Undertaking for the Protection of Employment Regulations (TUPE) support of the procurement exercise; and 4) AGREED that the proposal to add a market engagement report and procurement evaluation strategy to the cycle of business for the Committee.
EC/2023/159	<p>Agenda Item 8.1 Comprehensive Winter Planning and Operating Resilience Update</p> <p>The Executive Medical Director introduced the report which outlined progress against the deliverables for winter operating resilience for urgent and emergency care, ICB progress against actions and progress against national and local metrics for delivery.</p> <p>The amount of work achieved over the last few months was highlighted along with a recognition that the service was working well. The key action plan areas for the board assurance framework had either all been implemented or were in the process of being implemented.</p> <p>It was noted particularly that the ambulance handover bids for the backstop of 59 minutes totalled £8,381,086 for full year costs, therefore the group agreed to assume that funding each bid for two months was appropriate giving a cost of £1,396,847. All foundation trusts were aware that this was non-recurrent funding.</p> <p>The Chair noted the progress made which was agreed as outstanding and commended the personal leadership of the Executive Medical Director.</p> <p><u>RESOLVED:</u> The Committee:</p> <ol style="list-style-type: none"> 1) NOTED the headlines of the new delivery plan for the recovery of urgent and emergency care; 2) NOTED the significant performance improvement against the national metrics indicating some impact on the overall significant pressures across the system; and 3) NOTED the approval of the Chief Executive and the Interim

	<p>Executive Director of Finance for the winter funding part 2 bids for (in the main) implementation of the handover backstop of 59 minutes across all trusts in the ICB footprint (as detailed in Appendix 1 of the report).</p>
<p>EC/2023/160</p>	<p>Agenda Item 8.2 ICB Programme Plan Update</p> <p>The Director of Transformation (Primary Care) introduced the report which provided the Committee with visibility of the current ICB programme and progress against key deliverables.</p> <p>The plan had been refined to reflect the 15 key priority areas which required executive oversight and included a rating of progress against each programme with commentary from director leads where appropriate with key headlines described in section 3 of the report.</p> <p>The Project Management Office (PMO) would continue to track progress with director leads and escalate risks and issues as appropriate to the committee.</p> <p>As detailed in the report, the Committee was advised that the plan currently had seven amber rating and one red rating to note in particular.</p> <p>The Chair asked that the 15 priority areas be reviewed again to consider pharmacy, optometry and dentistry, discharge, etc. and for the Executive Chief of Strategy and Operations to pick up the action.</p> <p>The Executive Director of Corporate Governance, Communications and Involvement also suggested that the priority areas were to be used to develop a conclusion briefing for staff to update on what has been delivered.</p> <p><u>ACTION:</u></p> <ol style="list-style-type: none"> 1) The Executive Chief of Strategy and Operations to review the 15 priority areas giving consideration to additional or changing priorities; and 2) The Executive Chief of Strategy and Operations to oversee the development of a conclusion briefing for staff to update on deliverables. <p><u>RESOLVED:</u> The Committee NOTED the content of the ICB Programme Plan.</p> <p><i>At 11.00am, the Senior Head of Commissioning (Primary Care) joined the meeting for the following item of business only.</i></p>
<p>EC/2023/161</p>	<p>Agenda Item 8.3 Primary Care Operating Framework</p>

The conflict for the Director of Transformation (Primary Care) was again noted for this item.

The Director of Transformation (Primary Care) introduced the report which outlined the proposed operating framework for primary care. The scope of the framework was based around general medical services and had been adapted in this final proposal to include pharmacy, optometry and dental (POD) services which would facilitate governance and functions for the ICB and the delegation of all primary care services from April 2023.

The Senior Head of Commissioning (Primary Care) explained in more detail the proposed future way of working for commissioning and contracting functions of primary care within the ICB. The Committee was asked to consider the primary care operating framework to align with the ICB's overall governance framework and Scheme of Reservation and Delegation (SORD). A primary care structure was outlined in the report, including a Primary Care Strategy and Delivery Subcommittee and a Pharmaceutical Regulations Subcommittee, to enable clarity of decision making, oversight and assurance that all functions would be delivered in line with the ICB triple aims and delegation of primary care services, recognising the primacy of Place.

The Executive Committee and Board would be presented with a series of reports at future meetings which would further outline the arrangements for the transfer of POD delegation.

The report built on the work first initiated by the Primary Care Strategy Group looking at decision making and governance. The Primary Care Transformation Team had since taken this forward and engaged further with the place-based teams across the ICB before shaping the recommended framework. The Executive Area Directors, Directors of Place and the Director of Corporate Governance and Involvement had also been involved in the discussions.

Work had also commenced with the Primary Care Collaborative where this proposal would be presented no later than week ending 17 February 2023. The proposed interface with partners was included within diagram 3 of the report.

The Committee acknowledged the huge amount of work undertaken to get to this point and thanked the Senior Head of Commissioning Primary Care.

It was suggested that there would need to be links with the Medicines Subcommittee with the primary care subcommittees and would require further discussion to agree how this would work. The Senior Head of Commissioning Primary Care to discuss further with the Director of Corporate Governance and Involvement.

	<p>Confirmation was provided that the Executive Area Directors would be responsible for the primary care budget in the respective areas.</p> <p>The Committee agreed that it had been extremely helpful to receive the framework in such detail which was presented more like a handbook which could be clearly followed to know where decisions were made.</p> <p>The Director of Corporate Governance and Involvement noted that appendix 2b regarding approval of the Primary Care Strategy should be reserved to the Board rather than the Executive Committee and asked that this be amended, therefore <i>"Primary Medical Services – delegation to the Integrated Care Board"</i>.</p> <p><u>ACTION:</u> The Executive Director of Corporate Governance, Communications and Involvement to link with the Director of Transformation (Primary Care) to give more detailed consideration to the collaborative element of the framework.</p> <p><u>RESOLVED:</u> The Committee:</p> <ol style="list-style-type: none"> 1) SUPPORTED the establishment of a Primary Care Strategy and Delivery Subcommittee; 2) SUPPORTED the establishment of a Pharmaceutical Services Regulatory Subcommittee with further discussion with the Director of Corporate Governance and Involvement on where this will sit within the governance structure; 3) NOTED the draft SORD Appendix 2 a-d (at Appendix 1 to the report), to inform the Primary Care Strategy and Delivery Subcommittee terms of reference which would be presented to the committee on 14 March 2023 for recommendation to the Board on 28 March 2023; 4) APPROVED for the Senior Responsible Officer for Primary Care and the Director of Transformation (Primary Care) to develop, with the Governance Team, any updates to the SORD, for approval by the Board in March; and 5) NOTED the amendments to the operational functions of primary medical services commissioning teams, at Place and across the ICB.
EC/2023/162	<p>Agenda Item 8.4 COVID-19 Vaccine Gateway Criteria for Inclusion in Local Incentive Schemes (LIS)</p> <p>The conflict of interest for the Executive Medical Director was again noted for this item.</p> <p>The Executive Medical Director introduced the report which described the request to primary care networks (PCNs) to deliver all nationally prescribed</p>

	<p>vaccinations in 2023/24 across the North East and North Cumbria footprint as per guidance from the Joint Committee for Vaccinations and Immunisations. The larger campaigns for 2023/24 included the autumn and spring vaccinations for COVID-19 and for seasonal flu.</p> <p>Should PCNs not sign up to future gateway criteria, this could lead to a lack of vaccination capacity and subsequent increase in COVID-19 infection rates and related mortality. If this intention was deferred by 12 months, there would be a risk that the areas with this in place already would feel that this was inequitable. The lack of a coordinated approach to vaccination may lead to inequity of access to vaccination across the ICB footprint and a lack of PCN participation may result in the ICB incurring significant additional revenue expense in order to commission a separate vaccination service.</p> <p>Approval was sought from the Committee to set up a Task and Finish Group with the intent of producing and ICB proposal to increase vaccination take-up and coverage. If approved, there would be immediate engagement and implementation by primary care medical directors and place-based directors.</p> <p><u>RESOLVED:</u> The Committee APPROVED the establishment of a Task and Finish Group with the responsibility to produce an ICB proposal to increase vaccination take-up and coverage.</p> <p><i>At 11.30am, the Director of Medicines and Pharmacy joined the meeting (for items 8.5 and 11.1 only)</i></p>
EC/2023/163	<p>Agenda Item 8.5 COVID-19 Medicines Delivery Units in NENC – Proposal for Interim Solution (January 2023)</p> <p>The Executive Medical Director introduced the report which proposed an interim approach to the provision of COVID-19 Medicines Decision Units (CMDU) covering the period 1 April 2023 to 31 June 2023 utilising current hospital-based services at an estimated cost of £325k with the option to extend for a further three months depending on clarification of patient pathway and procurement requirements.</p> <p>The Director of Medicines and Pharmacy further explained that the ICB, in line with the 'Commissioning Framework: COVID-19 Therapeutics for Non-Hospitalised Patients' from NHS England in December 2022, was required to implement ongoing provision for a defined cohort of 'high risk' patients to reduce the chances of serious illness/hospital admissions in the event of contracting COVID-19.</p> <p>The Executive Team had considered the issues at an informal session in January 2023 and expressed concern over the capacity and capability of</p>

	<p>primary care services to take on the responsibility from 1 April 2023. Due to time constraint in addition to uncertainty around the patient pathway and digital enablers, it was proposed that an interim solution be adopted to commission the current hospital-based services for a further three months.</p> <p>It was noted that this was a high-cost service and, although drugs were provided free at the minute, it was predicted that there would only be enough to run through to March 2024 before charges would be implemented.</p> <p>RESOLVED: The Committee:</p> <p>1) APPROVED the proposal to commission an interim solution for the provision of CMDU in North East and North Cumbria for a three month period from 1 April 2023, utilising the current hospital based services, with the option to extend this for a further three months depending on the resolution of the risks highlighted above;</p> <p>2) AGREED for further work to be undertaken to assess the options to develop a proposal for an ongoing model in line with NHSE's commissioning framework from 1 July 2023 with, as a minimum, an update to be provided to the Committee in April 2023 with a full proposal presented to the meeting in May 2023.</p>
EC/2023/164	<p>Agenda Item 8.6 ICB Records Management Interim Solution Proposal</p> <p>The Executive Chief Digital and Information Officer introduced the report which provide a proposed interim solution for records management to enable collaborative working across the ICB.</p> <p>The proposal included the creation of a new file structure with links to the legacy file structures with department folders. There was also a requirement for a shared file structure to support the migration of the pharmacy, optometry, dentistry, GP transformation, GP contracting and commissioning and other specialised commissioning files and data to be transferred between 1 April 2023 and 1 July 2023.</p> <p>The Director of Workforce noted that personal staff files for staff would need to be considered within that work as there was a requirement for those files to be kept locally. The NECS Human Resources (HR) Team stored the files for recruitment but the personnel files for staff needed to be kept locally.</p> <p>Should the proposal be approved, the following actions would be required:</p> <ul style="list-style-type: none"> • Corporate Governance to pilot the new shared drive • Provide new file structure required • Provide list of folder owners and staff requiring access to each folder; and

	<ul style="list-style-type: none"> Communicate new process to ICB staff of new structure and gradual data migration rules and steps. <p>RESOLVED: The Committee APPROVED the implementation of an ICB shared Y drive, except for HR folders.</p>
EC/2023/165	<p>Agenda Item 9.1 NENC ICB and ICS Finance Report (M10)</p> <p>The Interim Executive Director of Finance introduced the report which provided an update on the financial performance of the ICB and the NENC Integrated Care System (ICS) in the financial year 2022/23 for the period to 31 December 2022.</p> <p>The full financial report for the period had been reviewed in detail by the Finance, Performance and Investment Committee at its meeting on 2 February 2023. As at 31 December 2022, the ICB reported a forecast deficit of £4.9m prior to expected receipt of additional funding from NHSE of £10.6m to cover costs associated with the Primary Care Additional Role Reimbursement Scheme (ARRS). Once received, the ICB would report a forecast surplus of £5.7m against a planned surplus of £2.6m. The additional £3m surplus would offset a forecast deficit across relevant NHS providers, allowing a balanced financial position to be maintained across the ICS.</p> <p>The ICS revenue position reported a forecast outturn of a surplus against plan of £20k. One NHS provider foundation trust (FT) had reported a deterioration in forecast outturn of £5.6m (from surplus to breakeven) earlier in the year. This forecast deficit had been offset by a combination of additional surplus in the ICB as reported above £3m and another FT improving its forecast outturn by £2.6m.</p> <p>The forecast underspend was expected on ICB running costs, due largely to the impact of vacancies in the current year. This remained a potential recurring risk area if the vacancies were filled.</p> <p>A potential forecast pressure of £10.66m was forecast on capital spending plans across the ICS in comparison to the confirmed ICS capital departmental expenditure limit allocation (CDEL). This forecast pressured continued to reduce as work continued to review relevant capital plans with individual provider trusts. Discussions also continued with NHSE in respect of additional capital funding allocation for the year.</p> <p>Work was progressing to develop financial plans across the ICS for 2023/24 in line with the relevant planning guidance and financial allocations published by NHSE. Further clarity was expected in some areas, including elective recovery, to fully understand the implications for the ICS.</p>

	<p>The 2022/23 financial position across the ICS included significant non-recurring benefits, both in respect of balance sheet movements and non-recurring delivery of efficiency programmes. The non-recurrent nature of these savings will present a significant financial challenge to develop a balanced plan for 2023/24.</p> <p>The Chair noted that there was an opportunity to link the finance team into the contracting work to review the list of 1200 contracts, with multiple providers, as this might highlight some potential opportunities for streamlining.</p> <p><u>RESOLVED:</u> The Committee:</p> <ol style="list-style-type: none"> 1) NOTED the latest year-to-date and forecast financial position for 2022/23 and was assured that overall performance was in line with plan; and 2) NOTED that the number of financial risks across the system were still to be managed.
EC/2023/166	<p>Agenda Item 10.1 Integrated Delivery Report</p> <p>The Director of Transformation (Primary Care) introduced the report which provided an ICS overview of quality and performance, highlighting significant changes, areas of risk and mitigating actions. The report included key elements of the 2022/23 planning priorities, NHS oversight framework metrics, some commitments within the NHS Long Term Plan (LTP) and the NHS People Plan commitments. The performance elements of the report had been discussed in detail at the Finance, Performance and Investment Committee and the quality elements discussed at the Quality and Safety Committee.</p> <p>In South Tees, the final inspection report was expected in March 2023 following a well-led inspection by the Care Quality Commission between 10 and 12 January 2023.</p> <p>It was noted that the Director of Performance and Improvement was leading on the key projects and issues raised within the report. A meeting had been held with all the directors of nursing to discuss the format of the report and as a result of feedback, the report would be amended to reflect that feedback.</p> <p>The Chair advised that a meeting had taken place with the NHSE Regional Director for the North East and Yorkshire and North West regions (NHSE) and representatives of Newcastle-upon-Tyne Hospitals NHS Foundation Trust to discuss elective care. The main issue raised was the requirement to deliver 104 week waits by the end of March 2023 and explained that every trust across the country have been told they need to hit zero so</p>

	<p>could move into Tier 1. An agreement had been reached to move to weekly Tier 2 meetings which the ICB would co-lead to help the trust stay on track.</p> <p><u>RESOLVED:</u> The Committee NOTED the report presented and ACKNOWLEDGED the future change in format of the report.</p> <p><i>At 11.30am, the Research Manager (NECS) joined the meeting for the next item of business only. The Director of Medicines and Pharmacy was also in attendance for the next item of business.</i></p>
EC/2023/167	<p>Agenda Item 11.1 Community Pharmacy Services in North East and North Cumbria – review of pilot schemes and proposed next steps</p> <p>The Director of Medicines and Pharmacy introduced the report which described two pilot community pharmacy services commissioned across the North East and North Cumbria and included the proposed next steps for future commissioning.</p> <p>Further details of the schemes were presented by the Research Manager from NECS who confirmed that Winter Access Funding (WAF) had been awarded in 2021/22 to support the pilot schemes across the patch until 31 March 2023. Think Pharmacy First had provided 17,371 consultations to patients from December 2021 – December 2022 inclusive, assessing urinary tract infections (UTIs).</p> <p>It was confirmed that the cost for resourcing was cost neutral across both schemes. The committee was impressed by the work involved and the ability to have patients using pharmacy services first which would enable these schemes to progress to the next level.</p> <p>Of the 650 community pharmacies in the North East and North Cumbria, 435 had signed up to the scheme. It was hoped that this number would rise as the data is reported and more pharmacies consider the benefits.</p> <p><u>ACTION:</u> The Director of Medicines and Pharmacy and Research Manager to provide a map of the region highlighting the locations of the pharmacies who have signed up to these schemes and those who had not.</p> <p><u>RESOLVED:</u> The Committee SUPPORTED the recommendation to commission the Think Pharmacy First minor ailments scheme and the community pharmacy service for the assessment and treatment of UTIs, on a recurrent basis, across the North East and North Cumbria.</p>

	<p><i>At 11.50am, the Director of Medicines and Pharmacy and Research Manager (NECS) left meeting and did not return.</i></p> <p><i>At 12.30pm, the Director of Health Equity and Inclusion joined the meeting for the next item of business only.</i></p>
<p>EC/2023/168</p>	<p>Agenda Item 12.1 Interim Equality, Diversity and Inclusion Strategy 2023-2024</p> <p>The Director of Health Equity and Inclusion introduced the report which presented the ICB interim Equality, Diversity and Inclusion (EDI) strategy 2023/24. The strategy set out the intention to create a foundation and a short-term plan to shape the future for EDI and the wider system for the next 12 months whilst a five-year strategy was co-created across the ICS/ICP.</p> <p>Reference was made to the EDI maturity matrix which had been developed following a board development session on 13 December 2022 after considering what a potential five year strategy could look like.</p> <p>The Committee noted the amount of work undertaken so far and the simplicity of the objectives set out within the report was welcomed. Despite the simplicity, it was clear what the measurable goals underpinning the strategy were.</p> <p>It was suggested that this could also be included within the oversight framework to support EDI within system leadership as this was one of the 'golden threads' that needed to run through the whole organisation.</p> <p><u>ACTION:</u> The Executive Chief of Strategy and Operations to consider inclusion of EDI when reviewing the 15 priority areas.</p> <p><u>RESOLVED:</u> The Committee:</p> <ol style="list-style-type: none"> 1) AGREED and fully SUPPORTED the interim EDI Strategy for 2023-2024 and its associated objectives and actions; and 2) AGREED and SUPPORTED for a five-year EDI Plan from 2024-2029 to be developed. <p><i>At 12.40pm, the Director of Health Equity and Inclusion left the meeting and did not return.</i></p>
<p>EC/2023/169</p>	<p>Agenda Item 13.1 Risk Management Report</p> <p>The Executive Director of Corporate Governance, Communications and Involvement introduced the report which provided an updated position on the risks facing the organisation for the period 20 December 2022 to 27</p>

	<p>January 2023.</p> <p>The report included the current position of 29 risks on the risk register and assurance provided that there had been no movement in the risk score during the reporting period.</p> <p>Two new risks had been identified as follows:</p> <ul style="list-style-type: none"> • NENC/0034 – ongoing recurring financial pressures and commitments for the ICB arising from services initially commissioned with non-recurring funding allocations. This risk was scored at 12 A (high); and • NENC/0035 – the ICB and wider ICS may be unable to agree and deliver a robust, and credible, balanced financial plan for 2023/24 within confirmed funding envelopes due to underlying recurring pressures across the system. This risk was scored at 20 R (extreme). <p>The Committee was referred to paragraph 4.3 within the report and approval sought for the proposal for the scalation of risks between place and corporate risk registers. Risks identified at place or area would be reviewed to determine whether they should be escalated to the corporate risk register when a score of 12 or more is reached. In addition, risk identified at multiple places should be considered for escalation regardless of score to determine whether this was a regional risk. An illustration of the proposed escalation of place risks was included in the report.</p> <p>The Director of Corporate Governance and Involvement proposed that risk register be presented to the Committee on a bi-monthly due to minimal change month on month and this was agreed.</p> <p>Some discussion took place around the accuracy of the risk register following which the Chair requested all executive directors review the register to ensure that items noted were accurate and to highlight any omissions.</p> <p><u>ACTION:</u></p> <ol style="list-style-type: none"> 1) The Director of Corporate Governance and Involvement to amend the table to clearly show the responsibility for risk review, i.e., the lead committees should be reviewing their own risks; 2) All Executive Directors to review the Risk Register to ensure accuracy of risk in each area and to highlight any omissions. <p><u>RESOLVED:</u></p> <p>The Committee RECEIVED the report for assurance and APPROVED the process for the escalation of risks identified at Place, as set out in section 4.3 of the report.</p>
<p>EC/2023/170</p>	<p>Agenda Item 13.2 Data Security and Protection Toolkit – Baseline</p>

	<p>Assessment</p> <p>The Executive Director of Corporate Governance, Communications and Involved presented the report which provided a brief update and overview of the Data Security and Protection (DSP) Toolkit process and timelines for 2022/23.</p> <p><i>At 12.20pm, the Executive Medical Director left the meeting and did not return.</i></p> <p>The committee noted that the baseline was to be submitted by 28 February 2023 with the final DSPT submission by 30 June 2023. An interim audit would commence on 27 February 2023 by AuditOne with the final audit planned for completion in May/June prior to the final submission date. It was also noted that the ICB had been classified as a category one organisation for the DSPT.</p> <p>The DSPT consisted of 36 assertions within 10 National Data Guardian standards, 34 of which were mandatory for ICBs. The ICB was required to provide 113 items of mandatory evidence to support the assertions. A project team had been established to undertake the self-assessment process, consisting of both ICB and NECS colleagues and managed by a senior governance lead, with oversight from the Director of Corporate Governance and Involvement.</p> <p><u>RESOLVED:</u> The Committee RECEIVED the report for assurance and NOTED the ongoing actions and progress towards the final submission date.</p>
EC/2023/171	<p>Agenda Item 13.3 Subcommittee Terms of Reference and Recommendations</p> <p>The Director of Corporate Governance and Involvement advised that this report had been withdrawn from the agenda at short notice as it was highlighted that further work was still required on the terms of references. The report would be presented to the Committee at the meeting in March 2023 for formal approval.</p>
EC/2023/172	<p>Agenda Item 14.1 NENC ICB Corporate Policy Six Month Review</p> <p>The Executive Director for Corporate Governance, Communications and Involvement introduced the report providing detail of four policies which had been reviewed.</p> <p>The complaints policy had been highlighted by subject matter experts (authors) as requiring an update.</p> <p>The following policies had been reviewed by subject matter experts</p>

	<p>required no updates:</p> <ul style="list-style-type: none"> • Access and Choice Policy • Counter Fraud, Bribery and Corruption Policy; and • Media Policy <p>It was noted that the complaints policy and procedure was a live document which would require updating as a result of the primary care and associated functions delegation and transition. The revised policy was noted and agreed that this would evolve with the possibility of creating a sub-committee to feed into the Quality and Safety Committee in the future.</p> <p><u>RESOLVED:</u> The Committee APPROVED the updated Complaints Policy and NOTED the other policies as not requiring an update.</p>
EC/2023/173	<p>Agenda Item 15.1 Any Other Business</p> <p>There were no items of any other business for consideration.</p>
EC/2023/174	<p>Agenda Item 16 CLOSE</p> <p>The meeting was closed at 12.45pm</p>
	<p>Date and Time of Next Meeting Tuesday 14 March 2023 10.30am</p>

Signed: Sam Allen



Position: Chief Executive (Chair)

Date: 14 March 2023