

Item: 8.2.1

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

## BOARD

30 JANUARY 2024

**Report Title:** Executive Committee Highlight Report

### Purpose of report

To provide the Board with an overview of the discussions from the Executive Committee meetings in November and December 2023.

### Key points

The Executive Committee met on 14 November and 12 December 2023.

The key points to bring to the Board's attention from each meeting are detailed in accompanying decision logs (Appendix 1 and Appendix 2) in addition to receiving the confirmed minutes.

#### 14 November 2023

The following items were submitted to the meeting of the Committee and details are contained within the attached decision log (Appendix 1):

- Modern General Practice Access Model – Transition Cover Proposal
- Medicines Decisions regarding: Dapagliflozin & Rimegepant.

#### 12 December 2023

The following items were submitted to the meeting of the Committee and details are contained within the attached decision log (Appendix 2):

- Learning Disabilities and Autism Service Development Funding (SDF) Spending Plan 2023/24
- Workforce Development Funding
- Northern Cancer Alliance (NCA) Prioritisation of Finance Proposal
- Business Case - Establishing and Enhancing Acute Respiratory Infection (ARI Hubs) Winter 2023/2024
- Children and Young People Palliative and End of Life Care Strategy (CYP PEOL).

The confirmed minutes from the Executive Committee meetings held on 14 November and 12 December 2023 are attached as appendices three and four respectively.

### Risks and issues

- The Committee discussed the NENC ICB and ICS finance report, noting there were financial risks across the system and acknowledged the ongoing work to mitigate these.
- The Corporate Risk Register was also presented to the Committee.

### Assurances

The Committee also received several items for assurance, and these included:

- Executive Area Directors' reports (Tees Valley and Central, and North and North Cumbria) – an information and assurance summary report of business within the respective areas.
- A report on the Primary Care Access Recovery Plan – an overview report to provide assurance on the plan ahead of being shared at a public Board meeting.
- Integrated Delivery report – a high level overview of the key metrics across the system and internal to the ICB, covering access, experience, outcomes, people and finance.
- Governance Assurance Report (GAR) - an overview of the performance by exception in relation to the delivery of the ICB's corporate governance functions during the period 1 July to 30 November 2023.
- Winter Planning report – an overview report highlighting the prioritised areas of Urgent Emergency Care focus as a whole system.
- Risk Management report – a position statement on the ICB's current risks for the period 19 October 2023 to 23 November 2023.

### Recommendation/action required

The Board is asked to:

- Receive the highlight report and key points for the Executive Committee meetings held on 14 November and 12 December 2023 for information and assurance;
- Receive the confirmed minutes for the meetings held on 14 November and 12 December 2023 (appendices three and four).

### Acronyms and abbreviations explained

NENC – North East and North Cumbria  
 ICS – Integrated Care System  
 ICB – Integrated Care Board  
 PCARP – Primary Care Access Recovery Plan  
 MCPA – Modern General Practice Access Model  
 NHSE – NHS England  
 CDDFT – County Durham and Darlington NHS Foundation Trust  
 CQC – Care Quality Commission  
 GAR - Governance Assurance Report  
 NECS – North East Commissioning Support  
 UEC – Urgent and Emergency Care  
 UHND – University Hospital of North Durham  
 NEAS – North East Ambulance Service  
 SDF – Service Development Funding  
 LDA – Learning Disabilities and Autism  
 CYP – Children and Young People  
 NCA – Northern Cancer Alliance  
 ARI – Acute Respiratory Infection  
 PEOL – Palliative and End of Life Care  
 EDI – Equality, Diversity and Inclusion  
 OD – Organisation Development

**Sponsor/approving executive director**

S Allen, Chief Executive

**Date approved by executive director**

23/01/2024

**Report author**

K Sutherland, Senior Governance Lead

### Link to ICP strategy priorities (please tick all that apply)

Longer and Healthier Lives

✓

Fairer Outcomes for All

✓

Better Health and Care Services

✓

Giving Children and Young People the Best Start in Life						✓
<b>Relevant legal/statutory issues</b>						
Note any relevant Acts, regulations, national guidelines etc						
<b>Any potential/actual conflicts of interest associated with the paper?</b> (please tick)	Yes		No	✓	N/A	
<b>Equality analysis completed</b> (please tick)						
	Yes		No		N/A	✓
<b>If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?</b> (please tick)	Yes		No		N/A	✓
<b>Key implications</b>						
<b>Are additional resources required?</b>	Identified as part of the committee minutes.					
<b>Has there been/does there need to be appropriate clinical involvement?</b>	Yes, as part of the Executive Committee membership.					
<b>Has there been/does there need to be any patient and public involvement?</b>	Not applicable as highlight report only.					
<b>Has there been/does there need to be partner and/or other stakeholder engagement?</b>	Not applicable as highlight report only.					

Appendix 1 - Decisions Log – Public Executive Committee – November 2023

Agenda Item	Description	Decision/action
<p>Modern General Practice Access (MGPA) Model – Transition Cover Proposal</p>	<p>This report provided the Committee with the proposed Modern General Practice Access (MGPA) Model.</p> <p>The MGPA model is to help tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.</p> <p>NHS England has made available national transition cover funding to support practices looking to implement a MGPA access model over the next two years. A total of £2.382 million has been allocated to the ICB for year one.</p>	<p>The Committee approved the recommended option B funding and management process set out in section 6 of the report:</p> <ul style="list-style-type: none"> <li>• The funding will be based on an upfront allocation of £7,500 flat rate for all practices over the two years, i.e., £3,750 in year one and £3,750 in year two.</li> <li>• The remaining funding will be allocated based on a weighted population (1st April 2023) price per patient of £0.62, noting this may be slightly amended up or down based on year two allocation to the ICB.</li> <li>• All practices will be required to complete and submit the baseline, who have not yet done so.</li> <li>• Local discussions will happen at Place, with those practices that indicate they have no intention to transition to a MGPA model to understand the reason why and encourage practices where possible. Local discussions will happen at Place for those that have indicated they have fully transitioned to MGPA model, to understand if there are any further changes, the practice still needs to implement or fine tune, and to understand if the full allocations is required, given the prior transition.</li> </ul>
<p>Medicines Decisions re: Dapagliflozin &amp; Rimegepant</p>	<p>The Medicines Subcommittee currently has no delegated authority from the ICB and has a financial approval threshold of £250k which is through the presence of the ICB Director of Medicines, and therefore requested that the ICB Executive Committee approve the medicines decisions made at the October 2023 meeting, which are above this financial threshold.</p>	<p>The Committee approved the medicines decisions for Dapagliflozin and Rimegepant made at the October 2023 meeting.</p>

Agenda Item	Description	Decision/action
	<ul style="list-style-type: none"><li>• Dapagliflozin to be added to the formulary as GREEN+</li><li>• Rimegepant to be added as Specialist Initiation.</li></ul> <p>The estimated cost impact of Dapagliflozin is £15,000 per 100,000 population in year 1, rising to £47,000 in year 3 onwards. National Institute for Health and Care Excellence (NICE) expect the resource impact of implementing the recommendations in England will be less approximately £8,800 per 100,000 population.</p>	

## Appendix 2 – Decisions Log– Public Executive Committee – December 2023

Agenda Item	Description	Decision/action
<p>Learning Disabilities and Autism Service Development Funding (SDF) Spending Plan 2023/24</p>	<p>The paper outlined the plans to spend Service Development Funding (SDF) which has been allocated to NENC ICB for 2023/24 in support of Learning Disabilities and Autism (LDA).</p> <p>NENC ICB has been allocated £6,776 million in SDF for LDA transformation in 2023/24, with a further £239,000 specifically for autism in children and young people (CYP).</p>	<p>The Committee approved the spending plan for use of the service development funding allocated to NENC ICB for 2023/24.</p> <p>The Committee approved the delegation of authority to the Executive Director with responsibility for LDA, together with the Director of Transformation for LDA &amp; Mental Health and a Director of Finance to commit the remaining £248,000 against priorities later in the year.</p>
<p>Workforce Development Funding</p>	<p>Following the changes to the financial governance arrangements within North East and North Cumbria ICB the Workforce Team are seeking confirmation that the Workforce Development Fund hosted for Health Education England (previously), now NHS England, is out with the internal governance arrangements and is ringfenced for spend for workforce related activity.</p> <p>It is proposed that this, and any future ring-fenced workforce related funds come under the same governance arrangements with management and signed off by the Director of Workforce and Executive Chief Nurse under the usual ICB Scheme of Delegation.</p>	<p>The Committee approved the current budget sits outside of the ICB non-discretionary spend arrangements with authorisation coming from Director of Workforce and Executive Chief Nurse and People Officer.</p> <p>The Committee approved any future projects / ring fenced funds received by the ICB for workforce transformation to be added and included in this budget with the same sign off arrangements.</p> <p>The Committee approved the quarterly monitoring of future projects.</p>
<p>Northern Cancer Alliance (NCA) Prioritisation of Finance Proposal</p>	<p>In line with the H2 prioritisation exercise, the Northern Cancer Alliance (NCA) senior team have been working with ICB colleagues to assess all finances that have not yet been spent. An underspend of £1 million has been identified, the expected spend on the remainder of the budget for this year is included within the report.</p>	<p>The Committee approved the committed NCA spend of £2,614,402 (inc. VAT) as outlined in tables 1,2 &amp; 3 within the report.</p> <p>The Committee approved the recommended programme of work in table 4 totaling £555,000.</p> <p>The Committee approved that NCA keeps a budget for operational performance.</p> <p>The Committee approved the total funds to be reprioritised as outlined within the report.</p>
<p>Business Case - Establishing and Enhancing Acute</p>	<p>The purpose of this report was to set out a proposal for funding requirements for the development combined adult and paediatric</p>	<p>The Committee approved the recommended option 2 for ARIs and Front Door Navigation as outlined within the business case.</p>

Agenda Item	Description	Decision/action
Respiratory Infection (ARI Hubs) Winter 2023/2024	<p>ARI hubs in supporting the ICS to manage increasing demand over the winter period.</p> <p>The aim is to build on existing structures at Place level and provide additional capacity to support primary and secondary care pressures.</p> <p>The NHSE 'going further on winter resilience plan' letter sets out actions to be taken at system level to respond to peak demands driven by external factors, e.g., high rates of influenza, COVID-19 and potential industrial action. The roll out of ARI hubs has also been identified as one of the 10 High-Impact Interventions.</p> <p>NHS England is now asking that systems move to re-establish with immediate effect. In response, discussions have been held in each place to look at the feasibility of mobilising hubs during the autumn period in advance of the winter surge.</p> <p>The Committee were assured the ARI Hubs business case was within the ICB H2 plan, due to the value being over £1 million formal ratification is required from the Committee.</p>	
Children and Young People Palliative and End of Life Care Strategy (CYP PEOL)	<p>The report provided the Committee with the ICS All Age Palliative and End of Life Care strategy and work plan.</p> <p>The Regional team has identified variation and inequity within the services provided across the ICB. The strategy outlines the work needed to bring the NENC ICS in line with National Institute for Health and Care Excellence guidance and NHSE service specification for Palliative and End of Live Care for Babies, Children, and Young People.</p>	The Committee supported the further development of the CYP PEOL Strategy.