



North East and North Cumbria Integrated Care Board

Finance, Performance and Investment Committee

**Minutes of the meeting held on Thursday 2 May 2024 at 10:00hrs
Via MS teams**

Present: Jon Rush, Independent Non-Executive Director & Chair
 Ken Bremner, Chief Executive, South Tyneside & Sunderland NHS FT
 Levi Buckley, Chief Delivery Officer/ SRO for Mental Health, Learning Disability and Autism)
 David Chandler, Chief Finance Officer
 Richard Henderson, Director of Finance (Corporate)
 Eileen Kaner, Independent Non-Executive Director
 Jacqueline Myers, Chief Strategy Officer
 Rajesh Nadkarni, Executive Medical Director, Cumbria Northumberland Tyne and Wear NHS FT
 Dr Neil O'Brien, Chief Medical Officer
 Dr Michael Smith, Primary Medical Services Partner Member

In attendance: James Duncan, Chief Executive, Cumbria Northumberland Tyne and Wear NHS FT / Chair of the ICB Infrastructure Board
 Emma Ottignon-Harris, Executive Assistant (minutes)
 David Stout, Independent Non-Executive Member

FPI/2024-25/15	<p>Welcome and introductions</p> <p>The Chair welcomed all those present to the meeting, introductions were made and it was confirmed that the meeting was quorate.</p> <p>It was agreed that the meeting would be recorded for the purpose of minutes.</p>
FPI/2024-25/16	<p>Apologies for absence</p> <p>Jen Lawson, Head of Corporate Governance</p>
FPI/2024-25/17	<p>Declarations of interest</p> <p>There were no declarations of interest raised.</p>
FPI/2024-25/18	<p>Minutes of the previous meeting held on 4 April 2024</p> <p><u>RESOLVED:</u> The FPI Committee AGREED that the public and private minutes of the meeting held on 4 April 2024 were a true and accurate record.</p>

<p>FPI/2024-25/19</p>	<p>Matters arising from the minutes</p> <p>Following the recent Board meeting on 30 April the Chairman confirmed that the additional allocation of £2.5m over a 4-year period to Tees Valley place, which had been supported at FPI Committee, and that the revised FPI Committee Terms of Reference had been approved.</p> <p>An additional update was given which will be noted in the Private minutes.</p>
<p>FPI/2024-25/20</p>	<p>Action log update</p> <p>FPI/2023/126/01 Independent Sector Review:</p> <ul style="list-style-type: none"> • Additional information regarding mental health spend in the independent sector is still to be circulated to committee members via email. <p>FPI/2023-24/158/01 Capital Oversight Arrangements:</p> <ul style="list-style-type: none"> • Deputy Director of Strategy, Planning and Performance has been nominated as the ICB representative on the Infrastructure Board. Action closed <p>FPI/2023-24/169/01 Performance Update:</p> <ul style="list-style-type: none"> • Dental activity update included in IDR and performance update. Action closed <p>FPI/2023-24/169/02 and FPI/2024-24/169/03 Performance Update – Inequalities:</p> <ul style="list-style-type: none"> • To be reviewed in October 2024. <p>FPI/2024-25/12/01 Terms of Reference:</p> <ul style="list-style-type: none"> • FPI Chair to work with Chief Financial Officer to ensure that the Committee are sighted on all relevant reports to fulfil the oversight role.
<p>FPI/2024-25/21</p>	<p>Notification of urgent items of any other business</p> <p>None received.</p>
<p>FPI/2024-25/22</p>	<p>ICB performance update</p> <p>The Chief of Strategy introduced the integrated delivery report which provided an ICS overview of quality and performance using data covering February 2024 for most metrics and March 2024 for others, unless otherwise specified. The finance data was for March 2024 (Month 12).</p> <p>An error on page 14 of the report which had duplicated data in the table regarding General Practice CQC ratings was brought to the Committee's attention.</p> <p>Additional planning guidance had been received which included a 46.6% target to increase the proportion of all outpatient attendances that are for first</p>

appointments of follow-up appointments and mental health services, to which the ICB has been able to respond but it was noted that further work is required.

NHSE tiering de-escalation was confirmed for S Tees Elective Care and NuTH for Cancer and Elective Care. However, NCIC has been entered into Tier 2 for Cancer due to a variation in sustainable performance. There were no ICB trusts in the tiering process for UEC.

Dental Access Recovery:

- Despite commissioning arrangements to secure additional appointment slots and treatment capacity, performance for the year to date at the end of February 2024 was at 3.59m and is not expected to achieve March 2024 plan of 5.31m. A description of ongoing improvement work was given which includes identifying providers to take on additional activity on top of core contracts, lost capacity due to Patients who Did not Attend (DNA), and engagement with universities and dental practitioners on working models to attract and retain workforce. It was recommended that a combined position of total dental activity versus plan to be included in future reports.
- Further information was requested regarding implementation dates for two urgent dental access services to be commissioned in N Cumbria and Darlington and engagement with Healthwatch regarding patient satisfaction and mystery shopping assessments of newly commissioned services. It was noted that there is also a rich set of information direct from the general public through the ICB complaints process.
- The discussion continued regarding the significant gap to achieve plan which is inhibited by national contract arrangements, therefore a request was made to focus on what the ICB can influence outside of national arrangements only. In response the Executive Chief of Strategy agreed to provide a further update on core contract and supplementary arrangements to deliver 2024/25 plan and ability to influence local arrangements. It was also noted that the Oral Health Strategy would be presented to Board in the coming months.
- A further request was made to understand if there was a metric that could be used to measure access to NHS dental patient lists.

ACTION: Executive Chief of Strategy to provide a further update at 4 July FPI Committee on implementation dates for urgent dental services in Darlington and N Cumbria, Healthwatch engagement, dental contract arrangements to achieve 2024/25 plan and metrics to measure access to NHS dental patient lists.

The deterioration in workforce sickness rates was highlighted and a request was made for further information regarding the staff offer and if the areas of workforce sickness could be identified. It was confirmed that all Provider Trusts would have an internal review process for sickness rates.

Urgent and Emergency Care (UEC):

- A&E waiting times within 4 hours target of 76% for March 2024 was achieved, however the ICB March 24 Plan target of 79.2% was not,

although unvalidated end of April position was at 77%. It was noted that March 2024 was busy compared to the previous year and has been impacted by delayed seasonal issues. A Community Transformation Board is in development which will focus on a Primary and Community Care offer for urgent demand on the day.

- Category 2 mean plan for March 24 was not met, at 33 minutes 20 second compared to a plan of 27:05, although unvalidated data for April had indicated an improved position of 28 minutes. It was clarified that ambulance times are monitored direct through NEAS and system improvement plans. It was noted that NEAS had exceeded planned volumes despite an increase in activity levels. Ambulance handover issues are addressed through the UEC Network Board.

Elective Care:

- NENC was the best performing ICS in February 2024 for RTT performance, and 78+ week and 65+ week waitlist plans were achieved. A reminder was given that plans were revised in October 2023 due to industrial action impact.

Cancer:

- NENC ICB had achieved the planned cancer 62 day backlog performance standard for March 2024 achieving 810 compared to a plan of 817.

Diagnostics:

- The diagnostic test within six weeks position had improved at 88.1% which was in excess of the national target but still below the long-term ambition of 95% by March 2025. Additional diagnostic centres and mutual aid is expected to reduce waiting times.

Mental Health:

- There had been an increase in total activity levels for adult and children and young people (CYP), however 1 and 2 year wait times have increased. Plans to progress activity volumes are in place and it was noted that there is further transformation work on capacity and data variation as a national reset on metrics is expected.
- Total number of inappropriate Out of Area Placements (OAP) bed days had increased and has been impacted by lack of system capacity to absorb clinically ready discharges in Adult mental health.
- Reliance on inpatient care for adults and children March 2024 plan was not achieved. A dedicated ICB complex case management support team has been established which had identified a number of patients who are not up to date with case management, therefore a risk of potential readmissions was highlighted.

There was an opportunity for comments and questions:

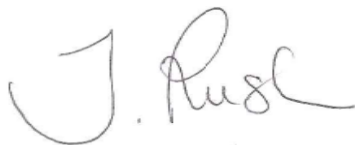
With regard to access to CYP MH services a request was made for the report to focus in more detail on areas of progress and where further work is required with system locality partners to improve performance. The Committee were

	<p>informed that there will be a refresh of the transformation community mental health programme and work is underway with the Voluntary sector provision and waiting well model to support children's needs whilst waiting for diagnostic pathways, which can be presented when it is more established.</p> <p>It was agreed that further information regarding mortality and increase in stillbirths should be addressed at NENC ICB Quality and Safety Committee, but it was noted that external data is quite historic and that reference to mortality should have a clear narrative to provide assurance that it is being addressed and by whom.</p> <p>It was explained that plans are in place to address the variation of OOA placements across the MH providers, which involves discussions with local authorities regarding commissioning services and inpatient capacity. There was a query to an internal care group board at TEWV and if narrative could be clearer in the report.</p> <p>It was confirmed that whilst national coding work is underway, planning guidance had not yet been published with regard to mental health targets and that the ICB had used local metrics in reporting data. 2024/25 targets are currently for completion of treatment and overall activity volume.</p> <p>It was confirmed that a more detailed mental health report would be presented to the Board in June.</p> <p>With regard to oversight for the independent sector, it was explained that as part of the ICB 2.0 process the combined oversight and contract management arrangements had been combined which will be led by the Chief Procurement and Contracting Officer.</p> <p><u>RESOLVED:</u></p> <ol style="list-style-type: none"> 1. The Finance, Performance and Investment Committee RECEIVED the content of the report and concluded it had received the required assurance in relation to performance, noting the areas where further information was requested.
<p>FPI/2024-25/23</p>	<p>Infrastructure board update</p> <p>The Chair of the ICB Infrastructure Board provided a presentation which detailed the arrangements, guidance and ongoing work towards the development of the NENC Infrastructure strategy. The NHSE submission deadline is 31 July 2024.</p> <p>The scale of the work, given the timescales and constraints was acknowledged, as well as an opportunity to influence the desired direction of travel and requirements.</p> <p>The significant risk of costs associated with North Tees estate was highlighted and all estates risks should be articulated clearly during discussions with HM</p>

	<p>Treasury.</p> <p>A request was made for the FPI Committee to comment on the link and alignment to the NENC Clinical Conditions, Quality and Primary Care strategies. A description of the link to the Provider Collaborative strategy work was given and requirement to prioritise investment areas and develop an investment plan over the next 10 years.</p> <p>Lack of clarity regarding the link between Estate related conversations across each ICB committee was noted.</p> <p>It was explained that the rationale of the ask for freedom to access private finance and to utilise innovation partnerships is to attempt to break the cycle of capital and revenue investments, and that there are existing frameworks that can be used to create partnerships across the region therefore flexibility is required and sought.</p> <p>There was overall agreement that an honest and challenging document which is clearly joined up across all the strategies was required. The Chair agreed to set out a timeframe for ICB Committee and Board updates prior to the NHSE final submission on 31 July.</p> <p>ACTION: FPIC Chair to and Infrastructure Board Chair to identify a timeframe to present work to ICB Committees and Board prior to final NHSE submission on 31 July.</p>
<p>FPI/2024-25/24</p>	<p>ICB financial performance update</p> <p>The Chief Finance Officer introduced the finance report for the period to 31 March 2024 which included the Month 12 position.</p> <ul style="list-style-type: none"> • The ICS is reporting an overall outturn surplus of £0.43m. • A reminder was given that a funding allocation of £35m, which was received from NHSE to offset planned deficit at the start of the year, and a one-off legal fee payment at NHCFT of £15m had mitigated the original plan deficit of £50m and therefore a breakeven position had been achieved. • The ICB is reporting an outturn surplus of £4.5m. • There has been an under-delivery across the ICS of recurrent efficiency schemes of £62.2m (1% ICS income levels). Adult CHC was highlighted as a concern area in a recent Deloitte report and opportunities and recommendations will be addressed with the ICB Financial Recovery Group. • The ICS capital outturn position shows a small overspend of £1.5m relating to the impact of IFRS16 (lease accounting) which has been managed with NHSE at a regional level. <p>An update on 2024/25 planning was also given.</p> <ul style="list-style-type: none"> • There is a £100m ICS deficit plan, made up by £45m ICB surplus and

	<p>£145m Provider deficit. Significant risks were identified to achieve a £50m deficit plan and three requests have been made to NHSE which are to receive cash at the start of year to offset any planned deficit, support for a strategic opportunity identified at one provider trust and additional capital resource for NHCFT and Asceptics.</p> <ul style="list-style-type: none"> • It was noted that there had been a previous request to achieve a high risk and very challenging £35m deficit position. <p>RESOLVED: 1) The Committee NOTED the draft outturn financial position for 2023/24.</p>
<p>FPI/2024-25/25</p>	<p>FPI Committee effectiveness review</p> <p>The Chair introduced the FPI Committee effectiveness review of it's performance during 2023/24. It was acknowledged that more time should be dedicated to performance discussions and the Chair confirmed that meetings would continue on a monthly basis through 2024/25, with a minimum requirement of 10 meetings per year. A comment was made regarding a deeper dive into areas of scrutiny which had previously been raised at other recent ICB committee meetings.</p> <p>The Committee were asked to approved narrative that had been highlighted in yellow for inclusion in the ICB Annual Report 2023/24.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> 1. The Committee REVIEWED AND COMMENTED on the results of the survey 2023/24. 2. The Committee AGREED the text relating to the FPI Committee's effectiveness for inclusion in the ICB's Annual Report 2023/24.
<p>FPI/2024-25/26</p>	<p>Any other business</p> <p>There was no further business raised to discuss.</p>
<p>FPI/2024-25/27</p>	<p>Meeting review and date of next meeting</p> <ul style="list-style-type: none"> • The next meeting is confirmed to take place on Thursday 6 June at 10.00hrs via MS teams. • A request was made to confirm attendance or arrange a deputy if required to ensure quoracy.

Signed:



Position:

Chair

Date:

6 June 2024