

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

**Minutes of the meeting held on Tuesday 13 August 2024, 10:25hrs in the
Joseph Swan Suite, Pemberton House, Colima Avenue, Sunderland**

Present: Sam Allen, Chief Executive (Chair)
Levi Buckley, Chief Delivery Officer
David Chandler, Chief Finance Officer
Graham Evans, Chief Digital and Infrastructure Officer
Dave Gallagher, Chief Contracting and Procurement Officer
Dr Alex Kent, Medical Director deputy for Dr Neil O'Brien, Chief Medical Officer
David Purdue, Chief Nurse, AHP and People Officer
Jacqueline Myers, Chief Strategy Officer
Claire Riley, Chief Corporate Services Officer

In attendance: Rebecca Herron, Corporate Committees Manager (Committee Secretary)
Deb Cornell, Director of Corporate Governance and Board Secretary
Leanne Furnell, Deputy Director of People and Culture

EC/2024-25/116 Agenda Item 1 - Welcome and introductions

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

EC/2024-25/117 Agenda Item 2 - Apologies for absence

Apologies for absence were received from Neil O'Brien, Chief Medical Officer.

EC/2024-25/118 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 Medical Director declared an interest under item 11.1 Primary Care System Development Funding Proposal due to being a GP partner at Priory Medical Group.

The Chair noted the conflict already declared on the register and agreed the Medical Director was able to take part in the discussion but was required to abstain from any decision making and that quoracy would be maintained.

There were no additional declarations of interest made at this point in the meeting.

EC/2024-25/119 Agenda Item 4 - Minutes of the previous meeting held on 9 July 2024

RESOLVED:

The Executive Committee AGREED that the minutes of the meeting held on 9 July 2024, were a true and accurate record.

EC/2024-25/120 Agenda Item 5 - Matters arising from the minutes and action log

Minute reference EC/2024-25/64 Chief Delivery Officer Report June 2024

The Chief Delivery Officer confirmed a programme has been developed for the Directors of Delivery and thematic leads to attend the Committee starting in September 2024. Action complete.

Minute reference EC/2024-25/89 Foundation Trusts Provider Collaborative Responsibility Agreement 2024/25

The Chief Strategy Officer confirmed the proposed amends to the Foundation Trusts Provider Collaborative Responsibility Agreement 2024/25 have been completed. Action complete.

Minute reference EC/2023-24/91 Mental Health Investments

The Chair informed the Committee this was still to be progressed. Action ongoing.

Minute reference EC/2024-25/95 NEAS Northumbria Healthcare Foundation Trust Peer Support Evaluation

The Chair has circulated the evaluation to members of the Provider Leadership Board. Action complete.

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

ACTION:

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

EC/2024-25/121 Agenda Item 6 - Notification of urgent items of any other business

The Chair requested an item regarding a letter from the NHS Chief Executive Officer to be included under any other business.

The Chair requested an item regarding the Panorama programme coverage of the Nottinghamshire Healthcare NHS Foundation Trust case.

No further items of any urgent business had been received.

Agenda Item 7.1 - Executive Area Directors Update Report August 2024

The Chief Delivery Officer provided a summary of items outlined in the report. The Committee was asked to particularly note from the report:

- North Tyneside and Northumberland have good collaborative working in place, particularly regarding the care market
- The Backworth Intermediate Care facility has been formally terminated
- North Tyneside safe haven continues to make progress as we share the learning across places
- A new residential development in North West Durham (Whitebeam Gardens) in County Durham is due to open soon. This will provide accommodation for people with a learning disability/autistic people
- All 20 practices have now signed up to deliver the South Tyneside Better Outcomes Scheme includes shared care drugs monitoring
- Tees Valley
 - Butterwick Hospice restrictions placed upon them by Care Quality Commission have now been lifted.
 - Stockton Wellbeing Hub was officially opened on the 23 July 2024. This hub is bringing together Mental Health Teams, Citizens Advice Bureau, and other Voluntary Community and Social Enterprise's.
 - Tees, Esk, Wear Valley Foundation Trust have indicated they will be serving notice on the Learning Disability Respite service at the end of August 2024.
 - Tees Valley Place continues to meet and exceed the 70% trajectory for meeting the 2-Hour Urgent Community Response target
 - The Directors of Children's Services are trying to move towards a much more standardised model across a number of local authorities
- Northumberland, Sunderland, and Durham, are developing a collective approach across general practice to determine what actions they will take regarding the collective action conversations

The Chief Corporate Services Officer noted that Everyturn communications regarding Safe Haven do not appear to be communicating they are part of a partnership. The Chief Delivery Officer confirmed the communications team have been working on this.

The Chief Contracting and Procurement Officer informed the Committee the contracting team are undertaking a review of the various non-core GP

contracts in light of the GP collective action conversations. This work will be circulated once completed.

The Chair noted the lack of decisions being taken at the Place Subcommittees and enquired how the place committees are functioning. The Director of Corporate Governance and Board Secretary assured the Committee governance reviews of the subcommittees are taking place and the findings will be presented to the Committee.

RESOLVED:

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

EC/2024-25/123 Agenda Item 8 – ICB Delivery

No update for this item.

EC/2024-25/124 Agenda Item 9.1 - NENC ICB and ICS Finance Report Month 3

The Chief Finance Officer provided the Committee 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 2024/25 for the three months to 30 June 2024.

The ICS is reporting a year-to-date deficit of £36.30m compared to a planned deficit of £32.48m. The adverse variance of £3.8m reflects pressures in provider positions. This is expected to be managed back in line with plan by the end of the year, hence the forecast ICS position is a deficit of £49.9m.

Net unmitigated financial risk across the ICS is now estimated at £161m across the system. This largely relates to the delivery of required efficiency plans which are higher than those delivered in 2023/24.

The Chief Finance Officer noted month two prescribing data is projecting a £2m overspend against budget which is a risk for the ICB.

ICB running costs:

- The ICB is reporting a breakeven position against running cost budgets

ICB Revenue:

- The ICB is reporting a year-to-date surplus of £13.76m and a forecast surplus of £53.6m in line with plan.

The ICB is on track to deliver the Mental Health Investment Standard, with growth in relevant spend of 4%.

The Chief Finance Officer noted a potential risk of hybrid enclosed loop technology. We were informed that we would receive funding for 75% of the increase in cost for the new technology to managing diabetes. Indications are that NHSE are retracting on the funding allocation which may result in a £5m pressure. The Chief Finance Officer will link with the Chief Medical Officer regarding this issue.

The Medical Director noted the hybrid enclosed loop technology is the right thing for patients, it will improve outcomes and has long term cost saving potential. The Chair noted the risk regarding the hybrid enclosed loop technology.

The Chair noted the ICS forecast on capital forecast of a £9.11m overspend. The Chief Finance Officer assured the Committee this is not a risk at present.

The Chair noted the Committee is asked to approve the updated split of ICB capital funding between GPIT and primary care estates. The Committee approved the recommendations as outlined within the report.

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 2024/25,**
- 2) **The Committee NOTED there are a number of financial risks across the system still to be managed**
- 3) **The Committee APPROVED the updated split of ICB capital funding between GPIT and primary care estates**
- 4) **The Committee NOTED that any further required changes to split of the ICB capital plan will be approved by ICB Chief Executive and Chief Finance Officer in line with financial delegations agreed by the Board (up to £5m)**

EC/2024-25/125 Agenda Item 10.1 - Integrated Delivery Report (IDR)

The Chief Strategy Officer 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 Chief Strategy Officer informed the Committee this report is a mixture of May 2024 and June 2024 data.

The Committee was informed of the key messages as follows:

- Urgent and Emergency Care
 - Category two mean response times are currently exceeding plan, in June 24 performance decreased to 27.2 minutes,

which is within plan (29.6 mins) and an improvement from May 2024 (28.2 mins)

- The Accident and Emergency four-hour standard is currently ahead of plan at 78.4%
- There are new metrics included for community waiting times now over two weeks, there is more work to be done in this area
- Monthly appointments in general practice slightly below plan
- Electives
 - Whilst everything is improving, essentially, it's not improving at the speed it needs to
 - We are off trajectory for our key waiting times of 65 week and 78 week waits. A commitment has been made that all providers will be at zero for 65 week waits by the end of September 2024. Dermatology is a big concern
 - Recovery plans are in place for the three main trusts who are contributing to being off plan
 - Mental health levels of activity continue to increase; however, they are not increasing at a pace which is meeting the demand
 - Mental health waiting times remain a risk. Reporting is to move to the new national standard throughout 2024/25
 - Attention Deficit Hyperactivity Disorder and Autism waiting times are continuing to be a concern
 - Out of area bed days are improving

The Chief Nurse, AHP and People Officer noted waiting list sizes are currently a huge focus and requested this to be incorporated onto the dashboard.

The Chair stated any indicator within the report, which is red, we should have the aspiration of turning to green, unless the ICB are willing to tolerate that risk. Further work is required joining up the clinical condition strategy, better health fairer health and integrated delivery.

The Chair requested a named Executive is to be allocated to each of the national objectives, and this should be included within the report with the expectation that the aligned Executive is able to talk to where the indicators currently are. The Chief Strategy Officer confirmed Executives are aligned to the objectives and this would be clarified within the report.

The Chief Nurse, AHP and People Officer recommended it would be beneficial to establish a programme of deep dive areas to present to the Committee and/or Board. The Committee agreed this would be beneficial and proposed dental extractions would be a good area to start with.

The Chair raised the infection prevention control never events metrics and enquired if the ICB an outlier in the area. The Chief Nurse, AHP and People Officer assured the Committee the ICB are not an outlier regarding

never events and confirmed new national targets are expected in September 2024.

ACTION:

- 1) **The Chief Strategy Officer to include aligned Executive Lead Names within the tables of the report**
- 2) **The Chief Strategy Officer to identify areas for programme of deep dive exercises to be presented to the Committee and/or Board**

RESOLVED:

The Committee RECEIVED the report for information and assurance

EC/2024-25/126

Agenda Item 11.1 – Primary Care System Development Funding (SDF) Proposal

The Medical Director declared an interest under his item due to being a GP partner at Priory Medical Group.

The Chair noted the conflict already declared on the register and agreed the Medical Director was able to take part in the discussion but was required to abstain from any decision making and that quoracy would be maintained.

The Chief Contracting and Procurement Officer introduced the report which provided the Committee with the proposed allocation of SDF funding for 2024/25.

In April 2024, the Primary Care Strategy and Delivery Subcommittee (PCSDSC) recommended selected SDF schemes which required earlier commitment to commence / continue delivery of services. These were subsequently agreed by the Committee.

In May 2024 it was agreed that slippage on SDF programmes could contribute to the ICB financial plan and that expected slippage with the primary care SDF was included as such. We are still able to make investments as documented within this phase 2 proposal.

In July 2024 a further paper was submitted to the PSCDC for consideration/discussion. Taking this into consideration, the subcommittee discussed and agreed a fourth option for approval by the Committee.

Option four supports all schemes as detailed on the recommended proposals list in Appendix 1, as approved by the PCSDSC, supporting a combination of proposals across the four pillars supporting access, integration, and stability with the reallocation the In Year Reserve to the delivery directorate to distribute according to need.

The Chief Finance Officer enquired as to a process around discretionary spend of the in-year reserve monies. The Chief Delivery Officer confirmed an analysis process will be developed to manage this and recommendations will be submitted to the Investments and Vacancy Control Panel for consideration and approval.

The Committee supported all recommendations as outlined within the report.

RESOLVED:

- 1) **The Committee NOTED the content of the paper**
- 2) **The Committee APPROVED option four for allocation of Primary Care SDF funding for 2024/25**
- 3) **The Committee NOTED the areas that may need further work prior to commencement of schemes**
- 4) **The Committee APPROVED the In Year Reserve to be allocated to the Delivery Directorate**

EC/2024-25/127 Agenda Item 12 – Strategic Plans and Partnerships

No update for this item.

EC/2024-25/128 Agenda Item 13.1 – Contracting Subcommittee Terms of Reference

The Chief Contracting and Procurement Officer introduced the report which provided the Committee with the proposed terms of reference (ToR) for the Contracting Subcommittee.

The Chief Contracting and Procurement Officer reminded the Committee following the amendments to the scope and role of the group in July 2024 the Committee approved the progression to formally establish the Contracting Subcommittee.

The ToRs include proposed delegations to the subcommittee to include approvals of contracts and variations up to £5m and also approvals relating to stages of procurements. This would mean that items will only be presented to the Committee by exception, with a subsequent contracting plan being presented for approval at the beginning of the year.

The Committee were assured invites will continue to be extended to attendees from other directorates to support cross-directorate working.

The Chief Nurse, AHP and Contracting Officer requested a member of the quality team be included within the membership of the Contracting Subcommittee. The Chief Contracting and Procurement Officer requested the Chief Nurse, AHP and People Officer to nominate a team member to join the subcommittee membership.

ACTION:

The Chief Nurse, AHP and People Officer to nominate a quality representative to join the membership of the Contracting Subcommittee

RESOLVED:

The Committee APPROVED the Contracting Subcommittee Terms of Reference.

EC/2024-25/129 Agenda Item 14.1.1 – People and OD Subcommittee Highlight Report

Noted for information and assurance.

RESOLVED:

The Committee RECEIVED the report for assurance.

EC/2024-25/130 Agenda Item 14.1.2 – Financial Sustainability Group Highlight Report

Noted for information and assurance.

RESOLVED:

The Committee RECEIVED the report for assurance.

EC/2024-25/131 Agenda Item 14.2.1 – Place Subcommittee Minutes

County Durham - noted for information and assurance only.
South Tyneside - 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.
North Cumbria - 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/2024-25/132 Agenda Item 14.2.2 – Mental Health, Learning Disabilities and Autism Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Mental Health, Learning Disabilities and Autism Subcommittee Minutes for assurance

EC/2024-25/133 Agenda Item 14.2.3 – Pharmaceutical Services Regulatory Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Pharmaceutical Services Regulatory Subcommittee Minutes for assurance

EC/2024-25/134 Agenda Item 14.2.4 – Primary Care Strategy and Delivery Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

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

EC/2024-25/135 Agenda Item 15 – Policy

No update for this item.

EC/2024-25/136 Agenda Item 16.1 – Any Other Business

- 1) The Chief Nurse, AHP and People Officer introduced the report which provided the Committee with the proposed procurement of a leadership development programme for ICB.

As this paper was a late addition to the Committee agenda Leadership Development Procurement Proposal it was circulated to members during the meeting.

The Chair agreed for members to consider the paper and bring questions back to the Executive Team meeting on 20 August 2024, the decision could be deferred to the Executive Team meeting and the decision and paper would be included within the matters arising section of the 10 September 2024 meeting.

- 2) The Chair noted the Panorama programme which focused on the Nottingham attacks which took place in June 2023.

A rapid review of Nottinghamshire Healthcare NHS Foundation Trust and an assessment of progress made at Rampton Hospital since the most recent CQC inspection activity is now available.

The Chair noted the Director of Quality is conducting a review of suspected homicides across the system and is sourcing assurance

that patients are not being discharged back to their GP after three non-attendances without a risk assessment being undertaken.

The Chief Delivery Officer informed the Committee the two Mental Health providers are developing a response to the issues raised and will be taking the response to their public boards.

The Medical Director raised the concern that this could happen in our region and informed the members of two patients known to the Priory Medical Group practice who have a similar pattern. The patients are discharged to a primary care mental health worker, but the wraparound support a mental health organisation is not available.

The Chair recommended the ICB medical and nursing directorate to be involved in conversations with the mental health foundation trusts. It was proposed a clinical summit may be beneficial.

Following further discussion, it was agreed to perform an analysis to understand if there are any gaps in services and where the risk points are. We need to ensure the GP perspective is woven in.

The Chief Delivery Officer proposed a risk should be developed around interface and integration of mental health services. The Chair agreed the development of this risk to be added to the action log.

ACTION:

The Chief Nurse, AHP and People Officer to link with Cumbria, Northumberland, Tyne and Wear and Tees, Esk, Wear Valley to develop a risk around interface and integration of mental health services

- 3) The Chief Nurse, AHP and People Officer informed the Committee a letter from the NHS CEO regarding the recent public disorder was embedded in a healthcare leaders update. It is clear that this is racism, and it does need to be tackled. There have been a number of discussions with professional bodies, General Medical Council, Nursing Medical Council, Health and Care Professions Council, in terms of people's rights to refuse to treat people who abuse them. Meetings have also taken place with the Chief People Officers and there is agreement for a call for action.

There are eight things that come through which include improving the Chief People Officer network, refusal to treatment, social media policies and how do we make this consistent across the country.

We will be required to review what we need from an Equality, Diversity, and Inclusion perspective, consider how we address Equality, Diversity, and Inclusion and how we do this jointly. A system response, organisational response, and a regional response are required. The Chief Nurse, AHP and People Officer informed the Committee the Deputy Director of People and Culture is conducting a piece of work across the whole of the North East and North Yorkshire region and is linking with other Equality, Diversity, and Inclusion leads.

The Chief Corporate Services Officer requested this be an item on the Chief Executives Forum meeting taking place on 16 August 2024. The Chair agreed to add this as an agenda item.

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

EC/2024-25/137 Agenda Item 16.2 - New Risks to add to the Risk Register

No risks were identified.

EC/2024-25/138 Agenda Item 17 - CLOSE

The meeting was closed at 12:35hrs.

Date and Time of Next Meeting

Tuesday 10 September 2024 10:30am.

Signed:



Date

10 September 2024