

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

**Minutes of the meeting held on Tuesday 9 July 2024, 10:50hrs in the
Joseph Swan Suite, Pemberton House, Colima Avenue, Sunderland**

- Present:** Sam Allen, Chief Executive (Chair)
David Chandler, Chief Finance Officer
Dave Gallagher, Chief Procurement and Contracting Officer
Rachel Mitcheson, Director of Delivery (North Tyneside and Northumberland) deputy for Levi Buckley, Chief Delivery Officer
Jacqueline Myers, Chief Strategy Officer
Dr Neil O'Brien, Chief Medical Officer (Vice Chair)
Claire Riley, Chief Corporate Services Officer
- In attendance:** Rebecca Herron, Corporate Committees Manager (Committee Secretary)
Deb Cornell, Director of Corporate Governance and Board Secretary
Nicola Hutchinson, Chief Executive Officer, Health Innovation North East and North Cumbria
Richard Henderson, Director of Finance (Corporate) for Item 8.3 only
- EC/2024-25/82 **Agenda Item 1 - Welcome and introductions****
- The Chair welcomed all those present to the meeting and confirmed the meeting was quorate.
- EC/2024-25/83 **Agenda Item 2 - Apologies for absence****
- Apologies for absence were received from Levi Buckley, Chief Delivery Officer, David Purdue, Chief Nurse, AHP and People Officer, Graham Evans, Chief Digital and Infrastructure Officer.
- EC/2024-25/84 **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 Chief Finance Officer declared an interest under item 8.3 Mental Health Investments due to being friends with Head of Finance and Business Development – South Locality, Cumbria, Northumberland Tyne & Wear Foundation Trust.
- The Chair noted the conflict already declared on the register and agreed the Chief Finance Officer was able to take part in the discussion but was required to abstain from any decision making. The Director of Finance

(Corporate) has been appointed as the deputy for the Chief Finance Officer for agenda Item 8.3.

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

EC/2024-25/85 Agenda Item 4 - Minutes of the previous meeting held on 11 June 2024

RESOLVED:

The Executive Committee AGREED that the minutes of the meeting held on 11 June 2024, were a true and accurate record.

EC/2024-25/86 Agenda Item 5 - Matters arising from the minutes and action log

Minute reference EC/2024-25/311 Integrated Delivery Report

The Chief Strategy Officer informed the Committee a detailed cancer report will be shared with members. Action complete.

Minute reference EC/2024-25/34 Sunderland Quality Premium Scheme

The Chief Delivery Officer confirmed the General Practice Quality Premium (QP) scheme for 2024/25 is cost neutral and confirmed agreement for current financial year. Action complete.

Minute reference EC/2023-24/34 Sunderland Quality Premium Scheme

The Chief Strategy Officer informed the Committee due to staff annual leave this will be completed by end of July. Action ongoing.

Minute reference EC/2024-25/39 Budget Delegation Proposal

The Chief Finance Officer has circulated the SDF Executive Responsibility Schedule to members. Action complete.

Minute reference EC/2024-25/39 Budget Delegation Proposal

The Chief Finance Officer informed the Committee the delegation to the Chief Delivery Officer was included within the 2024/25 Financial and Operational Plan paper. Action complete.

Minute reference EC/2024-25/53 Procurement Policy

The Chief Procurement and Contracting Officer informed the Committee a programme was being developed and this action was ongoing.

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/2024-25/87

Agenda Item 6 - Notification of urgent items of any other business

The Chief Medical Officer requested an item regarding Covid Vaccines to be included under any other business.

No further items of any urgent business had been received.

EC/2024-25/88

Agenda Item 7.1 - Chief Delivery Officer Report July 2024

The Director of Delivery (North Tyneside and Northumberland) provided a summary of items outlined in the report. The Committee was asked to particularly note from the report:

- All Local Delivery Teams (LDT) are involved with the potential impact of industrial action following the recent BMA ballot in relation to the national General practice contract uplifts.
- All Better Care Fund Plans have been submitted; work is ongoing regarding Section 75 arrangements.
- Work continues to find ways to provide spirometry across the ICB. The Strategic Head of Commissioning (South Tyneside & Sunderland) is leading the project
- North Tyneside have a number of positive new developments for carers which have taken place within the last twelve months
- County Durham LDT is collaborating closely with the Local Authority and partners to support the SEND inspection process. Pressures within neurodevelopmental services continue to be an area of challenge within Durham.
- A proposal has been put forward by the Directors of Adult Social Services (across the Northeast) to seek commitment to adopt a programme approach across the system to review address the transformation of the nursing care home market and models of care across NENC.

The Chief Corporate Services Officer noted the government position on Continuing Healthcare and to keep this under review.

The Director of Corporate Governance and Board Secretary noted under the Tees Valley Area Directors Group decision log it is noted that '*Formal ratification for Chapter 2 payments to be sought from the ICB's Chief Delivery Officer following the meeting*' and a sense check is required as the decision requires both the function and the financial limit to be delegated.

The Chair noted the lack of decisions taken within the decision logs. The Chief Medical Officer confirmed the lack of decisions during this reporting period are a result of the purdah period during the general election. The Director of Delivery (North Tyneside and Northumberland) suggested this could also be due to the lack of finances at place at present. The Chief

Corporate Service Officer challenged this as not all decisions are financial, and decisions can also be taken regarding any potential transformation.

The Chair noted the positive 17% improvement for Serious Mental Illness Health Checks in Tees Valley and enquired if good practice is being shared.

RESOLVED:

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

EC/2024-25/89

Agenda Item 8.1 – Foundation Trusts (FT) Provider Collaborative Responsibility Agreement 2024/25

The Chief Strategy Officer introduced the report which provided the Committee with the proposed responsibility agreement between the ICB and the NENC FT Provider Collaborative for 2024/25.

The Chief Strategy Officer informed the Committee the changes to this agreement from the 2023/24 agreement are the specific programme deliverables outlined within section 5 of the report. The agreement includes the funding arrangements for the collaborative staff and activities, including a £600k contribution from the ICB. This is already accounted for within ICB financial plans.

The Chief Strategy Officer noted a concern regarding the governance structure of the Provider Collaborative Board and the reporting arrangements. The Chief Corporate Services Officer acknowledged the Provider Collaborative governance requires a further review. It was noted the Provider Collaborative communications are starting to progress which is positive and requested a reciprocal communications arrangement be included within the agreement.

The Chief Medical Officer raised a concern regarding the £600k investment. The Chief Strategy Officer confirmed the £600k investment covers the delegation of the elective recovery programme to the Provider Collaborative and a benchmarking exercise has taken place and confirmed most ICBs do invest funding into their Provider Collaboratives.

The Chief Medical Officer requested that going forward the investment to the Provider Collaborative is considered along with the commissioning intentions.

The Chair summarised under the resource section of the agreement a paragraph is to be included to clarify this funding is an annual allocation and will be reviewed at the end of each year and will be linked to benefits realisation. The paragraph is to also include a line regarding governance and communication arrangement are to be further developed.

The Chair enquired if a similar agreement is being developed for the Primary Care Provider Collaborative. The Chief Strategy Officer confirmed this agreement is being developed and will be presented to the Committee in October 2024.

ACTION:

- 1) **The Chief Corporate Services Officer and Director of Corporate Governance and Board Secretary to review the governance arrangements with the Foundation Trusts Provider Collaborative**
- 2) **The Chief Corporate Services Officer to include a paragraph within the agreement to clarify:**
 - **this is an annual allocation of resource, and it will be reviewed at the end of each year**
 - **governance and communications need further development**
- 3) **The Committee Secretary to include Primary Care Provider Collaborative Agreement to the October 24 Committee agenda**

RESOLVED:

The Committee APPROVED the Foundation Trusts Provider Collaborative Responsibility agreement

EC/2024-25/90

Agenda Item 8.2 – ICB 2.0 Closedown Report

The Chief Strategy Officer introduced the report which provided the Committee with the full evaluation and closedown report of the ICB 2.0 programme.

The Chief Strategy Officer informed the Committee the report has captured the detail of the lesson learnt throughout the programme.

It was noted within section 5.3 of the report there are a small number of outstanding issues, and it is indicated where they will be moving to within the organisation's business as usual governance. The steering group has undertaken an assessment against the ten success measures as outlined in section 5.1 and it was highlighted there is unfinished work regarding the ways of working and organisational development.

The Chair noted it was beneficial to have a record of this programme, and asked if we are content the mechanisms are in place to take the next steps forward. The Chief Strategy Officer confirmed all next steps have a clear home. The Chair enquired how will the transition plan be tracked. The Chief Strategy Officer confirmed the plan would be tracked through the People and Organisational Development Subcommittee.

The Director of Delivery (North Tyneside and Northumberland raised a query as to who will hold the ring on updating the organograms. It was agreed the proposed delegation to the directorate Executive Assistants is

not the correct home for this. The Chief Strategy Officer will take this action away to develop a plan for the organograms home.

The Committee thanked the Chief Strategy Officer for the leadership of the programme, and a further thanks to the Director of Delivery (North Tyneside and Northumberland), the Director of Transformation and the whole support team for the hard work on this programme.

The Chief Strategy Officer will confirm the clear reporting arrangements of the outlined groups.

ACTION:

The Chief Strategy Officer to clarify which groups will be pick up which of the outstanding actions and where they will be reporting to including maintenance of the organograms.

RESOLVED:

- 1) **The Committee NOTED the report**
- 2) **The Committee APPROVED the formal close down of the programme**
- 3) **The Committee NOTED the outstanding issues and agreed their proposed alignment to `business as usual' arrangements.**
- 4) **The Committee NOTED the learning from the programme**

EC/2024-25/91

Agenda Item 8.3 - Mental Health Investments

At 11:05 am the Director of Finance (Corporate) attended the meeting

The Chief Finance Officer declared an interest under item 8.3 Mental Health Investments due to being friends with Head of Finance and Business Development – South Locality, Cumbria, Northumberland Tyne & Wear Foundation Trust.

The Chair noted the conflict already declared on the register and agreed the Chief Finance Officer was able to take part in the discussion but was required to abstain from any decision making. The Director of Finance (Corporate) has been appointed as the deputy for the Chief Finance Officer for this item.

The Chief Strategy Officer introduced the report which provided the Committee with an overview of the available resources to invest, and a proposal on how those resources should be deployed, including supporting financial and service sustainability.

This paper sets out a proposal to:

- Meet the financial planning assumptions for a recurrent 5% overhead against the System Development Fund (SDF), and a non-recurrent slippage amount, to contribute to financial and service sustainability.

- Begin to make investments in 2024/25, which align with agreed funding priorities in the context of performance challenges.
- Continue investments recurrently in 2025/26 to give financial, operational, and planning certainty.

It was noted the transformation programme is still in development and the proposed investments do not give fully formed solutions to all elements and challenges.

A key suggestion within the report is that the ICB agreeing to develop plans to spend the full SDF allocations.

It was noted the adult autism assessment or attention deficit hyperactivity disorder assessment referral numbers are incorrect within the report. The Referrals February 2024 should state 1073 and the People Waiting April 2019 should state 163.

The report suggests which funds should be allocated at and ICB level and at a Local Delivery Team level.

The Director of Finance (Corporate) raised a concern regarding the £5m financial pressure for next year and asked the question of what are the ICBs overall priorities and what is the agreed approach.

The Chief Finance Officer proposed a medium-term financial plan is required for Mental Health. The Mental Health Foundation Trusts have employed more staff and there is a query around are the staff in the correct place and further insight into this is required. It was noted that it is important to evaluate what all Mental Health funding is being spent on, is it achieving the asks, does the funding need moving.

The Chief Strategy Officer informed the Committee the report has been considered at the Mental Health, Learning Disabilities and Autism Subcommittee and the Chief Executives of the Mental Health Trusts are fully apprised of this paper and the pressures.

Following further discussions, recognising risks and this may make the investment pot smaller for the commissioning intentions the Committee approved the recommendations set out within the paper.

The Chair summarised there is further work to do with both Mental Health providers to minimise the risks and maximise outcomes. It was proposed a formal joint letter is sent to both Mental Health trusts regarding minimising the risks.

ACTION:

The Chair, Chief Finance Officer, and Chief Delivery Officer to compose and send a formal letter to both Mental Health Trusts regarding minimising the risks

RESOLVED:

- The Committee **APPROVED** the financial planning assumptions set out in section 6.1 of the report.
- The Committee **APPROVED** the use of the Mental Health Investment Standard growth for 2024/25 set out in section 6.2.
- The Committee **APPROVED** the use of the Mental Health Service Development Fund 2024/25 growth as set out in section 6.3 for:
 - 2024/25
 - the recurrent use in 2025/26
- The Committee **APPROVED** the use of the Learning Disability Service Development Fund 2024/25 growth as set out in section 6.4 for:
 - 2024/25
 - the recurrent use in 2025/26

At 11:37 am the Director of Finance (Corporate) left the meeting

EC/2024-25/92

Agenda Item 9.1 - NENC ICB and ICS Finance Report Month 2

The Chief Finance Officer 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 two months to 31 May 2024.

For month two reporting only year to date figures were required by NHSE with forecast positions assumed to be in line with 2024/25 financial plans which were resubmitted on 12 June 2024. The final submitted financial plan showed a potential pressure on capital funding of £20m relating to aseptics and rectification work at one provider trust.

The ICS overall year to date deficit is £26.76m. The final 2024/25 financial plan was resubmitted on 12 June 2024 and showed an expected deficit position across the ICS for the year of £49.9m. The adverse variance of £2.09m reflects pressures in provider positions.

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.

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 £8.94m and a forecast surplus of £53.6m in line with plan.

The Chief Finance Officer noted potential risks of further industrial action and staffing pay rises.

The Chair informed the Committee the ICB is commissioning an audit of financial controls across the system and proposed a deep dive into efficiency plans to gain positive assurance. The Chief Finance Officer confirmed the efficiency plan assurance will report into the Finance, Performance, and Investment Committee.

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.**

EC/2024-25/93

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 2023/24 month twelve, 2024/25 month one and two data.

The Committee was informed of the key messages as follows:

- Urgent and Emergency Care
 - Category two mean response times are currently exceeding plan
 - The Accident and Emergency four-hour standard is currently ahead of plan
 - There are new metrics included for community services waiting lists including Adult Podiatry for North Cumbria Integrated Care Foundation trust, Children and Young People Therapy interventions:
 - Occupational Therapy for Newcastle Upon Tyne Hospitals
 - Adult Weight Management and Obesity Services for South Tees Hospitals Foundation Trust
- Current Referral to Treatment data shows three foundation trusts off trajectory for 65 week waits and recovery plans have been requested
- In May 2024, the diagnostic six-week target was missed, this is being followed up with the individual trusts
- Cancer 62-day performance dropped from 69.6% (Mar24) to 66.1% (Apr24); this is below the Operational Plan trajectory of 66.4%

- Number of Children and Young People accessing Mental Health Services exceeded plan at 58,390, unfortunately the pace is not keeping up with the demand
- Talking Therapies - Reliable Recovery is close to target at 47%
- Community Mental Health +2 contacts has exceeded plan

The Chief Medical Officer enquired do place subcommittees receive a specific local performance report. The Chief Strategy Officer confirmed the place subcommittees do not receive a local data report at present. The Committee agreed every place should receive a local version of the IDR.

The Chief Corporate Services Officer suggested a local level dashboard would be of benefit, with the correct narrative to support it. This would feed onto how Health and Wellbeing Boards and Scrutiny Committees are updated.

The Chair requested under the benchmark column to view where our ICB sits against each other ICB.

It was noted there is narrative missing regarding the worsening number of children on the waiting list for tooth extraction. The Chief Strategy Officer will request the Strategic Head of Planning & Performance link with the Dental team to outline what are the steps and actions being taken around this.

The Chief Executive Officer, Health Innovation (NENC) informed the Committee that Health Innovation are currently investigating the possible innovations in Artificial Intelligence and where it can support dental waiting lists.

ACTION:

- 1) **The Chief Strategy Officer and team to develop an IDR for each place**
- 2) **The Chief Strategy Officer to include benchmarking against all other ICBs within the benchmarking column within the report**

RESOLVED:

The Committee RECEIVED the report for information and assurance

EC/2024-25/94 Agenda Item 11 – Commissioning

No update for this item.

EC/2024-25/95 Agenda Item 12.1 – NEAS Northumbria Healthcare Foundation Trust Peer Support Evaluation

The Chief Strategy Officer introduced the report which provided the Committee with a briefing on the impact of the Peer Support Intervention

brokered by the ICB to provide NEAS with leadership support and development.

In January 2023 as part of a support offer from the NENC Integrated Care Board, the North East Ambulance Service (NEAS) Executive agreed to enter into a partnership arrangement with Northumbria Healthcare NHS Foundation Trust to address some of the issues that had been identified in the extant NEAS Clinical Quality Commission Report and in the NHS Oversight Framework segmentation, which placed NEAS in segment three, due to a range of quality concerns and the NEAS CQC report 'Well Led' and 'Urgent and Emergency Care' ratings. A memorandum of understanding (MOU) was signed by both parties which outlined ways of working together, a set of planned activities, agreed principles for engagement and the Partnership's governance arrangements. Part of that MOU included a commitment from the ICB to evaluate the partnership after twelve months, via an anonymised questionnaire.

The evaluation report demonstrates the staff from both sides of the arrangement viewed this as a positive experience.

The Chief Procurement and Contracting Officer noted this I has created understanding of different parts of the system.

The Chief Finance Officer enquired if this report was able to be shared wider. The Chair will take the report to the Chief Executives forum and request the report can be shared wider.

ACTION:

The Chair to take the report to the Chief Executives forum combined with the peer review and to request the evaluation report can be shared wider

RESOLVED:

The Committee NOTED the report, in particular the positive impacts reported

EC/2024-25/96

Agenda Item 13.1 – Risk Management Report Q1

The Chief Corporate Services Officer introduced the report which provided the Committee with a refreshed Board Assurance Framework for quarter 1, 2024/25 and an updated corporate risk register for review and consideration.

The Chief Corporate Services Officer brought the Committee's attention to section three of the report - Risk Movement and noted there is work happening regarding the consolidation of risks.

Risk NENC/0059 - Impact of industrial action for health providers across the ICB was highlighted. The Committee were asked if they were

comfortable that the impact of this risk had diminished and as the risk is now scored below 12, the risk no longer meets the criterion for inclusion on the corporate risk register and will be managed locally. The Chief Strategy Officer confirmed this was acceptable as there are mechanisms now in place to reduce the impact of industrial action.

The Chair noted NENC/0081 - Medicines team capacity and this is a worrying statement. The Chief Medical Officer confirmed this has now been mitigated with the agreement of two Band 8b posts to be recruited to.

The Chief Medical Officer noted a concern regarding the residual risk score of 20 for *'the quality of commissioned health and care services varies across the ICB area and in some places falls below our high expectations for our public and patients'*. It was agreed the Chief Medical Officer will link with the governance team to discuss further mitigation to reduce the residual risk.

RESOLVED:

- 1) **The Committee AGREED that the BAF accurately reflects the principal risks to achieving our objectives as well as their current mitigations,**
- 2) **The Committee Recommended the BAF for quarter 1 2024/25 be submitted to Board;**
- 3) **The Committee RECEIVED the corporate risk register for assurance;**
- 4) **The Committee NOTED the place risks with a residual rating of twelve and above;**
- 5) **The Committee NOTED that the updated risk strategy will be presented to Board in July for approval**

EC/2024-25/97

Agenda Item 13.2 – Healthier Fairer Programme: Future Direction & Highlight Reports

The Chief Medical Officer introduced the report which provided the Committee with the proposed direction of travel for the Healthier Fairer Programme during 2024/25 with a view to longer term establishment of priorities, investment, staffing and insight by April 2025.

Healthier and Fairer is coming into its third year of existence, this report outlines some of the achievements and successes over the past two years and the plan for moving forward.

The key achievements are:

- Public Health Consultants are in place in every foundation trust with the exception of Gateshead
- An exemplar performance framework for CORE20Plus5
- Implementation of the ICB Approach to Inclusion Health
- The Deep End Network continues to deliver projects across its expanded number of practices (now 52)

- The prevention workstream continues to deliver impactful programmes of work including tobacco, alcohol and healthy weight and treating obesity
- A recently established workstream of NHS Contribution to the Broader Social and Economic Determinants of Health has four programmes of work – health literacy, digital inclusion, poverty proofing and anchor networks
- The development of an ambitious Healthier and Fairer workforce learning academy. The workstream has also
- commissioned a health inequalities service improvement module with Sunderland University

A robust prioritisation exercise is being conducted using a national tool supported by the Office for Health Improvement and Disparities to identify the longer-term priorities for the Programme.

A three-year investment plan is being developed and will be presented to the Committee when completed.

The areas of focus moving forward are:

- Core20+5 Adult and Children
- Healthy Weight and Treating Obesity
- The success of the Waiting Well Programme for Elective Care and the consideration for expansion into Mental Health, Learning Disabilities and Neurodiversity such as ADHD and Autism

The Chair enquired if a one page view of what has changed could be developed. The Chief Medical Officer confirmed this would be beneficial and the aim is to have this developed by the October 2024 Board meeting.

The Chief Corporate Services Officer noted the links to the anchor work and the opportunities to collaborate closely with the Combined Authorities.

The Chief Executive Officer, Health Innovation informed the Committee Health Innovation have been collaborating with the office for life sciences and there is a £10m spend around obesity which is looking to support innovation at a system level and will link in with the Chief Medical Officer.

The Committee supported the recommendations outlined within the report with the caveat that a prioritisation process exercise is required and will be considered within the commissioning intentions.

RESOLVED:

- 1) **The Committee RECEIVED the report for assurance**
- 2) **Review the successes of the past two years and the platform they give to the next phase of the Healthier Fairer Programme**
- 3) **Approve the suggested direction of travel for the Healthier Fairer Programme during 2024/25 with a view to longer term**

establishment of priorities, investment, staffing and insight by April 2025

- 4) Note that there is a fully integrated approach to business intelligence and insight alongside the work on establishing an ICB Observatory working with North East Quality Observatory Service, Population Health Management, and the development of the Clinical Conditions Outcomes Framework
- 5) Support the proposal to embed reducing inequalities and an equity/ fairness lens in all ICB strategic planning, processes and contracting
- 6) The Committee NOTED the highlights from Quarter One outlined in the highlight report.

EC/2024-25/98

Agenda Item 13.3 – Clinical Effectiveness and Governance Subcommittee Terms of Reference

The Chief Medical Officer introduced the report which provided the Committee with the proposed terms of reference for the newly established Clinical Effectiveness and Governance Subcommittee which will report into the Executive Committee.

The Chief Medical Officer informed the Committee this Subcommittee will review guidelines. The proposal includes the intent to absorb the Medicines Subcommittee.

The membership is inclusive across the system.

The Chief Corporate Services Officer enquired if this Subcommittee would incorporate the Cancer Alliance. The Chief Medical Officer confirmed this would not incorporate the Cancer Alliance.

The Chief Strategy Officer noted the Cancer Alliance Board should report directly into the Executive Committee.

The Committee were assured the terms of reference and Subcommittee will be reviewed in six months.

RESOLVED:

The Committee APPROVED the Clinical Effectiveness and Governance Subcommittee Terms of Reference

EC/2024-25/99

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/2024-25/100

Agenda Item 14.2.1 – Place Subcommittee Minutes

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

RESOLVED:

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

EC/2024-25/101 Agenda Item 14.2.2 – Healthier & Fairer Advisory Group Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Healthier & Fairer Advisory Group Subcommittee Minutes for assurance

EC/2024-25/102 Agenda Item 14.2.3 – Medicines Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Medicines Subcommittee Minutes for assurance

EC/2024-25/103 Agenda Item 14.2.4 – 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/2024-25/104 Agenda Item 14.2.5 - Pharmaceutical Services Regulatory Subcommittee Minutes

Noted for information and assurance only.

EC/2024-25/105 Agenda Item 14.2.6 – People and Organisational Development Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the People and Organisational Development Subcommittee Minutes for assurance

EC/2024-25/106 Agenda Item 14.2.7 – 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/2024-25/107 Agenda Item 15.1 – Policy for Development and Approval of Policies

The Chief Corporate Services Officer introduced the report which provided the Committee with the updated Policy for Development and Approval of Policies.

The Chief Corporate Services Officer informed the Committee the policy has been reviewed in line with the in housing of the policy management function from NECS.

The Committee are asked to approve the Policy for Development and Approval of Policies.

RESOLVED:

The Committee APPROVED the Policy for Development and Approval of Policies

EC/2024-25/108 Agenda Item 15.2 – Confidentiality and Data Protection Policy

The Chief Corporate Services Officer introduced the report which provided the Committee with the updated Confidentiality and Data Protection Policy.

The Committee are asked to approve the updated Confidentiality and Data Protection Policy.

RESOLVED:

The Committee APPROVED the Confidentiality and Data Protection Policy

EC/2024-25/109 Agenda Item 15.3 – Data Quality Policy

The Chief Corporate Services Officer introduced the report which provided the Committee with the updated Data Quality Policy.

The Committee are asked to approve the updated Data Quality Policy.

RESOLVED:

The Committee APPROVED the Data Quality Policy

EC/2024-25/110

Agenda Item 15.4 – Electronic Signature Policy

The Chief Corporate Services Officer introduced the report which provided the Committee with the updated Electronic Signature Policy.

The Committee are asked to approve the updated Electronic Signature Policy.

RESOLVED:

The Committee APPROVED the Electronic Signature Policy

EC/2024-25/111

Agenda Item 15.5 – Information Access Policy

The Chief Corporate Services Officer introduced the report which provided the Committee with the updated Information Access Policy.

The Committee are asked to approve the updated Information Access Policy.

RESOLVED:

The Committee APPROVED the Information Access Policy

EC/2024-25/112

Agenda Item 15.6 – Information Governance and Information Risk Policy

The Chief Corporate Services Officer introduced the report which provided the Committee with the updated Information Governance and Information Risk Policy.

The Committee are asked to approve the updated Information Governance and Information Risk Policy.

RESOLVED:

The Committee APPROVED the Information Governance and Information Risk Policy

EC/2024-25/113

Agenda Item 16.1 – Any Other Business

The Chief Medical Officer informed the Committee of an emerging issue regarding covid vaccines.

Last year the funding for GPs to administer covid vaccinations was changed from £11 to £7, due to lack of sign up the funding was changed back to £11. The fund has been reduced again to £7 which has resulted in a number of the ICB Primary Care Networks not signing up to deliver the covid vaccinations. The Chief Medical Officer highlighted the gaps which includes all Newcastle PCNs, and one PCN in Central Gateshead. The Committee were assured coverage is in place via pharmacy provisions and roving model mitigations in place, and this could be an expanding role for pharmacies to going forward.

The Chair requested this risk to be developed added to the risk register

The Chief Corporate Services Officer proposed an educational briefing for new MPs would be beneficial.

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

EC/2024-25/114 Agenda Item 16.2 - New Risks to add to the Risk Register

ACTION:

The Director of Corporate Governance and Board Secretary to add the newly identified risks regarding Covid Vaccinations and South Tyneside and Sunderland CHC Case Management repatriation of work to the risk register

EC/2024-25/115 Agenda Item 17 - CLOSE

The meeting was closed at 12:50hrs.

Date and Time of Next Meeting

Tuesday 13 August 2024 10:00am.

Signed:



Date

13 August 2024