

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

**Minutes of the meeting held on Tuesday 11 February 2025, 10:45hrs in the
Joseph Swan Suite, Pemberton House, Colima Avenue, Sunderland**

Present: Sam Allen, Chief Executive (Chair)
Kelly Angus, Interim Chief People Officer
Levi Buckley, Chief Delivery Officer
David Chandler, Chief Finance Officer
Graham Evans, Chief Digital and Infrastructure Officer
Anya Pardis, Director of Contracting and Oversight (North) deputising for
Dave Gallagher, Chief Contracting and Procurement Officer
Hilary Lloyd, Chief Nurse and AHP Officer
Jacqueline Myers, Chief Strategy Officer (from 11am)
Dr Neil O'Brien, Chief Medical Officer (Vice Chair)
Claire Riley, Chief Corporate Services Officer

In attendance: Rebecca Herron, Corporate Committees Manager (Committee Secretary)
Deborah Cornell, Director of Corporate Governance and Board Secretary
Nicola Hutchinson, Chief Executive, Health Innovation North East and
North Cumbria (NENC)

EC/2024-25/313 Agenda Item 1 - Welcome and introductions

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

EC/2024-25/314 Agenda Item 2 - Apologies for absence

Apologies for absence were received from Dave Gallagher, Chief Contracting and Procurement Officer.

No further apologies for absence were received.

EC/2024-25/315 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 Medical Officer declared an interest under item 10.2 Primary Care Priority Pathway – Attention-Deficit Hyperactivity Disorder (ADHD) due to being a GP Partner in a practice.

The Chair noted the declaration of interest and the Chief Medical Officer can receive the report, attend the meeting, taking part in the discussion but must refrain from any decision making on this item.

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

EC/2024-25/316 Agenda Item 4 - Minutes of the previous meeting held on 14 January 2025

RESOLVED:

The Executive Committee AGREED that the minutes of the meeting held on 14 January 2025, were a true and accurate record.

EC/2024-25/317 Agenda Item 5 - Matters arising from the minutes and action log

Minute reference EC/2024-25/178 Child Health and Wellbeing Group Terms of Reference

The Chief Delivery Officer informed the Committee action 276 and 277 under minute reference EC/2024-25/178 should be merged and there is further work to do regarding the Child Health and Wellbeing Group Terms of Reference. Discussions are ongoing with the Chief Strategy Officer to develop standard purpose bullet points to be included within the terms of reference for new and pre-existing subgroups. Action ongoing.

Minute reference EC/2024-25/220 Oliver McGowan Training Update Presentation

The Interim Chief People Officer informed the Committee a plan for the delivery of the Oliver McGowan training programme is being developed and will be brought back to the Committee for approval. Action 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/2024-25/318 Agenda Item 6 - Notification of urgent items of any other business

The Chief Strategy Officer requested an item regarding Prioritisation Process Paper be included under any other business.

No further items of any urgent business were received at this point in the meeting.

EC/2024-25/319 Agenda Item 7.1 – Primary Care Subcommittee Terms of Reference

The Chief Contracting and Procurement Officer introduced the report which provided the Committee with the revised Terms of Reference for the

Primary Care Strategy and Delivery Subcommittee, including name change to Primary Care Subcommittee (PCSC).

The revised terms of reference were reviewed and supported by Primary Care Strategy and Delivery Subcommittee at its meeting on 13 December 2024. There were three main areas considered whilst undertaking the review which were decision makers, quoracy and roles and responsibilities.

RESOLVED:

The Committee APPROVED the recommended amendments to the Primary Care Subcommittee Terms of Reference

EC/2024-25/320 Agenda Item 8.1.1 – Contracting Highlight Report

At 11am the Chief Strategy Officer attended the meeting.

The Chief Contracting and Procurement Officer introduced the report which provided the Committee with the quarterly Contracting Subcommittee Highlight Report.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2024-25/321 Agenda Item 8.1.2 – Financial Sustainability Group & All Ages Continuing Care Strategic Transformation Group Highlight Report

The Chief Finance Officer introduced the report which provided the Committee with an update of the work of the Financial Sustainability Group, All Ages Continuing Care Strategic Transformation Group and delivery of the ICB efficiency programme.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2024-25/322 Agenda Item 8.1.3 – People and Organisational Development Subcommittee Highlight Report

The Interim Chief People Officer introduced the report which provided the Committee with the ongoing work programme and activities of the People and Organisational Development Subcommittee.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2024-25/323 Agenda Item 8.2 – Place Subcommittee Minutes

County Durham - noted for information and assurance only.
South Tyneside - noted for information and assurance only.

Tees Valley Subcommittees in Common - noted for information and assurance only.

Gateshead - noted for information and assurance only.

Newcastle - 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/2024-25/324 Agenda Item 8.3 – Contracting Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Contracting Subcommittee minutes for assurance

EC/2024-25/325 Agenda Item 8.4 – 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/2024-25/326 Agenda Item 8.5 – People and OD Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the People and OD Subcommittee minutes for assurance

EC/2024-25/327 Agenda Item 8.6 – Pharmaceutical Services Regulatory Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Pharmaceutical Services Regulatory Subcommittee minutes for assurance

EC/2024-25/328 Agenda Item 8.7 – Primary Care Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Primary Care Subcommittee minutes for assurance

EC/2024-25/329

Agenda Item 9.1 - Executive Area Directors Update Report February 2025

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

- Gateshead and Newcastle
 - A review of the Local Incentive Schemes are underway with a deadline for initial proposals to be developed by end February 2025
 - Women's health in Gateshead has taken a stride forward in December 2024 with the launch of Monty the bus offering cervical screening, menopause advice and Long-Acting Reversible Contraception (LARC) to some of Gateshead's most deprived neighbourhoods
 - Work is ongoing with Newcastle Hospitals Foundation Trust around a new development of the front entrance of the Urgent Treatment Centre/Emergency Department at the Royal Victoria Infirmary
 - Significant work is underway in both Newcastle and Gateshead to look at the 0-5 neurodiversity pathway
- North Cumbria
 - Asylum Seeker Trauma Support is being undertaken in 2 phases. Phase 1, March/April 2025 and Phase 2, October 2025
- County Durham
 - Funding has been secured from the Getting it Right First Time (GiRFT) team to support reduction of MSK waiting lists. Workshops are taking place with the GiRFT team to help identify priorities.
- Tees Valley
 - In line with discussions to date, work has been undertaken regarding Hospices to build a contract offer for 2025/26 in line with the principles of the Adult Palliative and End of Life Care
- Child Health and Wellbeing Network
 - Work is ongoing to on produce learning materials on the Boost platform for the regional Children and Young People Core20PLUS5 framework for addressing health inequalities aligned with the Healthier and Fairer Programme
 - Healthier Together (HT) work is ongoing to increase the number of GP practices that are onboarded to offer the online consultation element of the HT app across the region. A focused pilot is taking place in the East PCN in Sunderland who have funded the project to embed Healthier Together in to all seven practices and the wider community including

local Voluntary, Community and Social Enterprise, School and Pharmacies to become Healthier Together Champions supporting families in our most underserved communities and most vulnerable families to access and use Healthier Together.

The Chief Medical Officer informed the Committee all Local Delivery Teams are currently reviewing Local Improvement Schemes and Local Enhanced Services for 2025/26.

RESOLVED:

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

EC/2024-25/330 Agenda Item 10.1 – Talking Therapies Transformation Plan

The Chair deferred this item to the Executive Team Meeting on 25 February 2025.

EC/2024-25/331 Agenda Item 10.2 – Primary Care Priority Pathway – ADHD

The Chief Medical Officer declared an interest under this item due to being a GP Partner in a practice.

The Chair noted the declaration of interest and the Chief Medical Officer can receive the report, attend the meeting but must refrain from any decision making on this item.

The Chief Delivery Officer introduced the report which provided the Committee with an overview of the ADHD pathway from a primary care perspective and the opportunities to improve the pathway.

The Committee were informed the report outlines the pressures around ADHD. Within the recommendations the Committee are asked to look at the particular element of shared care. Where agreements are in place with Primary Care, they may not specify what they are funding, particularly in relation to right to choose providers and usually include ADHD shared care as part of a broader arrangement covering multiple shared care activities. Many Practices will be providing shared care with no funding agreement in place. This presents the risk that they may decide to withdraw, particularly if considered by the Practice to be unfunded.

It was noted there is further work to do regarding the model of care for ADHD but due to capacity issues this is not progressing. Preliminary work in the Medicine Optimisation team has identified:

- 11, 200 patients across the whole ICB area currently prescribed ADHD medication by General Practice

- An indicative cost of c£126 per patient per year for the ADHD element, but to be included in a wider shared care agreement across all medications
- Which would equate to c£1.4 million a year just for the ADHD element of the wider shared care agreement

Even with such an agreement, Practices may still choose not to deliver shared care. If the ICB choose to fund the ADHD shared care drug there is a risk that we would be setting a precedent.

The Chief Strategy Officer noted the £1.4m suggested investment within option three requires weighting and will need to be assessed against the priority list of the investments for 2025/26.

The Chief Finance Officer noted the pressures within Primary Care and that shared care requires a strategic solution or the issue will keep arising.

The Chief Nurse and AHP Officer enquired if alternative solutions have been considered to put in place for individuals over a medication led model. The Chief Medical Officer confirmed a needs led approach is not very strong within the paper.

The Director of Contracting and Oversight (North) enquired if preparations will be required for whatever is produced nationally for ADHD as at the moment they can diagnose, but they are unable to commence treatment. This may result in an increased pressure that we need to be prepared for.

The Committee noted the significant challenges to the pathway and support the development of an investment case which includes a review of all shared care drugs. This will need to be considered within the investment prioritisation process

The Chief Medical Officer queried how do we currently monitor the independent sector providers and the outcomes. The Director of Contracting and Oversight (North) confirmed there is not currently an accreditation process that independent sector providers have to go through. The Committee were assured that legislative change enables us to take providers through a rigorous process to clarify the outcomes we require them to meet and monitoring is determined through a risk stratification process. The Chair requested the Director of Contracting and Oversight (North) to conduct a review to determine if the independent sector providers of ADHD services are a priority area for contract monitoring to support the feedback to general practice.

ACTION:

The Director of Contracting and Oversight (North) to conduct a review to determine if the independent sector providers of ADHD services are a priority area for contract monitoring

RESOLVED:

- 1) **The Committee NOTED the significant challenges in the current pathway**
- 2) **The Committee SUPPORTED the development of an investment case which includes a review of all shared care drugs for consideration as part of the 2025/26 and future year planning rounds**

EC/2024-25/332 Agenda Item 10.3 – Weight Management Drugs Proposal

The Chief Medical Officer introduced the report which provided the Committee with the proposed Tier 3 Specialist Weight Management Services to prescribe NICE approved treatments for overweight and obesity.

The Chief Medical Officer informed the Committee that currently, funding for NHS tier 3 specialist weight management services in NENC does not cover the prescribing of semaglutide or Wegovy which means that services are refusing to prescribe the recommended National Institute for Health and Care Excellence approved drugs.

In parallel, Oviva, a digital "right to choose" provider, is now actively marketing its services to patients referred by NENC GPs. Within the past six months, more than 650 patients had been referred to Oviva. However, the costs associated with Oviva's services are significantly higher than equivalent NHS face-to-face provision.

The Committee were informed that consideration has been given to if the number of referrals to Oviva can be limited. The Chief Medical Officer confirmed that in line with the new planning guidance there have been changes within the right to choose guidance which may allow a cap of the activity as it is exponentially growing. The Chief Medical Officer offered to work with the Director of Contracting and Oversight (North) to conduct an urgent piece of work to cap the independent sector activity. The Committee agreed with this approach.

The Chair proposed that this issue should be mentioned at the next public Board meeting and will be included within the Chief Executives Report to prompt that conversation.

The Chief Strategy Officer queried if there is a way to set the price of the prescribing and dispensing of the drug. The Chief Finance Officer proposed that we should clarify if Oviva have been challenged on the pricing. The Director of Contracting and Oversight (North) will clarify if a price challenge with Oviva has previously taken place.

If this proposal is approved this will allow our Tier 3 services to start prescribing and give GPs an alternative route for referral.

The Chief Strategy Officer noted that weight management drugs scored highly within the prioritisation exercise.

Following further discussion, the Committee supported the commissioning of local tier 3 specialist weight management services for prescribing of NICE guidance approved treatment for the remainder of 2024/25

ACTION:

- 1) **The Chief Medical Officer to link with the Director of Contracting and Oversight (North) to conduct an urgent piece of work to cap the independent sector activity**
- 2) **The Chair to include weight management drug prescribing within the Chief Executives Report for Board to prompt conversation around right to choose providers**
- 3) **The Director of Contracting and Oversight (North) to clarify if a price challenge with Oviva has previously taken place**

RESOLVED:

The Committee APPROVED the commissioning of a local tier 3 specialist weight management services for prescribing of NICE guidance approved treatment at an in year cost of £114k for 2024/25, and should feed into wider commissioning intentions for 2025/26

EC/2024-25/333 Agenda Item 11.1 - NENC ICB and ICS Finance Report Month 9

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 nine months to 31 December 2024.

The ICS is reporting a year-to-date deficit of £24.49m compared to a planned deficit of £22.62m, an adverse variance of £1.87m. This is a worsened position compared to the previous month largely due to pay award pressures, efficiency underperformance and pressures on drugs and devices.

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.

At month 9 this unmitigated financial risk is estimated and has been reported to NHSE at £36.1m (reduced from £47.5m at month 8) although work continues across the system to review this. This includes unmitigated net risks of £3m for the ICB, predominantly relating to prescribing, Continuing Healthcare and delivery of efficiencies.

ICB running costs:

- The ICB is reporting an underspend position against running cost budgets of £1.93m year to date and a forecast underspend of £5.15m, mainly due to vacancies

ICB Revenue:

- The ICB is reporting a year-to-date surplus of £43.15m, slightly ahead of plan and a forecast surplus of £53.6m in line with plan.

ICS Capital:

- ICS capital spending forecasts are currently in line with the confirmed capital allocation (excluding IFRS 16)

The Chief Finance Officer noted a concern that the Elective Recovery Fund has been cut by £35m. This means that the Local Delivery Team reviews and a freeze on system development fund investments are very important.

The Chief Medical Officer raised a concern that not all staff are fully cited at the scale of the financial challenge the ICB have got and suggested a communications piece of work would be beneficial to raise the awareness of staff. The Chief Delivery Officer commented that this could be the same in the Foundation Trusts. The Chief Corporate Services Officer informed the Committee a regional narrative has been drafted to be taken to the Chief Executives Forum meeting. It was noted to finalise the narrative an agreement is required on what we are going to do.

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/2024-25/334 Agenda Item 12.1 - 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 Committee was informed of the key messages as follows:

- Urgent and Emergency Care
 - Ambulance handovers deteriorated in December 2024 and risks remain around the volume of handover delays across 6 of our 8 Acute Providers.
 - Category two mean response times have deteriorated in December 2024 compared to November 2024 but year to date performance remains ahead of plan. As a result of

deteriorating performance North East Ambulance Service (NEAS) have remodelled their forecast position and reported to NHSE that the average 30mins national ambition, across 2024/25, will not be achieved, forecasting to report 31:24 mins. NEAS national ranking for Category two performance was 4/11 in December 2024, but 1/11 at a year to date position.

- The Accident and Emergency four-hour wait performance was at 74.1% and remains above the national average of 71.1%, however this is behind the NENC December 2024 plan of 78.7%.
- Electives
 - 65 week waits have decreased from 301 in October 2024 to 241 in November 2024 making six consecutive reporting decreases
 - NENC ICS have dropped to 2/42 from 1/42 nationally in November 2024 for Referral to Treatment performance with 69% of people on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks. This compares to national performance of 59.1%
 - In November 2024 the ICB reported five 104+ week waiters. Two of these were for corneal graft patients for which there are known national tissue allocation issues
- Cancer
 - Cancer 62-day performance increased from 68.9% in October 2024 to 70.5% in November 2024; surpassing the plan of 70.3% and recording a 12 month best
 - Cancer faster diagnosis standard increased from 79.6% in October 2024 to 80.0% in November 2024 putting performance above the national expectation of 77% by March 2025 and the Operational planning trajectory of 78.4%.

The Chief Digital Strategy Officer noted Talking Therapies numbers are close to the national target but are not coming down at the pace we expected.

The Chair noted the deterioration of the Primary Care metrics around proportion of GP practice appointments within two weeks and proportion appointments same or next day. The Chief Strategy Officer confirmed a deep dive has taken place and more appointments than ever are available however, comparatively fewer appointments are taking place within two weeks. The Chair requested that a goal is set over the next quarter to get underneath these metrics.

ACTION:

The Chief Strategy Officer work with the Chief Delivery Officer to refine the Primary Care Data which will ensure the performance metrics are better understood

RESOLVED:

The Committee RECEIVED the report for information and assurance

EC/2024-25/335 Agenda Item 13 – Commissioning

No update for this item.

EC/2024-25/336 Agenda Item 14 – Strategic Plans and Partnerships

No update for this item.

EC/2024-25/337 Agenda Item 15.1 – ICBP048 - Investment Business Case Policy

The Chief Finance Officer informed the Committee the Investment Business Case Policy has been reviewed and updated through the normal review process.

The Committee is asked to approve the updated Investment Business Case Policy.

The Chief Delivery Officer proposed it would be useful to include the Scheme of Reservation and Delegation (SoRD) flow chart as an appendix to the policy. The Chief Medical Officer suggested the biomedical ethical decision making framework would also be useful to be included in the policy. The Committee agreed with the inclusion of the SoRD flow chart and the biomedical ethical decision making framework as appendices in the policy.

ACTION:

The Policy Management Lead to include the SoRD flow chart and biomedical ethical decision making framework as appendices within the policy prior to publication on the website

RESOLVED:

The Committee APPROVED the ICBP048 - Investment Business Case Policy

EC/2024-25/338 Agenda Item 16.1 – Outcome of the ICB Investment Prioritisation Process 2025/26

The Chief Strategy Officer introduced the report which provided the Committee with the outcome of the ICB Investment Prioritisation exercise.

The purpose of the process was to agree the relative priority of a group of business cases previously considered by Executive Committee to have merit, but which were not approved due to the unavailability of investment funding. In addition, a small number of other business cases were agreed, on the recommendation of the Executive Team, due to them having been

subject to other significant discussions where agreement to consider them was made with external partners.

The Chair noted this was a thorough process and thanked the team for their efforts in the exercise and producing this report.

The Chief Digital and Infrastructure Officer questioned within the dynamic table will the proposal at the bottom of the table ever be reconsidered. The Chief Strategy Officer confirmed that the chance of the bottom four proposals getting funded is extremely low in the current financial environment. It was noted that this is a live process and any further business cases submitted will be considered under the process. This will ensure a set of investment priorities are ready if there is any unexpected funding made available.

The Chief Corporate Services Officer noted it would be useful to have a section on quality impact assessments to use as part of the commissioning or decommissioning decision making.

The Chair enquired have we had due regard to the ICB duties under the public sector equality and requested the Director of Corporate Governance and Board Secretary to conduct a check against the prioritisation process and the public sector equality duties.

The Director of Director of Contracting and Oversight (North) informed the Committee a Commissioning Standard Operation Procedure (SOP) is currently in development and will ensure this process is included within the SOP.

The Chief Strategy Officer noted two further considerations to be included within the paper:

- Where business cases are deemed not appropriate due to being covered under allocations
- Where the Committee have deemed it appropriate to make a decision outside of this process.

These additional considerations will be refined and included within an updated version of the paper.

The Chair thanked the Chief Strategy Officer and the Chief Medical Officer for their leadership and their teams' effort into this process.

The Chief Strategy Officer noted a big thanks to the Deputy Director of Planning and Performance who has been working very hard behind the scenes on this piece of work. The Committee thanked the Deputy Director of Planning and Performance.

ACTION:

- 1) The Director of Corporate Governance and Board Secretary to conduct a check against the prioritisation process and the public sector equality duties
- 2) The Chief Strategy Officer to refine the two additional considerations and include in an updated version of the paper

RESOLVED:

- 1) The Committee NOTED the process followed for the prioritisation exercise
- 2) The Committee APPROVED the outcome of the investment prioritisation process

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

EC/2024-25/339 Agenda Item 16.2 - New Risks to add to the Risk Register

No further risks were identified.

EC/2024-25/340 Agenda Item 17 - CLOSE

The meeting was closed at 12:55hrs.

Date and Time of Next Meeting

Tuesday 11 March 10:30am.



**Samantha Allen
Executive Committee Chair
11 March 2025**