

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

**Minutes of the meeting held on Tuesday 12 November 2024, 11:25hrs 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
Ann Fox, Interim Chief Nurse and AHP Officer
Dave Gallagher, Chief Contracting and Procurement 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)
Thomas Kennedy, Clinical Fellow
Ed Tallis, Director of Delivery (North Cumbria) for item 1 – 9.2.2 only
Anita Barker, Deputy Director of Delivery (North Cumbria) for item 1 – 9.2.2 only
Ann-Marie Grady, Strategic Head of Primary Care (North Cumbria) for item 1 – 9.2.2 only
Sarah Burns, Director of Delivery (County Durham) for item 1 – 9.2.2 only
Kathleen Berry, Strategic Head/Senior Portfolio Lead for Children and Young People (County Durham) for item 1 – 9.2.2 only
Neil Jarvis, Deputy Director of Delivery (County Durham) for item 1 – 9.2.2 only
Catherine Richardson, Mental Health, Learning Disabilities and Autism (County Durham) for item 1 – 9.2.2 only
Louise Stainer, Strategic Head/Senior Portfolio Lead for Adults, and Older People (County Durham) for item 1 – 9.2.2 only
Colin Stephenson, Strategic Head of Primary Care (County Durham) for item 1 – 9.2.2 only
Hamid Motraghi, Deputy Director of People and Culture for item 10.1 only

EC/2024-25/202 Agenda Item 1 - Welcome and introductions

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

EC/2024-25/203 Agenda Item 2 - Apologies for absence

Apologies for absence were received from Deborah Cornell, Director of Corporate Governance and Board Secretary, and Nicola Hutchinson, Chief Executive, Health Innovation NENC

No further apologies for absence were received.

EC/2024-25/204 Agenda Item 3 - Declarations of interest

Members had submitted their declarations prior to the meeting which had been made available in the public domain.

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

EC/2024-25/205 Agenda Item 4 - Minutes of the previous meeting held on 8 October 2024

RESOLVED:

The Executive Committee AGREED that the minutes of the meeting held on 8 October 2024, were a true and accurate record.

EC/2024-25/206 Agenda Item 5 - Matters arising from the minutes and action log

Minute reference EC/2024-25/177 Women's Health Subgroup Terms of Reference

The Chief Corporate Services Officer confirmed this action is now complete.

Minute reference EC/2024-25/184 Chief Delivery Officer Report October 2024

The Chief Digital and Infrastructure Officer confirmed an after action review has taken place. 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/2024-25/207 Agenda Item 5 - Future Connectivity Investment Business Case

The Chief Digital and Infrastructure Officer informed the Committee the Business Case is here for information only following approval at the previous Committee meeting in October 2024.

RESOLVED:

The Committee RECEIVED the Future Connectivity Investment Business Case for information

EC/2024-25/208 Agenda Item 6 - Notification of urgent items of any other business

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

EC/2024-25/209 Agenda Item 7.1 – Quarter 2 Risk Management Report

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

The Chief Corporate Services Officer informed the Committee:

- the risk score for risk 0004 – Delivery of financial position has increased
- the risk score for risk 0051 – Learning from lives and deaths – people with a learning disability and autistic people (LeDeR) reviews capacity has decreased
- Two new corporate risks have been added to the corporate register
 - 0084 – Local authority strategy in relation to case management and associated functions (continuing healthcare)
 - 0085 – In housing of NECS staff. Financial risk due to stranded costs i.e. staff and infrastructure and estates, and potential redundancies
- Risk 0047 - High rates of suspected suicides has been closed and is being reviewed

The Chair noted there are some blank gaps within the risk register. The Chief Corporate Services Officer assured the Committee the gaps will be picked up with the risk owners.

Noted for information and assurance.

RESOLVED:

- 1) **The Committee RECEIVED the report for assurance.**
- 2) **The Committee CONFIRMED the BAF accurately reflects the principal risks to achieving our objectives as well as their current mitigations**
- 3) **The Committee RECOMMENDED the approval of the BAF for quarter two 2024/25 by the Board;**
- 4) **The Committee NOTED that the breakdown of risks identified at placed-based level is included within the Chief Delivery Officer's report.**

EC/2024-25/210 Agenda Item 8.1.1 – ICB 2.0 Transition Plan Highlight Report

The Chief Strategy Officer introduced the report which provided the Committee with an update on the ICB 2.0 Transition Plan noted in the programme closure report in July 24.

Upon programme closure a final transition plan was developed to handover key milestones to Executive Leads and their directors. Appropriate leadership, information and governance was identified to ensure the plan would continue to deliver the remaining £4.6 million gap and operating model of the ICB.

The Chief Strategy Officer noted there has been good progress on closing out the remaining actions however, there are a number of actions outlined within the report which remain active.

The Chief Strategy Officer request the members views on receiving a further update in three months or disperse the actions into the relevant work programmes.

The Chief Corporate Services Officer noted an alignment to the actions that are detailed within the corporate development plan and the Chair requested the active actions to be incorporated into the corporate development plan.

The Chair thanked the Chief Strategy Officer and the programme team for their work on the ICB 2.0 programme and noted a huge amount of work has been achieved.

ACTION:

The Chief Corporate Services Officer to incorporate the remaining actions from the ICB 2.0 programme into the corporate development plan

RESOLVED:

- 1) **The Committee RECEIVED the report for assurance.**
- 2) **The Committee APPROVED the outstanding actions to be incorporated into the corporate development plan**

EC/2024-25/211 Agenda Item 8.2.1 – Place Subcommittee Minutes

County Durham - noted for information and assurance only.
Sunderland - 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/2024-25/212 Agenda Item 8.3 – Clinical Effectiveness and Governance Subcommittee Minutes

The Chief Medical Officer informed the Committee the Clinical Effectiveness and Governance Subcommittee took the decision not to implement the NICE Technology Appraisal for the treatment of Alopecia until the cost implications have been considered. The findings will be reviewed by the ethics group and then presented to the Clinical Effectiveness and Governance Subcommittee in December 2024.

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Clinical Effectiveness and Governance Subcommittee Minutes for assurance

EC/2024-25/213 Agenda Item 8.4 – Contracting Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Contracting Subcommittee Minutes for assurance

EC/2024-25/214 Agenda Item 8.5 – Healthier and Fairer Advisory Group Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

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

EC/2024-25/215 Agenda Item 8.6 – Long Term Conditions Subgroup Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Long Term Conditions Subgroup Minutes for assurance

EC/2024-25/216 Agenda Item 8.7 – 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

Agenda Item 9.1 - Executive Area Directors Update Report November 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
 - Special Educational Needs and Disabilities (SEND) inspections are currently ongoing
 - North Tyneside Place Subcommittee held a development session on 24 September 2024 with a view to reviewing its priorities. The meeting was focussed on the current issues in North Tyneside and considered what four top priorities could help address both the economic deprivation and health care needs. It was agreed that this Subcommittee would focus on the following key priorities:
 1. Frailty in older people
 2. Children and Young People with complex needs
 3. Helping support Healthy Communities/lifestyles.
 4. How we, as employers, support employment in our local communities
- North Cumbria
 - On 3 October 2024, in conjunction with the Cumberland Local Authority, a joint Cumberland Health and Care Summit was held at the Civic Centre, Carlisle
- Tees Valley
 - A SEND inspection is ongoing in Redcar and Cleveland
 - The first Committee in Common took place in September 2024 to bring together all four Place Subcommittees to support shared decision making and to consider a collaborative approach to decision making where this affects all places across Tees Valley
 - The committee in common took decisions around moving towards a single Tees Valley wide Speech and Language Service and a Getting Advice and Getting Help -Children and Young People's Mental Health and Wellbeing Service

The Chief Medical Officer noted the Tees Valley Retain, Innovate, Support, Educate Scheme and enquired if there is a potential too expand the scheme. The Chief Delivery Officer will identify the link for the Chief Medical Officer to discuss potential options for expansion.

The Chair noted the lack of decisions and enquired why decisions are not being taken by the Subcommittees. The Chief Delivery Officer assured the Committee decisions were being made however, not every decision is captured within the decisions log and suggested a review of the decision threshold is required.

ACTION:

The Chief Delivery Officer to conduct a review of the decision threshold for the Chief Delivery Officer report decision logs

RESOLVED:

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

EC/2024-25/218

Agenda Item 9.2.1 – Local Delivery Team Deep Dive North Cumbria presentation

The Director of Delivery (North Cumbria) introduced the presentation which provided the Committee with the North Cumbria and Northumberland Local Delivery Team Deep Dive.

The Director of Delivery (North Cumbria), Deputy Director of Delivery (North Cumbria) and the Strategic Head of Primary Care (North Cumbria) informed the Committee of the key points of the presentation:

- Overview of North Cumbria
 - There is a huge amount of costal, urban and rural deprivation in North Cumbria
 - Population of 335,879
 - 2 Local Authorities with an 85/15 percent coverage split
 - 1 Acute and Community Foundation Trust (two sites 42 miles apart)
 - 1 Mental Health Foundation Trust
 - 9 Primary Care Networks (PCN). There are tensions between the two PCN models of provision
 - 33 GP practices
 - 1 Out of Hours provider
 - The Local Medical Committee (LMC) serves Lancashire and South Cumbria predominantly which is causing relationship issues
 - There is no GP federation in North Cumbria
- Commissioning Team Work Within the Community
 - Collaborative working and joint commissioning is taking place to support system pressures around Urgent Care (Better care fund / discharge fund)
 - Continued implementation of virtual wards and two hour urgent community response
 - Managing resource to support increasing need and complexity for Children and Young People
 - Procurement of Diabetes Structured Education, Falls, Intermediate Care and GP Out of Hours
 - Supporting community transformation work for the 24/7 Mental Health Hub in Whitehaven
 - Promotion and development of social prescribing, linking with the Voluntary, Community, and Social Enterprise sector

- Piloting Urgent Dental Access Centre in Carlisle
- Supporting fragile primary care sector around practice resilience
- Things we are proud of/excited about
 - A medical school is being established in Carlisle in 2025
 - Partnership Working (Health Summit)
 - Protected Learning Time sessions
 - Work with Refugees & Asylum Seekers
- Things you could help us with
 - Performance in our local Acute and Community Foundation Trust
 - Suicide Rates
 - Fragility of Primary Care
 - Workington Model Workloads feel more reactive than proactive, how we commission for local needs

The Chair thanked the North Cumbria Team for the informative presentation.

The members discussed the presentation and key points raised were:

- A listening exercise is being developed to inform what the planning will be to support the fragility of primary care
- Very interested in the Workington Model but need to ensure we join the dots with dentistry
- The deprivation issues are similar to twenty years ago
- Good to see the interface group working well
- The All Ages Continuing Care Team are conducting a piece of work to support the stabilisation of the workforce across the patch
- It would be interesting to hear more regarding the migrant health work and publish a case study and the learning through Boost
- The suicide rate is 50% higher than the national rate, isolation is a key issue

The Chief Medical Officer offered to meet with the LMC to assist with any relationship issues.

The Chair noted that the Committee members would link directly with the North Cumbria team to follow up on any queries or offers of help.

EC/2024-25/219 Agenda Item 9.2.2 – Local Delivery Team Deep Dive County Durham

The Directors of Delivery (County Durham) introduced the presentation which provided the Committee with the County Durham Local Delivery Team Deep Dive.

The Director of Delivery (County Durham), Deputy Director of Delivery (County Durham), Strategic Head/Senior Portfolio Lead for Children and

Young People (County Durham), Strategic Head of Primary Care (County Durham), Strategic Head/Senior Portfolio Lead for Mental Health, Learning Disabilities and Autism (County Durham) and the Strategic Head/Senior Portfolio Lead for Adults, and Older People (County Durham) informed the Committee of the key points of the presentation:

- County Durham
 - 62 Practices
 - 13 Primary Care Networks (PCN)
 - Patient flows to 7 NHS Foundation Trusts
 - 223,260 hectares with poor public transport links
 - 565,474 people (649,480 weighted)
 - Mix of rural and urban areas with significant pockets of deprivation
 - University population of >20,000
- Our Team Overview
 - Integrated Team with Durham County Council to commission health and social care services
 - Durham County Council staff will return to the Local Authority from 1 April 2025
- Priorities
 - Primary Care
 - Integrated Neighbourhood Team Development
 - Practice resilience
 - LIAISE Review
 - Mental Health Learning Disabilities and Autism
 - Suicide Prevention Programme
 - Maternal mental health
 - Talking therapies
 - Autism Strategy / Neuro diversity / Neurodiagnostic pathway
 - Transforming care 2 & 3 / Hawthorn House / Whitebeam Gardens
 - Children, Young People and Families
 - Paediatric therapy integration including paediatric Speech and Language Therapy Provider Selection Regime
 - Intensive family support (care services)
 - Core 20+5 asthma pathway
 - Sufficiency and complex care including transition to adult services
 - Autism Strategy/Neuro diversity/Neurodiagnostic pathway
 - Adults and Older People
 - Respiratory services
 - End of life care / Palliative care
 - Community ophthalmology services
 - Reablement and Intermediate Care Services
 - Dementia services
- We are proud of:

- Our partnership working
- Restraint and restrict practice reduction programme
- Family Hubs co-location and integrated clinical working
- Delivering efficiencies for community equipment services
- We have our eye on:
 - Secondary Care Vertical integration (CDDFT v Federation model)
 - Gap between mental health needs and treatment and funding to manage
 - Sleep pathway development CHC review and market stability for nursing care
- What Works Well
 - Awareness of issues at an early stage; aids clinicians and supports early intervention / prevention including admission avoidance
 - Better use of integrated funding to meet health and care needs
 - Reduction in potential barriers, conflict and delays while responsibility is debated
 - Shared understanding of health and social care challenges and constraints, leading to joined up problem solving and solutions
- What support do we need?
 - To expand integration and joint posts where possible
 - To expand our community services approach to Mental Health, Learning Disabilities and Autism
 - Support pilots
 - Shift from acute to community

The Chair thanked the County Durham team for the informative presentation.

The members discussed the presentation and key points raised were:

- The work from all Local Delivery Teams should be promoted
- It is good to see the efficiency savings
- How can we share good practice around the family hubs
- Very good working relationships with a wide range of partners

The Chair summarised both presentations – both presentations were fantastic, informative, helpful and provided a reminder of the commitment and passion from teams today. There is a need to consider how we collect the evidence base around models and approaches and how we can be involved with national pilots.

At 13:10pm the Director of Delivery (County Durham), Deputy Director of Delivery (County Durham), Strategic Head/Senior Portfolio Lead for Children and Young People (County Durham), Strategic Head of Primary Care (County Durham), Strategic Head/Senior Portfolio Lead for Mental Health, Learning Disabilities and Autism (County Durham), Strategic

Head/Senior Portfolio Lead for Adults, and Older People (County Durham), Director of Delivery (North Cumbria), Deputy Director of Delivery (North Cumbria) and the Strategic Head of Primary Care (North Cumbria) left the meeting.

EC/2024-25/220 Agenda Item 10.1 – Oliver McGowan Training Update Presentation

At 13:15pm the Deputy Director of People and Culture attended the meeting to present the report.

The Deputy Director of People and Culture introduced the report which provided the Committee with update on the delivery of the statutory learning disability autism awareness training across the ICS in line with national policy.

The Deputy Director of People and Culture informed the Committee of the key points of the presentation:

- An amendment to the Health & Social Care Act in July 2022 means all staff working across health and social care must receive mandatory learning disability and autism awareness training that is appropriate to their role and is a statutory duty of the ICB
- NHS England's (NHSE) preference is the Oliver McGowan training (OMMT). This training is delivered in two tiers depending on the workforce role. Training is required to be delivered via a training trio made up of people with lived experience of a learning disability, an autistic person and a facilitator / lead trainer
- NHSE has provided a 3-year funding allocation to support implementation of OMMT to the ICB. The allocation for 2024/25 is £1.369m and it is understood this will be the final year of funding. Funding can only be used in relation to OMMT and to fund NHS staff training only
- The Good Life Collaborative (GLC) agreed to be the delivery partner for phase 1 of the work 2022 – March 2024
- Additional training capacity is scheduled throughout quarter three of 2024/25

The Committee was asked to approve the requisition of the full funding allocation from NHSE and use the funds to maximise roll out in year and build capacity for March 2025 onwards.

The Committee voiced concerns regarding the cost benefits and challenges to every clinical member of staff being removed from patient facing clinics/services for a full day of training. The Interim Chief People Officer assured the committee this is recognised nationally.

The Chief Finance Officer raised a concern regarding a lack of engagement and enquired as to the plans for funding moving forward and are there other options available for the training to be delivered. The Deputy Director of People and Culture confirmed the Code of Practice does not specifically state Oliver McGowan training is to be used.

It was noted there is a risk around accepting funding from NHSE.

The Chief Finance Officer proposed the development of a training plan including a proposal regarding how fast the ICB implement the training.

The Chair requested an Oliver McGowan training completion rate of 95% for ICB staff by the end of March 2025 and the Deputy Director of People and Culture to develop a detailed plan for the delivery of the Oliver McGowan training programme and submit to a forthcoming Committee meeting for approval.

ACTION:

The Deputy Director of People and Culture to develop a detailed plan for the delivery of the Oliver McGowan training programme and submit to a forthcoming Committee meeting for approval

RESOLVED:

The Committee REJECTED option 1b as outlined within the report

At 13:39pm the Deputy Director of People and Culture left the meeting

EC/2024-25/221

Agenda Item 11.1 - NENC ICB and ICS Finance Report Month 6

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 six months to 30 September 2024.

The ICS is reporting a year-to-date deficit of £17.58m compared to a planned deficit of £21.17m, a favourable variance of £3.58m. This is an improvement on the month 5 position which showed an adverse year to date variance of £0.5m.

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 6 this unmitigated financial risk is estimated and has been reported to NHSE at £74m (reduced from £82m at month 5) although work continues across the system to review this. This includes unmitigated net risks of almost £15m 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 £1.84m year to date and a forecast underspend of £3.63m, mainly due to vacancies

ICB Revenue:

- The ICB is reporting a year-to-date surplus of £27.35m and a forecast surplus of £53.6m in line with plan.

ICS Capital:

- ICS capital spending forecasts are currently in line with plan however this includes an allowable 5% 'over-programming' hence the forecast is £9.11m in excess of the ICS capital allocation. This will need to be managed over the remainder of the year.

The Chief Finance Officer informed the Committee there are concerns regarding the pay award pressures in North Cumbria Integrated Care Foundation Trust (NCIC). The Committee were assured plans are in place to meet with NCIC to work through any pay award pressures.

The Committee was asked to approve the additional funding values per provider trust set out in Table 1, based on apportionment methodology agreed at the last committee meeting.

The Chair enquired as to the current ICS capital departmental expenditure limit pressures. The Chief Finance Officer informed the Committee a specific pressure is reported in one provider trust at month 6 relating to rent reviews, resulting in a forecast £11.33m overspend. This is being reviewed with NHSE against identified IFRS 16 funding allocations.

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 additional funding values per provider trust set out in Table 1, based on apportionment methodology agreed at the last committee meeting**

EC/2024-25/222 Agenda Item 21.1 - 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:

- A deep dive session on Urgent and Emergency Care is scheduled to be delivered at the next Board meeting at the end of November 2024
- Urgent and Emergency Care

- Ambulance handovers deteriorated this month and risks remain around the volume of handover delays across 6 of our 8 Acute Providers.
- Category two mean response times have deteriorated in September 2024 compared to August 2024 but year to date performance remains ahead of plan.
- The Accident and Emergency four-hour wait performance was at 77.6% and remains above the national average of 74.2%, however this is behind the NENC September 2024 plan of 80.6%.
- Electives
 - A waiting list validation exercise is currently continuing
 - with relevant providers within NENC to support trajectory planning for reducing 104+ week waits for community mental health services.
 - 65 week waits have decreased from 745 in July 2024 to 707 in August 2024.
 - NENC ICS continue to be the best performing nationally in August 2024 for Referral to Treatment performance with 68.2% of people on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks. This compares to national performance of 58.2%.
 - In August 2024 the ICB reported zero 104+ week waiters
 - August 2024 data confirmed a further increase in 78 week waits with 58 patients recorded
- Cancer
 - Cancer 62-day performance increased from 66.9% (July 2024) to 77.0% (August 2024); this is matching the Operational planning trajectory of 77.1%.
 - Cancer faster diagnosis standard decreased from 79.3% in July 2024 to 77.0% in August 2024 and is in line with the nation expectations of 77%.

The Interim Chief Nurse and AHP Officer requested the Nursing/Quality metric be split from the People metrics moving forward to support the split of the directorates.

The Chair enquired as to the assurance around children's community services 52 week waiting list. The Chief Delivery Officer assured the Committee the metrics are relatively new and conversations are taking place with the Local Delivery Teams to request recovery trajectories.

The Chief Corporate Services Officer asked if there are plans to include left shift metrics and analogue to digital. The Chief Strategy Officer indicated the metrics are likely to be included within the strategic plan.

RESOLVED:

The Committee RECEIVED the report for information and assurance

EC/2024-25/223 Agenda Item 13 – Commissioning

No update for this item.

EC/2024-25/224 Agenda Item 14.1 – Communications Strategic Plan

The Chief Corporate Services Officer introduced the report which provided the Committee with the proposed strategic approach for communications across 2024-26 and the tactical plans for 2024/25.

The Chief Corporate Services Officer informed the Committee of the key objectives of the strategic approach which are:

- The management of relationships with stakeholders and partners
- The delivery of communications for key programmes, strategies and campaigns
- Mobilisation, brand identity and narrative is outlined in terms of the wider system
- The main deliverables for 2024/25 are:
 - Development of a content development and plan
 - Development of corporate development and stakeholder briefing cycles
 - Internal communications
 - Development of digital opportunities
 - Measurement and evaluation

The Chief Corporate Services Officer noted there is a need to enhance the flow of communications regarding the rich content coming through from the Local Delivery Teams.

The Committee strongly supported the Communications Strategic Plan.

The Chair proposed sharing the Communications Strategic Plan with all ICB Committees to gain further feedback and then circulation to the full Board membership.

ACTION:

The Chief Corporate Services Officer to circulate the Communications Strategic Plan to all ICB Committees and the full Board membership to gain further feedback

RESOLVED:

- 1) The Committee **NOTED** the content of the report
- 2) The Committee **APPROVED** the Communications Strategic Plan

EC/2024-25/225 Agenda Item 15.1 – Standards of Business Conduct and Declarations of Interest Policy

The Chief Corporate Services Officer introduced the report which provided the Committee with the refreshed Standards of Business Conduct and Declarations of Interest Policy.

The Chief Corporate Services Officer informed the Committee the policy has been refreshed to allow opportunities for innovation and development monies that the previous version of the policy prevented. The amendments will allow the ICB to look at opportunities with innovative partnerships.

The Chief Digital and Infrastructure Officer noted this policy will link with the Secure Data Environment.

RESOLVED:

- 1) **The Committee RECOMMENDED submission of the Standards of Business Conduct and Declarations of Interest Policy to the Board for formal approval**
- 2) **The Committee APPROVED the closure of ICB039 - commercial sponsorship and joint working with the pharmaceutical, medical appliance and health technology industry policy**

EC/2024-25/226 Agenda Item 16 – Any Other Business

There were no items of any other business for consideration.

EC/2024-25/227 Agenda Item 16.2 - New Risks to add to the Risk Register

The Chair requested the Interim Chief People officer consider developing a risk regarding the delivery of the Oliver McGowan training programme.

No further risks were identified.

ACTION:

The Interim Chief People Officer to link with the Deputy Director of People and Culture to develop a risk around the delivery of the Oliver McGowan training programme

EC/2024-25/228 Agenda Item 17 - CLOSE

The meeting was closed at 14:30hrs.

Date and Time of Next Meeting

Tuesday 10 December 2024 10:30am.



Claire Riley
Chief Corporate Services Officer, Executive Lead for Women's Health,
Executive Lead for Research and Innovation

