



**North East and North Cumbria Integrated Care Board
Finance, Performance and Investment Committee**

**Draft Minutes of the meeting held on Thursday 5 September 2024
at 10:00hrs via MS teams**

Present: Levi Buckley, Chief Delivery Officer/ SRO for Mental Health, Learning Disability and Autism)
Jon Rush, Independent Non-Executive Director & Chair
David Chandler, Chief Finance Officer
Richard Henderson, Director of Finance Corporate
Eileen Kaner, Independent Non-Executive Director
Jen Lawson, Head of Corporate Governance
Jacqueline Myers, Chief Strategy Officer
Neil O'Brien, Chief Medical Officer
Dr Mike Smith, Primary Medical Services Partner Member

In attendance: Pauline Fletcher, Strategic Head of Dental Contracting (Primary Care)
David Gallagher, Chief Procurement and Contracting Officer
Emma Ottignon-Harris, Executive Assistant (minutes)
Peter Rooney, Transformation Director Mental Health, Learning Disability, Neurodiversity & Wider Determinants
David Stout, Independent Non-Executive Member

FPI/2024-25/52 Welcome and introductions

The Chair welcomed all those present to the meeting, introductions were made and it was confirmed that the meeting was quorate.

It was agreed that the meeting would be recorded for the purpose of minutes.

FPI/2024-25/53 Apologies for absence

Ken Bremner (Chief Executive, South Tyneside & Sunderland NHS FT) and Rajesh Nadkarni (Executive Medical Director, Cumbria Northumberland Tyne and Wear NHS FT).

FPI/2024-25/54 Declarations of interest

There were no declarations of interest raised.

FPI/2024-25/55 Minutes of the previous meeting held on 4 July 2024

RESOLVED:

The FPI Committee **AGREED** that the public and private minutes of the

meeting held on 4 July 2024 were a true and accurate record.

FPI/2024-25/56 Matters arising from the minutes

A business case update was given and noted in the Private minutes.

FPI/2024-25/57 Action log update

The action log was reviewed and updates were provided for the following actions:

FPI/2023-24/169/02 Finance Performance Update – Inequalities:

- Work is ongoing with DoFs regarding information on prevention programme spend and an update is expected in November.

FPI/2024-25/35/01 Finance Performance Update:

- Chief Finance Officer to seek further information regarding non-foundation trust workforce plans. Action decision to be reviewed outside of the meeting. Outstanding.

FPI/2024-25/50/01 Performance Update:

- It was confirmed that the Living and Ageing Well partnership community and MHLDA transformation programme boards would continue to run as separate programmes although there is a common link with membership. Further updates can be provided at a later date. Action closed.

FPI/2024-25/58 Notification of urgent items of any other business

None received.

FPI/2024-25/59 Dental access recovery

The Chief Procurement and Contracting Officer provided an overview from the slides that had been circulated which detailed the challenges, impacts, capacity, financial and performance levels, national and local dental access recovery plans.

The Strategic Head of Dental Contracting (Primary Care) also joined the meeting and was available to respond to questions.

- Urgent dental access centres (UDACs) in Darlington and Carlisle had been set up as temporary services as it was the quickest method for procurement and a lengthier, formal process for additional longer-term sites would be required. These had been set up using recycled underspend but there could be opportunities to re-purpose contracts in high needs areas within the UDAC model and broaden the service other than for clinical urgent needs once the pilot evaluation was complete.
- A question was raised regarding the risk of using standard UDA workforce in UDACs. Following a recent visit to the Darlington site, staff had provided

positive feedback and the incentivisation access scheme was expected to attract staff who may otherwise move to the independent sector.

- Work is ongoing with senior colleagues in the dental profession to design a long-term model using 2 year rolling contracts to provide workforce assurance and avoid a static model.
- Dental public health colleagues had reviewed oral health profiles and areas of deprivation to identify priorities.
- There had been a national message from NHSE that in-year financial positions should not include dental slippage and underspends.
- A dental summit is planned in the Autumn with an ambition to develop an oral health dentistry access strategy for the ICS.

RESOLVED:

The Committee **ACKNOWLEDGED** the ongoing work and **RECEIVED** assurance of the ongoing dental access recovery work.

FPI/2024-25/60

Mental health, learning disability and neurodiversity – board paper update

The Chief Delivery Officer introduced the report that had been produced for the Board meeting on 1 October and it was noted that it was in draft form. The report provided a detailed overview of the mental health, learning disability and neurodiversity performance challenges and the system approach to improvement and transformation. The FPI committee were requested to approve four recommendations and consider if there were any gaps in the report.

The Transformation Director Mental Health, Learning Disability, Neurodiversity & Wider Determinants joined the meeting for the agenda item only.

It was explained that the report featured areas where needs had not been met, capacity geographical and thematic gaps, investment proposals and three improvement approaches.

A presentation followed which included indicators of need, 2023/24 finance outturn, performance summary, draft improvement plan, recommendations and next steps.

Meeting the needs of children and young people was referred to as a 'crisis'.

Following the update feedback and areas to highlight included:

- In Primary Care when a patient is diagnosed with depression they are put on a depression register and only removed from it following a return GP visit and a resolved code is issued. Some patients may only experience an episode of depression therefore the data for prevalence may not be accurate.
- Prevalence has increased since 2013 when the classification criteria for ADHD was revised and is expected to increase. It would be useful to articulate what those criteria changes are.

- Due to Talking Therapies being a service that has been running for a number of years, some patients will decline a return visit.
- Investment will not be sufficient to meet the neurodevelopmental diagnostic and treatment capacity needs of the children and adult population by March 2025 and there is a lack of mental health ERF funding.
- A redesign of the care pathway will impact on primary care capacity. In response to this it was clarified that existing specifications in other ICBs would be explored or to design a NENC model with expectations for prescribing and monitoring.
- There was a lack of lived in experience and examples of children and adults who had been well supported, although it was confirmed that there will be a video story presented to the Board which includes positive outcomes and what could have been done better.
- Clarity of positive diagnosis rates in comparison to referrals.
- What is the holding position and interventions whilst on the wait list?
- Differentiate between historic children's services and current neurodevelopmental services and what is the impact due to the COVID pandemic? The comparison of activity and funding provided to the acute sector was referenced as the very long wait time of up to 5 years stood out. It was clarified that the rise in people waiting for ADHD, autism or neurodevelopment assessments was driven by the significant increase in referrals.
- Confirm if community transformation will continue with place-based commissioners and delivery partners to interpret and work through the national model together of that the local model reflects the assets of that at place.
- Use of bubble type illustrations to highlight key information for the report in the wider domain.

There was a further discussion regarding prevalence and it was emphasised that the trajectory could expect to increase to waits of 7 years if no changes were made and the diagnostic system had been built on a historic assumption of low prevalence of neurodivergence. However, an explanation was given that an increase in referrals could lead to more positive outcomes in the long-term once diagnosis and treatment were received, therefore there is a long-term transformation, workforce and investment challenge to work through which would ultimately avoid the use of other NHS services. This led to a description of the historic process and number of clinical hours a child received and how transformation is essential to keep up with the change in diagnostic criteria and significant increase in prevalence.

With regard to the fourth recommendation in the report the FPI Committee were asked to consider how this could be more explicit as the current draft plan will not meet the needs of the population and should feature in the 2025-26 planning rounds and alternative use of SDF funding.

RESOLVED:

The Committee **APPROVED** the following recommendations with an exception

of more consideration to point 4:

- 1) Endorse the draft improvement plan, recognising that it is as yet incomplete and will be an iterative, live document.
- 2) Support the recommendations included in chapter 10 (recommendations and next steps).
- 3) Note the widespread, consistent, and entrenched performance challenges, and consider any further approaches to addressing those challenges.
- 4) Note the increasing waiting list and waiting times for children's neurodevelopmental assessments, and adult autism and attention deficit and hyperactivity disorder assessments.

FPI/2024-25/61

ICB performance update

The Chief of Strategy introduced the integrated delivery report which provided an ICS overview of quality and performance using data covering July 2024 for most metrics and June 2024 for others, unless otherwise specified. The finance data was for July 2024 (Month 04).

Key areas for attention were highlighted:

UEC:

- A&E four hour wait performance was below plan reporting 78.0% against a plan of 79.3% although the August position had improved. Due to ongoing and increased challenges at NCIC a community health summit has been organised in October 2024 and a capital bid is underway to increase capacity in Spring 2025.
- NEAS had exceeded plan in categories 1 to 4 during July and August and sustained its position despite handover challenges. A transformation programme had been implemented and an example of an action was given which included the increased use of same day emergency care (SDEC) to relieve emergency department (ED) front door pressures and prepare for the winter season.

Elective Care:

- Progress had slowed down to eradicate 65ww by September 24 across most organisations and there was a notable risk this will not be achieved. Examples of challenges given included a delay of corneal transplants due to shortage of grafts and staff sickness in a gynaecology surgery team. However, it was pointed out that it is a national issue and NENC are closest to plan trajectory in the NEY region.

Cancer:

- There is a slow, month-on-month improvement in performance to achieve the cancer 62-day standard to 70% by March 25. It was noted that information on the pathways to facilitate this was included in the performance report and that the position at NCIC which is currently in the Tier 2 NHSE regional oversight process had also improved.

Mental Health, Learning Disabilities and Neurodiversity:

- There had been a recent review and additional metrics in this month's performance report which included perinatal services and national planning objectives for Talking Therapies reliable recovery and reliable improvement. NENC will also continue to include metrics for waiting times and the number of patients receiving treatment.
- It was highlighted that the position for total number of inappropriate Out of Area (OOA) bed days was outdated data from March 2024 and a recent position which will provide data for the number of patients instead of bed days should be available in the next report.
- The new term 'caseness' was brought to the committee's attention which is used when a referral is assessed as meeting the clinical threshold for treatment.
- Despite an increase in the number of people on the register, GP health checks for people with a learning disability registers the trajectory was on plan.
- Work is ongoing to reduce the number of adults relying on in-patient care which has been hindered due to the complexity of some cases.

Healthier and Fairer:

- A detailed update will be provided to the Board and is intended to be presented twice a year in the FPIC performance report.

Following previous requests for information it was noted that the report provided further detail of mortality and recording rates and the work underway by the System Recovery Group to improve workforce sickness. Final dental metrics are to be determined.

There was an opportunity for comments and questions:

There was a brief discussion regarding infection and prevention control and its impact to performance but it was emphasised that specific quality issues should be addressed with Quality and Safety Committee.

In response to a question asked if there were any particular organisations where it was felt that more could be done with available resources to improve performance, it was explained that there were none with deep-rooted attitudinal and capacity issues and that the ICB have been fully supportive to organisations where appropriate, but recognised that there would always be areas for further improvement which is difficult due to the vast number of challenges and pressures across the system. However, it was noted that since ICB 2.0 there is a more structured contact arrangement in place with provider trusts.

The Chair summarised that the FPI committee were assured that appropriate activity had been undertaken in areas with key performance challenges, mental health and dental performance had been discussed under separate agenda items and the significant improved ambulance performance was acknowledged.

RESOLVED:

The Finance, Performance and Investment Committee **RECEIVED** the content of the report and concluded it had received the required assurance in relation to performance, noting the areas where further information was requested.

FPI/2024-25/62

ICB financial performance update

The Chief Finance Officer introduced the finance report for the period of the financial year 2024/25 for the four months to 31 July 2024 which included the Month 4 position. The investment oversight and vacancy control panel schedule for July 2024 and financial grip and control work update was also included in the report.

Key points and risks were highlighted:

- A description on the national ICS revenue position was given.
- The NENC ICS position showed a YTD variance to plan of £1.7m which should be offset by additional support funding for industrial action.
- There has been a £25m increase in cost for NICE drugs and devices across primary and secondary care which are used for diabetes and glucose control. This has been escalated as an affordability issue to NHSE and a financial impact data collection exercise is underway.
- A data collection exercise has been requested with regard to the re-banding of Band 2 to 3 roles.
- Cost of the 2024/25 pay award of c. 5% is not expected to have a negative impact due to a broader skill mix across the NENC in comparison to other areas.
- Due to a significant increase in prescribing costs and limited availability of an anticoagulation drug, a pressure of £5m to the ICB from 1 August was highlighted and mitigations are being sought, although this is a national issue.
- The ICB and Provider Trust DoFs continue to work on mitigations for areas of risk and IFRS-16 additional capital pressures which have been identified.

In response to a question raised regarding the cost improvement programme for workforce reduction of non-clinical staff it was explained that this is led by the Provider Collaborative Workforce Group. AuditOne have been commissioned to carry out grip and control work and will focus on non-discretionary and non-clinical spend. Further information on grip and control work was detailed within the finance report.

The Chair advised that an infrastructure board and estates update could be expected at the next meeting.

RESOLVED:

The Finance, Performance and Investment Committee **NOTED** the latest year to date and forecast financial position for 2024/25, **NOTED** there are a number of financial risks across the system still to be managed and **NOTED** the

schedule of investment oversight panel decisions for July 2024 for assurance purposes.

FPI/2024-25/63 Oversight arrangements of independent sector – patient choice

The Chief Procurement and Contracting Officer provided a brief overview from the slides that had been circulated regarding Patient Choice for elective activity, which detailed information on when it applies, procurement rules for non-contract and contracted activity, accreditation processes, quality monitoring and actions relating to ADHD/ASD NCA demand and activity. It was explained that if a contract is in place with NENC then this will allow more control and the accreditation process was the preferred ICB option. One tier 3 weight management provider's application had been refused.

It was highlighted that the ICB would proactively deal with any quality issues raised and providers contracted via accreditation process are monitored like any other contracted provider.

The Chair summarised that the FPI Committee had received assurance of the oversight and monitoring arrangements that were in place for use of the independent sector services to reduce patient waitlists and acknowledged that work was ongoing.

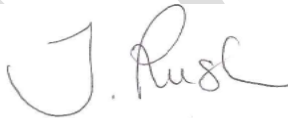
FPI/2024-25/64 Any other business

There was no further business raised to discuss.

FPI/2024-25/65 Meeting review and date of next meeting

- The next meeting is confirmed to take place on Thursday 3 October at 10.00hrs via MS teams.

Signed:



Position:

Chair

Date:

3 October 2024