

Item: 8.2.1

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

BOARD	
04 June 2024	
<b>Report Title:</b>	<b>Executive Committee Highlight Report (including Executive Committee Annual Review 2023/24)</b>
<b>Purpose of report</b>	
To provide the Board with an overview of the discussions and decisions from the Executive Committee meetings in March and April 2024 and its annual review of performance.	
<b>Key points</b>	
<p>The Executive Committee met on 12 March and 09 April 2024.</p> <p>The key points to bring to the Board's attention from each meeting are detailed in accompanying decision logs (Appendices 1 and 2). The confirmed minutes from each meeting are also attached for assurance (Appendix 3 and 4).</p> <p>In line with its terms of reference, the Committee must undertake an annual review of its performance and provide an account of its work to the Board. The attached report (Appendix 5) is presented to Board as a summary of the Committee's work in 2023/24 for assurance.</p> <p><b><u>12 March 2024</u></b></p> <p>The following items were submitted to the meeting of the Committee and details are contained within the attached decision log and confirmed minutes (Appendix 1):</p> <ul style="list-style-type: none"> <li>• Clinical Network proposals</li> <li>• Weight Management services</li> <li>• Tactical on-call proposals</li> <li>• Medicines decisions TA922: Daridorexant and TA924: Tirzepatide</li> <li>• Broadcare contract extensions in Sunderland/South Tyneside</li> <li>• Clinical Strategic Plan</li> <li>• Primary Care Access Recovery Plan (PCARP)</li> <li>• Joint Forward Plan</li> </ul> <p><b><u>09 April 2024</u></b></p> <p>The following items were submitted to the meeting of the Committee and details are contained within the attached decision log (Appendix 2):</p> <ul style="list-style-type: none"> <li>• Recruitment function proposal</li> <li>• Complex care proposals</li> <li>• Continuing Health Care (CHC) premium approach</li> <li>• Equality, Diversity and inclusion Implementation Plan</li> </ul>	

The confirmed minutes from the Executive Committee meetings held on 12 March and 09 April 2024 are attached as appendices 3 and 4, respectively.

### **Executive Committee Annual Review 2023/24**

The attached report provides a summary of the Executive Committee's activity throughout 2023/24, including achievements and assurances received throughout the year (Appendix 5).

### **Risks and issues**

- The Committee discussed the North East and North Cumbria Integrated Care Board (the ICB) and Integrated Care Strategy (ICS) finance report, noting there were financial risks across the system and acknowledged the ongoing work to mitigate these.
- The corporate risk register and board assurance framework was also presented to the Committee which outlined the key strategic risks facing the organisation.

### **Assurances**

The Committee also received several items for assurance, and these included:

- Executive area directors' reports (Tees Valley and Central, and North and North Cumbria) – an information and assurance summary report of business within the respective areas
- The Committee's annual review of its performance setting out how it has met its terms of reference throughout the year for 2023/24
- Integrated delivery report
- Risk management report
- Contracts Group highlight report
- All Ages Continuing Care Strategic Transformation Group highlight report
- Financial Sustainability Group Highlight Report
- Place Sub Committee Minutes
- Pharmaceutical Services Regulations Subcommittee minutes
- Primary Care Strategy and Delivery Subcommittee minutes
- Medicines Sub Committee Minutes
- Risk Management Report and Board Assurance Framework (BAF)
- Information Asset Register (IAR)
- Women's Health Steering Group Report

### **Recommendation/action required**

The Board is asked to:

- Receive the highlight report and decision logs for the Executive Committee meetings held on 12 March and 09 April 2024 for information and assurance (Appendices 1 and 2).
- Receive the confirmed minutes for the meetings held on 12 March and 09 April 2024 (Appendices 3 and 4).
- Receive the 2023/24 annual review of the Executive Committee for information and assurance (Appendix 5).

### **Acronyms and abbreviations explained**

NENC – North East and North Cumbria  
ICS – Integrated Care System  
ICB – Integrated Care Board  
NUTH – Newcastle Hospitals Foundation Trust  
GAR - Governance Assurance Report  
NHSE – NHS England  
CDDFT – County Durham and Darlington NHS Foundation Trust  
CDC - Community Diagnostic Centres  
CNTW - Cumbria, Northumberland, Tyne and Wear Foundation Trust  
CQC – Care Quality Commission  
ED – Emergency Department  
NECS – North East Commissioning Support  
NEAS – North East Ambulance Service

SDF – Service Development Funding HSJ – Health Services Journal POD – Pharmacy, Optometry and Dental services VCSE - Voluntary, Community & Social Enterprise PLT – Protected Learning Time APMS – Alternative Provider Medical Services PM – Practice Manager BAF – Board Assurance Framework EPRR - Emergency Preparedness Resilience Response UDA - Units of Dental Activity SEND – Special Educational Needs and Disabilities						
<b>Sponsor/approving executive director</b>	S Allen, Chief Executive					
<b>Reviewed by</b>	D Cornell, Director of Corporate Governance and Board Secretary					
<b>Report author</b>	M Rice Corporate Governance Manager					
<b>Link to ICP strategy priorities (please tick all that apply)</b>						
Longer and Healthier Lives						✓
Fairer Outcomes for All						✓
Better Health and Care Services						✓
Giving Children and Young People the Best Start in Life						✓
<b>Relevant legal/statutory issues</b>						
Note any relevant Acts, regulations, national guidelines etc						
<b>Any potential/actual conflicts of interest associated with the paper? (please tick)</b>	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
<b>Equality analysis completed (please tick)</b>	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
<b>If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)</b>	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
<b>Key implications</b>						
<b>Are additional resources required?</b>	Identified as part of the committee minutes.					
<b>Has there been/does there need to be appropriate clinical involvement?</b>	Yes, as part of the Executive Committee membership.					
<b>Has there been/does there need to be any patient and public involvement?</b>	Not applicable as highlight report only.					
<b>Has there been/does there need to be partner and/or other stakeholder engagement?</b>	Not applicable as highlight report only.					

Appendix 1 - Decisions Log – Public Executive Committee – March 2024

Agenda Item	Description	Decision/action
<p>Clinical Networks Proposal</p>	<p>The report provided the Committee with the proposed approach to the management and alignment of clinical networks (CNs) and operational delivery Networks (ODNs) within the Integrated Care System (ICS).</p> <p>The report outlined the review which had taken place with the Provider Collaborative of both the operational delivery networks and the system led networks across the ICB.</p> <p>The Committee agreed a meeting would be arranged with the regional team, provider collaborative and the ICB to discuss specialised commissioning and ODNs further and that the ICB would not replace the clinical networks.</p>	<p>The Committee rejected the proposal to align operational delivery networks and clinical networks across the ICB.</p>
<p>Weight Management Services</p>	<p>The report provided the Committee with the current situation of Tier 3 weight management services.</p> <p>Weight management services are classified in a Tiered approach from 1-4 which are distinct levels of intervention. Definitions vary locally but usually tier 1 covers universal services (such as health promotion or primary care); tier 2 covers lifestyle interventions (structured programmes of diet and exercise/activity typically for 12 weeks); tier 3 covers specialist weight management services (12-to-24-month programmes); and tier 4 covers bariatric surgery.</p> <p>It was noted there was inequity of provision of weight management services across the ICB.</p> <p>The Committee noted the need to invest in Tier 3 services.</p>	<p>The Committee agreed to commit the resource to develop a full business case and work is required to determine prioritisation.</p>

Agenda Item	Description	Decision/action
Tactical On-Call Proposal	<p>The report provided the Committee with an overview of the North East and North Cumbria Integrated Care Board's proposed changes to the tactical on-call arrangements.</p> <p>The proposal was to maintain the composition of the 1st on-call rota with relevant substantive Band 9s and supplementary Band 8Ds but reduce the number of tactical (1st) on-call rotas from four to two (one North and one South). The proposed changes will reduce the burden on directors fulfilling the on-call function.</p>	The Committee approved the move to two tactical rotas, two rota slots per week and to identify the rota members.
Medicines Decisions - TA922: Daridorexant and TA924: Tirzepatide	<p>The report provided the Committee with the medicine's decisions from the February 2024 Medicines Subcommittee meeting.</p> <p>TA922: Daridorexant was recommended for treating insomnia in adults with symptoms lasting for three nights or more per week for at least three months, and whose daytime functioning is considerably affected, only if:</p> <ul style="list-style-type: none"> <li>• cognitive behavioural therapy for insomnia (CBTi) has been tried but not worked, or</li> <li>• CBTi is not available or is unsuitable.</li> </ul> <p>TA924: Tirzepatide was recommended for treating type 2 diabetes alongside diet and exercise in adults when it is insufficiently controlled.</p> <p>The Committee was asked to approve the addition of TA922: Daridorexant to the formulary as a GREEN+ drug via NHS sleep clinics and TA924: Tirzepatide to the formulary as a GREEN drug.</p>	<p>The Committee approved the addition of NENC TA922: Daridorexant for treatment of long-term insomnia to formulary as a GREEN+ drug via NHS sleep clinics.</p> <p>The Committee approved the addition of TA924: Tirzepatide for treating type 2 diabetes to formulary as a GREEN drug.</p>
Broadcare Contract Extension	<p>The report provided the Committee with the options appraisal to procure the Broadcare database.</p> <p>The Broadcare database was the platform used by NECS, Sunderland/South Tyneside and North Tyneside for All Ages Continuing Care (AACC). Northumberland data was currently held by Northumberland Council.</p>	The Committee approved option one to enable the continuation of current IT Platforms and for NECS and ICB (Sunderland/South Tyneside places) to procure Broadcare for 15 months to 30 June 2025 to allow time to conduct an ICB wide AACC system procurement.

Agenda Item	Description	Decision/action
	<p>To ensure a consistent and standard approach for recording client data and to support national and local reporting a single database for the management of AACC was recommended.</p> <p>The NECS and Sunderland/South Tyneside contract arrangements with Broadcare end on 31st March 2024. North Tyneside's contract with Broadcare ends 30 June 2025. The preferred option was option one as this would allow the extension of the NECS and Sunderland/South Tyneside Broadcare contract arrangements to 30 June 2025. This would also allow time to appoint a project manager to lead on a ICB wide AACC system procurement.</p>	
Clinical Strategy	<p>The report and presentation provided the Committee with a detailed overview of the proposed ICB Clinical Strategy.</p> <p>The Executive Medical Director suggested to the Committee there was a need to reframe the ICB strategies as strategic plans as the Better Health and Wellbeing for All Strategy was our overall strategy.</p> <p>The clinical priority areas identified build on the Core20Plus5 framework as follows:</p> <p><b>Adults</b></p> <ul style="list-style-type: none"> <li>• Lung Cancer</li> <li>• Cardiovascular Health</li> <li>• Respiratory Health</li> <li>• Lower Back Pain</li> <li>• Anxiety/Depression</li> </ul> <p><b>Children and Young People</b></p> <ul style="list-style-type: none"> <li>• Diabetes*</li> <li>• Asthma*</li> <li>• Epilepsy*</li> <li>• Obesity</li> <li>• Oral Health*</li> <li>• Anxiety and mental health*</li> <li>• Autism and learning disabilities</li> </ul>	The Committee approved the draft clinical strategic plan for submission to the Board.

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<p>Primary Care Strategy and Delivery Subcommittee minutes and Highlight Report (Primary Care Access Recovery Plan Highlight Report January 2024)</p>	<p>The report provided the Committee with the key highlights of Primary Care Access Recovery Plan process to date. The Committee noted there was currently a circa £659.4K underspend on the Primary Care System Development Funding (SDF).</p> <p>Revised proposals were put forward as follows:</p> <table border="1" data-bbox="427 422 1308 954"> <thead> <tr> <th data-bbox="427 422 1068 459">New / Revised Proposal</th> <th data-bbox="1068 422 1308 459">Funding £000s</th> </tr> </thead> <tbody> <tr> <td data-bbox="427 459 1068 560">Primary Care Collaborative – Pharmacy, Optometry and Dentistry Protected Learning Time</td> <td data-bbox="1068 459 1308 560">£50</td> </tr> <tr> <td data-bbox="427 560 1068 628">Primary Care Collaborative – Workforce Strategy</td> <td data-bbox="1068 560 1308 628">£80</td> </tr> <tr> <td data-bbox="427 628 1068 697">Primary Care Collaborative – Primary Care Strategy</td> <td data-bbox="1068 628 1308 697">£120</td> </tr> <tr> <td data-bbox="427 697 1068 766">Resilience, stability, and sustainability in General Practice</td> <td data-bbox="1068 697 1308 766">£344.4</td> </tr> <tr> <td data-bbox="427 766 1068 866">Pharmacy First Training – Local Pharmaceutical Committee Ear, Nose and Throat Workshop</td> <td data-bbox="1068 766 1308 866">£50</td> </tr> <tr> <td data-bbox="427 866 1068 903">Modern Day Slavery – Northumberland</td> <td data-bbox="1068 866 1308 903">£15</td> </tr> <tr> <td data-bbox="427 903 1068 954"><b>Total</b></td> <td data-bbox="1068 903 1308 954"><b>£659.4</b></td> </tr> </tbody> </table>	New / Revised Proposal	Funding £000s	Primary Care Collaborative – Pharmacy, Optometry and Dentistry Protected Learning Time	£50	Primary Care Collaborative – Workforce Strategy	£80	Primary Care Collaborative – Primary Care Strategy	£120	Resilience, stability, and sustainability in General Practice	£344.4	Pharmacy First Training – Local Pharmaceutical Committee Ear, Nose and Throat Workshop	£50	Modern Day Slavery – Northumberland	£15	<b>Total</b>	<b>£659.4</b>	<p>The Committee approved the revised SDF proposals.</p>
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<p>Primary Care Strategy and Delivery Subcommittee minutes and Highlight Report (Primary Care Access Recovery Plan Highlight Report January 2024)</p>	<p>The report provided the Committee with the key highlights of Primary Care Access Recovery Plan process to date. Several decisions around the Dental Access Recovery Plan had been supported informally by the Committee and formal approval was now requested for:</p> <ul style="list-style-type: none"> <li>• The non-recurrent funding allocation for 2024-25 to roll forward the Phase 1 short term measures and additional capacity commissioned in 2023/24 as below: <ul style="list-style-type: none"> <li>- £3,635,206 – extension of incentivised access scheme, out of hours dental treatment capacity, additional dental clinical assessment workforce/triage capacity and additional oral surgery capacity in North Cumbria</li> </ul> </li> </ul>	<p>The Committee approved the Dental Access Recovery Plan non-recurrent funding allocation for 2024/25; the increase of the UDA rate; and the development of the business cases for the urgent dental access centres for North Cumbria and Darlington.</p>																

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	<ul style="list-style-type: none"> <li>- £275k – extension of project support for incentivised access, scheme, general dental access, and specialist procurements</li> <li>• Increasing the Unit of Dental Activity (UDA) rate across the 51 practices within North East and North Cumbria to £28</li> <li>• To progress the business cases for the urgent dental access centres for North Cumbria and Darlington at pace.</li> </ul>	
Joint Forward Plan	The report provided the Committee with a refreshed Joint Forward Plan.	The Committee recommended submission of the refreshed Joint Forward Plan to the Board for approval.



**Appendix 2 – Decisions Log– Public Executive Committee – April 2024**

Agenda Item	Description	Decision/action
<p>Recruitment Function Proposal</p>	<p>The report provided the Committee with a proposal to change the delivery of the recruitment function and the ongoing maintenance of the Electronic Staff Record (ESR) System for consideration and approval.</p> <p>The report noted a number of risks associated with the recruitment process namely the risk to the ICB's reputation and the ability to recruit and retain high quality talent. An internal audit was underway which may impact on the decision-making process once the final report and any audit recommendations were received.</p> <p>The recommended option was option two - to outsource the payroll provision to the ICB's current payroll provider Northumbria Healthcare NHS Foundation Trust (NHCFT).</p>	<p>The Committee approved option two as outlined within the report with a caveat that a further report was to come back once the audit report was received.</p>
<p>Complex Care Proposal</p>	<p>The report provided the Committee with the historical and current complex case management arrangements.</p> <p>Complex case management was undertaken by several different organisations, some on behalf of the ICB, using different approaches and arrangements.</p> <p>In preparation for the transfer of the complex care service from NECS in March 2024, the ICB Mental Health, Learning Disability and Autism Transformation Team had undertaken a review and found that:</p> <ul style="list-style-type: none"> <li>• Some individuals on the complex care caseload had been allocated multiple case managers and others had not been seen.</li> <li>• The service was unable to keep up with the need for case managers to be allocated resulting in people not having active support to secure timely discharges from hospital or prevent crisis in the community.</li> <li>• Some individuals had become 'lost' to case management, and some were found to be living in extremely poor conditions.</li> </ul>	<p>The Committee approved:</p> <ul style="list-style-type: none"> <li>• To convene and resource an incident response group chaired by the Deputy Chief Nurse</li> <li>• Reporting to the incident response group, the Director of Nursing for Complex Care to oversee a rapid face to face review of all individuals known to complex care in Durham and Tees Valley</li> <li>• Staff with the right skills and experience to be identified from across the ICB</li> <li>• Face to face reviews to take place and follow the responsive safety assessment methodology with an escalation process to the Director of Nursing for Complex Care and the Director of Quality</li> <li>• The Director of Nursing for Complex Care and Director of Quality to plan with North East Association of Adult Social Services for specialist nursing homes and NHS England for independent hospital, quality oversight visits and an extension of the host commissioner responsibilities.</li> <li>• The initial proposal in the mobilisation plan</li> </ul>

Agenda Item	Description	Decision/action
	<ul style="list-style-type: none"> <li>Broadcare was not update to date with a clinical record of involvement.</li> </ul> <p>The Committee was asked to approve the eight recommendations as outlined within the report.</p>	<ul style="list-style-type: none"> <li>To bring an update paper to the Committee in May 2024</li> </ul>
Continuing Health Care (CHC) Premium Approach	<p>The report requested approval from the Committee on the ICB's proposed revised approach to Continuing Healthcare (CHC) fees for 2024/25.</p> <p>ICBs were required to set local prices for CHC in line with the national tariff guidance. Future plans proposed exploring approaches to a CHC premium via an experienced independent consultancy firm (to include an engagement plan with care home providers) to inform a potential ICB wide model. The current place based arrangements for CHC fee setting would remain in place for 2024/25 to allow time for this work to be completed.</p>	The Committee approved the suggested amendments to the CHC fee setting principles and timeline and that the current place-based arrangements for CHC fee setting remained in place for 2024/25.
Equality, Diversity, and Inclusion (EDI) Implementation Plan	<p>The Committee received an update on the progress and challenges around the delivery of the ICB Interim EDI One Year Strategy.</p> <p>The three overarching objectives of the plan are:</p> <ul style="list-style-type: none"> <li>- Improved EDI capability and knowledge</li> <li>- Legally compliant and confident</li> <li>- Consciously inclusive</li> </ul>	The Committee approved the creation of an ICB system wide diversity data dashboard; the repurposing of the Building Leadership for Inclusion funding for positive action schemes for underrepresented groups; and supported the approach to establish an EDI/ health inequality commensurate with the ambition and creation of a five year ICS EDI strategic plan, with the caveat that support would be required from the ICS Chief Executives Forum.