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**North East and  
North Cumbria**

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

<b>BOARD</b>	
27 September 2022	
<b>Report Title:</b>	<b>Highlight report and minutes from the Executive Committee meeting held on 12 July 2022</b>
<b>Purpose of report</b>	
To provide the Board with an overview of the discussions and decisions at the Executive Committee meeting in July 2022.	
<b>Key points</b>	
<p>The key points include:</p> <ul style="list-style-type: none"> <li>• Overview of community diagnostic programme and the need for the business case to be approved</li> <li>• Approval of NICE Type 2 Guidelines and the commissioning of an audit to review implementation of NICE Guidance across the ICB</li> <li>• Approval of all Policies and agreement they will all be reviewed over the next 12 months.</li> </ul>	
<b>Risks and issues</b>	
<p>The Committee identified the following risks and issues:</p> <ul style="list-style-type: none"> <li>• The risk of duplication across integrated care system workstreams and has commissioned a review of these</li> <li>• The need to ensure the business case for the community diagnostic programme is approved.</li> <li>• The risk that NICE guidance has been implemented differently across the North East and North Cumbria and commissioned a review of this via an audit to identify the key risks.</li> </ul>	
<b>Assurances</b>	
<ul style="list-style-type: none"> <li>• Community diagnostic programme and development</li> <li>• Establishing a system of risk management, which will be subject to internal audit review for further assurance.</li> </ul>	
<b>Recommendation/Action Required</b>	
The Board is asked to receive the highlight report and confirmed minutes for the Executive Committee meeting held on 12 July 2022.	

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<b>Sponsor/approving director</b>	Samantha Allen, Chief Executive					
<b>Report author</b>	Deborah Cornell, Board Secretary					
<b>Link to ICB corporate aims (please tick all that apply)</b>						
CA1: Improve outcomes in population health and healthcare						✓
CA2: tackle inequalities in outcomes, experience and access						✓
CA3: Enhance productivity and value for money						✓
CA4: Help the NHS support broader social and economic development						✓
<b>Relevant legal/statutory issues</b>						
Health and Care Act 2022						
<b>Any potential/actual conflicts of interest associated with the paper? (please tick)</b>	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
If yes, please specify						
<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.					

## Executive Committee Highlight Report

### Introduction

The principal purpose of the Executive Committee is to support the Board by:

- Overseeing the day-to-day operational management and performance of the Integrated Care Board (ICB) in support of the Chief Executive in the delivery of her duties and responsibilities to the Board
- Provide a forum to inform ICB strategies and plans and in particular, the committee will undertake any commissioning and planning activity on behalf of the Board, helping to secure continuous improvement of the quality of services
- Implementation of the approved ICB strategies and plans.

The Committee will contribute to the overall delivery of the ICB objectives by delivering its remit as set out in its terms of reference.

### Summary report

The Executive Committee, chaired by Samantha Allen, Chief Executive, met on 12 July 2022 and a summary of the meeting is included below.

#### Overview from the Chair

The Chair introduced everyone to the first meeting of the Executive Committee since its establishment by the Board on 1 July 2022. The Chair set out the main purpose and principles of the Committee to ensure all members were aware of the Committee's duties and responsibilities as set out in its terms of reference, and in particular, how the Committee related to the role of the Finance, Performance and Investment Committee.

The Committee will be meeting on a monthly basis to focus on business delivery on behalf the North East and North Cumbria Integrated Care Board (the ICB). It was noted however that, due to the being the first meeting of the Committee, there were a number of items of business on the agenda that were necessary as part of the establishment of the ICB (such as a significant number of corporate and human resources policies) and required approval. The Chair explained this was an exception and agendas would be more focussed on essential items of business and assurance going forward as well as new developments and key innovations that the ICB would be progressing to help address the number of key issues for the population we serve.

#### Key developments to bring to the attention of the Board

Some key areas to bring to the Board's attention following a discussion at the Committee include:

- **Children's immunisations Quality Outcomes Framework for Newcastle and Gateshead** - a discussion took place regarding a proposal the former Clinical Commissioning Group was considering as part of this work and what further support could be offered to practices. It was noted that the ICB needed to be cognisant of all the areas it covered regarding health inequalities and alternative ways to support this work will be explored further.
- **Updated NICE guidelines for Type 2 Diabetes** – a discussion took place in relation to health inequalities as it was again highlighted that the ICB needed to ensure coverage for all in terms of GP access, good guidelines and educating prescribers. The guideline was approved and it was agreed a comprehensive audit would be carried out to understand the position with regards to NICE Compliance across the ICB and bring this back to the Committee for further discussion to identify what needed to be prioritised.
- **Community diagnostics** –an overview of the background, current position and work ongoing in relation to community diagnostics were discussed. With regards to inequalities, the work

undertaken around the patient experience part of the process was discussed and noted, along with the role of community diagnostic hubs in supporting the establishment of new ways of testing, such as home testing and use of digital. It was noted that digital connectivity was critical in delivering better care and should be encouraged.

- **Priority areas** – work was underway to review the current workstreams across the integrated care system to understand priorities, ways of working and membership and a development plan would be a standing agenda item going forward to ensure the Committee remained sighted on the priority areas. There were some concerns noted that there may be duplication across the workstreams and this needed to be addressed.
- **Virtual wards funding** – It was agreed this initiative would be funded by the ICB for this financial year but further clarity was needed for the funding position for next year. There were no details as yet but this presented a potential risk for next year as additional capacity would be needed to deliver virtual wards. There is currently a huge variation of costs for beds across the providers within the ICB area and a mapping exercise was underway around this.

#### Governance and assurance

The Committee also received a number of items for assurance and these included:

- An integrated delivery report – a high level overview of the key metrics across the system and internal to the ICB, covering access, experience, outcomes, people and finance
- A finance update report – an overview of the current financial position
- A governance and assurance report – an end of year position from the former clinical commissioning groups across the North East and North Cumbria
- A risk management report – a position statement on the ICB's current risks
- The committee cycle of business for 2022/23

#### **Recommendations**

The Board is asked to:

- Note the contents of the committee highlight report;
- Received the approved minutes attached at appendix 1 for assurance.



**North East and North Cumbria Integrated Care Board**

**EXECUTIVE COMMITTEE**

**Minutes of the meeting held on Tuesday 12 July 2022, 9.30-12.30 at  
Riverside House, Board Room, Newburn Riverside**

**Present:**

Samantha Allen, Chief Executive (Chair)  
Dr Neil O'Brien, Medical Director  
Claire Riley, Executive Director of Corporate Governance,  
Communications and Involvement  
Jon Connolly, Executive Director of Finance  
Jacqueline Myers, Executive Director of Strategy and System  
Oversight  
Prof Graham Evans, Executive Chief Information and Digital  
Officer  
David Gallagher, Executive Director of Place Based Delivery  
Annie Laverty, Executive Chief People Officer  
Aejaz Zahid, Executive Director of Innovation

**In attendance:**

Nicola Bailey, ICB Director of Transition  
Ewan Maule, Interim ICS Pharmacist Lead (agenda item 12)  
Ruth James, ICS Diagnostic Programme Director (agenda item  
13)

**EC/2022/01 Welcome and introductions**

The Chair welcome everyone to the first meeting of the Integrated Care Board Executive Committee.

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## **EC/2022/02 Apologies for absence**

Mark Adams, Executive Director of Place Based Delivery  
David Purdue, Executive Chief Nurse

## **EC/2022/03 Declarations of interest**

There were no declarations of interest on this occasion.

## **EC/2022/04 Committee Terms of Reference**

The Chair presented the Committee with its terms of reference for consideration and review.

It was noted that the Committee had been established by the Board at its first meeting on 1 July 2022 and a set of terms of reference agreed as part of the establishment process. These had been included for review by the Committee members to ensure they would enable it to discharge its delegated duties effectively on behalf of the Board.

The need for a reference to developing a learning and improving system was highlighted and agreed this would be added to the terms of reference.

A further query was raised regarding the minimum quoracy needed for the Committee. The terms of reference currently specified that one of the required members needed as part of the 50% minimum quoracy was the Executive Director of Finance only with no alternative or nominated deputy possible. It was agreed this would be amended to include a reference to a nominated deputy to ensure quoracy could be maintained.

The Chair requested all members prioritised attendance at Committee wherever possible. If an absence could not be avoided, for example, annual leave, it was agreed that nominated deputies could attend but must be fully briefed beforehand by the relevant executive. It was agreed regular observers could also attend where appropriate.

### **Action:**

**The Executive Director of Corporate Governance, Communications and Involvement to amend the terms of reference to include a reference to the learning and improvement system and amend the minimum quoracy requirements.**

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**RESOLVED:**

The Executive Committee **AGREED** to amend the terms of reference as set out above and **RECOMMENDED** submission of the revised terms of reference to the Board for formal ratification.

**EC/2022/05 Integrated Delivery Report**

The Executive Director of Strategy and System Oversight presented the report and explained to members this would be a monthly report and a standing agenda item.

It was noted there was further work needed to continue developing and enhancing the report to ensure information was presented in an appropriate and meaningful way. A report had been taken to the Board at its first meeting on 1 July 2022 and work would continue to develop the cycle of reporting.

The report was intended to be a high-level report against key metrics across the system and internally within the ICB. It would cover access, experience, outcomes, people and finance.

Members discussed the role of this Committee and how it related to the role of the Finance, Performance and Investment Committee. The need for an independent appointed person to undertake Individual Funding Requests was also discussed and it was agreed this needed to be reviewed and expectations clarified as to what was needed.

**Actions:**

**The Executive Director of Corporate Governance, Communications and Involvement to review the expectations and requirements of independent members to support the individual funding request process.**

**The Executive Director of Strategy and System Oversight to ensure the integrated delivery report included relevant internal and external metrics to provide a high-level overview of performance across the system.**

**RESOLVED:**

The Committee **RECEIVED** the integrated delivery report for assurance.

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## EC/2022/06 Finance Report

The Executive Director of Finance gave a verbal update on current financial issues and confirmed there would be set of slides going forward that would highlight the main issues and areas to note for members.

Work was ongoing with regards to developing an aligned continuing healthcare (CHC) policy. There were currently some variations in how CHC was being managed across the former clinical commissioning group (CCG) areas that needed to be addressed. A discussion took place in relation to the risks associated with consolidating the processes for CHC and it was noted these would be considered as part of the policy development.

Work had also been initiated to set internal budgets for the ICB now that senior leaders were in post. The output from this work would be brought back to the Committee in October for approval. In the interim, the ICB would be using the systems inherited from the former CCGs across the North East and North Cumbria.

It was clarified that the finance report would be both from a system wide and an ICB perspective and sit as part of the integrated delivery report.

The need for training and development budgets to be considered as part of this was also highlighted.

It was confirmed that the transferring of payroll was on track.

### **Actions:**

**The Executive Director of Finance to bring the internal budgets back to Committee for approval in October 2022.**

### **RESOLVED:**

The Committee **RECEIVED** the verbal update on financial issues for assurance.

## EC/2022/07 Governance Assurance Report

The Executive Director of Corporate Governance, Communications and Involvement presented the end of year governance assurance report for 2021/22 from the former CCGs. The report outlined the governance assurance reporting profiles.

It was recognised that NECS had provided the governance assurance support



service for the former CCGs of County Durham, Newcastle Gateshead, Northumberland, Sunderland, South Tyneside, and Tees Valley. The former CCGs of North Tyneside and North Cumbria CCG had managed their own internal arrangements for governance assurance reporting.

The NECS process had transferred into the ICB as part of the CCG closedown and transition process. It was recommended that this process continued in its current form as an interim measure until a review could be undertaken to standardise the governance arrangements during the ICB's first year of transition. Further consideration would need to be given to the incorporation of the North Tyneside and North Cumbria governance assurance processes and this would be resolved during September.

A suggestion was made as to the addition of supporting narrative to the report going forward as it would be helpful to provide more context. For example, the Data Security and Protection (DSP) Toolkit included a required compliance level of at least 95% of all staff completing information governance training and this needed to be reflected more clearly in the report. The governance leads would be asked to work with executives to review the report to ensure it contained the right parameters.

There also needed to be real time information on compliance that was tracked all year round as the report was looking backwards.

It was noted that compliance with statutory and mandatory training needed to be consistent and standardised across all the ICB places. This would be part of the ICB development plan.

It was queried whether there needed to be a clear ICB executive lead for each area and where assurance would come from, i.e., either place or wider ICB level. There needed to be control mechanisms in place around reporting and it was agreed this would be looked at.

A query was raised in relation to accessing legal advice and it was confirmed there was a legal services framework in place that could be accessed. An audit was underway of costs across each of the former CCGs which would be used in a procurement document for ICB legal support going forward.

**Actions:**

**The Executive Director of Corporate Governance, Communications and Involvement to:**

- **Work with governance leads to review and revise the governance assurance report format as appropriate**

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- **Review what control mechanisms needed to be in place around reporting.**

**RESOLVED:**

The Committee **RECEIVED** the report for assurance.

**EC/2022/08 Corporate Policies**

The Executive Director of Corporate Governance, Communications and Involvement presented a suite of corporate policies for review and approval as part of ICB establishment.

It was noted that several key policies had been approved by the Board at its meeting on 1 July 2022 however the Board had delegated authority to the Executive Committee to approve the remaining high risk and substantive policies on its behalf.

The Committee approved all policies as set out in the report.

It was noted that a further review of all policies would need be undertaken over the following six-month period to ensure all policies fully reflected the ICB ways of working. A degree of consistency was to be applied to the policies, along with any errors corrected, e.g., references to CCGs in the policies.

A review list of all policies would be produced to ensure an executive lead had been identified for each policy, along with a date for review. The policies would need be prioritised due to the large number needing to be reviewed.

A query was raised as to whether a policy for policies needed to be developed. It was noted that other policies may be missing and the list would need to be reviewed to identify these.

There also needed to be a clear mechanism in place to ensure ICB staff could access the policies.

**Actions**

**The Executive Director of Corporate Governance, Communications and Involvement to:**

- **Produce a prioritised policy review list, with identified executive leads and clear timescales for review**
- **Check if a policy on policies had been prepared.**

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**RESOLVED:**

The Committee **APPROVED** the corporate and human resource policies set out in the report and **AGREED** for a further review of all policies to be undertaken over the following six-month period.

**EC/2022/09 Human Resources Policies**

The Executive Chief People Officer presented a suite of human resources policies (42 in total) for review and approval.

It was agreed these could be approved and follow the same review process as set out for the corporate policies in the previous item.

**RESOLVED:**

The Committee **APPROVED** the human resource policies set out in the report and **AGREED** for a further review of all policies to be undertaken over the following six-month period.

**EC/2022/10 Risk Management Report**

The Executive Director of Corporate Governance, Communications and Involvement presented the report which provided an initial overview of the ICB's current risk management position.

The report included a preliminary risk register and summary of risks specific to each place-based delivery areas within the ICB. The register had been developed using the former CCG risk registers, along with specific risks relating the ICB as organisation.

Work was continuing to refine the risk management process, linking it back to the risk management strategy. Comments and feedback on the report and register were requested.

It was noted that information from the risk register needed to be an integral part of this report and it was agreed a governance lead would be asked to look into this.

Confirmation was received that an electronic risk management system was in place (SIRMS) and a board assurance framework was being developed. The electronic system had not been used by all former CCGs and this was

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currently being addressed to ensure a consistency of approach across the ICB to ensure there was a single reporting system for risk.

It was confirmed that there would be separate sections which will show the local place level risks for review and mitigation at place with agreed tolerance for escalation to the Committee. This process would also apply for corporate risks.

It was noted that general practice also fed into SIRMS, using the incident reporting module.

**Actions:**

**The Executive Director of Corporate Governance, Communications and Involvement to work with the governance leads to continue refining the risk management process and ensure information from the risk register fed into to the risk management report.**

**RESOLVED:**

The Committee **RECEIVED** the report for assurance.

**EC/2022/11 Children's' Immunisations QOF**

The Executive Medical Director presented the report which had been agreed at the Primary Care Commissioning Committee of the former Newcastle Gateshead CCG but not yet implemented.

Advice received from NHS England was that local QOF schemes could not be changed, therefore the Committee was being asked to review the proposal again and take a view on its implementation.

Given the demographics in Newcastle Gateshead, a discussion took place in relation to any specific health inequalities and particular challenges that needed to be considered. Whilst a Local Enhanced Scheme may seek to address this, consideration needed to be given to further ways in which practices could be supported.

It was noted that the ICB needed to be cognisant of all the areas it covered regarding health inequalities.

It was confirmed that a register of place-based decisions would come to the Committee for regular review.

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The Director of Transformation for Primary Care was to be asked to review this and make a recommendation to the Executive Medical Director in relation to the support packages available to practices across Newcastle Gateshead.

**Actions:**

**The Executive Medical Director to ask the Director of Primary Care Transformation to review the support packages in place for the Newcastle Gateshead practices for a recommendation.**

**RESOLVED:**

The Committee **RECEIVED** the report and requested further information to be submitted to the Executive Medical Director to enable a recommendation to be made.

**EC/2022/12 Updated NICE Guidelines for Type 2 Diabetes**

The Interim ICS Lead Pharmacist joined the meeting for this item and presented the paper which described the implications of the updated NICE guidelines for type 2 diabetes. The paper requested approval of the recommendation from the Northern Treatment Advisory Group (NTAG).

This issue had been identified as a significant financial risk in the prescribing agenda and would be a financial pressure that the ICB would need to address over the coming years.

It was confirmed that the recommendation had been discussed and approved by NTAG as a principle but due to the size of the financial impact it had been brought to the Committee for formal ratification.

A discussion took place in relation to health inequalities as it was again highlighted that the ICB needed to ensure coverage for all in terms of GP access, good guidelines and educating prescribers. The latter would ensure the identification of the appropriate patients.

The report highlighted other NICE recommended treatments that the ICB was not currently in a position to support, for example Tier 3 obesity services were not currently available across the ICB area. It was agreed that an audit would be carried out to understand the position with regards to NICE Compliance across the ICB and bring this back to the Committee in November.

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Consideration needed to be given to evaluation and health inequalities to ensure those populations that would benefit the most would be able to access the drug. There was also the wider piece of work needed regarding NICE compliance to identify where there were gaps and what needed to be prioritised.

**Actions:**

**The Executive Medical Director was asked to:**

- **Ensure an audit was carried out to understand the position with regards to NICE Compliance across the ICB and bring this back to the Committee in November**
- **A wider piece of work to be undertaken regarding NICE compliance to identify where there were gaps and what needed to be prioritised.**

**RESOLVED:**

The Committee formally **RATIFIED** the recommendation in the paper, with further work needed around identifying NICE compliance across the ICB area.

**EC/2022/13 Community Diagnostics**

The ICS Diagnostic Programme Director presented the Committee with an overview of the background, current position and work going on in relation to community diagnostics and what, as an ICS, would need to be considered going forward.

The Chair thanked the ICS Diagnostic Programme Director for the comprehensive update and thanked the team for their work and all they have achieved thus far. The positive impact of the programme was also noted.

An invitation was extended to members of the team to share their views on the presentation and a request made to receive a further update before the end of the year.

With regards to inequalities, the work undertaken around the patient experience part of the process was discussed and noted, along with the role of community diagnostic hubs in supporting the establishment of new ways of testing, such as home testing, use of digital.

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There were several business cases that need to be mapped and the process for approval from a funding point of view clearly understood to ensure the Executive Team had oversight of these.

It was noted that digital connectivity was critical in delivering better care and should be encouraged. The funding processes needed to be considered and clarity sort around capital monies, for example in Tees, but the people aspect was just as important and it all needed to be joined up.

The presentation was a good start in discussing this issue as capital management was difficult and more time would be needed to discuss it.

It was noted that doing nothing was not an option, but the appropriate approval processes needed to be in place and the Chair asked those concerned to take away the questions raised and produce a high-level strategy which sets out the ambition and it needs to include the whole system not just ICB.

**Actions:**

**The Committee Secretary to schedule a further update for the Committee on community diagnostics for the end of the year**

**The Executive Director of Finance to discuss the production of a high-level strategy and bring this back to the Committee at a future meeting.**

**RESOLVED:**

The Committee **RECEIVED** the presentation update for information.

**EC/2022/14 Priority Areas**

The Chair presented this item and noted was a supporting development plan which would be a standing agenda item, supported led by the Executive Director of Corporate Governance, Communications and Involvement.

Work was underway to review the current workstreams to understand priorities, ways of working and membership. A suggestion was made for session to be held at the end of July to start this review, but it was acknowledged that due to the timescales for completion, this would be difficult as this work needed to be undertaken quickly.

A concern was raised that there was a lot of duplication across the workstreams and resources and capacity were needed to work on new projects.

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A discussion took place around the need to standardise reporting and the Executive Director of Strategy and System Oversight advised she would draft a template to enable this and would share it with members for comment.

It was noted there was a real opportunity for standardisation to ensure the work of the ICB was having the right impact and delivering against the organisational agreed priorities.

**Actions:**

**The Executive Director of Strategy and System Oversight to produce a template to standardise reporting and share with the Executive Team for comments.**

**RESOLVED:**

The Committee **RECEIVED** the update for assurance.

**EC/2022/15 Cycle of Business**

A cycle of business was being developed for the Committee to ensure all essential items of business were scheduled as appropriate. This would ensure the Committee met its responsibilities and delegated duties on behalf of the Board.

The cycle of business would be reviewed to ensure it was synchronised with the Board.

All members were asked to review the document to check it included what it needed to and ensure there was no duplication. Comments were asked for within two weeks of this meeting.

**Action:**

**All members to review the cycle of business and provide feedback to the Chief executive within two weeks of the meeting.**

**RESOLVED:**

The Committee **RECEIVED** the cycle of business for information.

**EC/2022/16 Any Other Business**

The issue of director vacancies was raised and a concern noted regarding the filling of these as there was the need to understand the alignment of



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posts. This would be discussed in more detail at the Executive Team meeting the following week.

The issue of funding for virtual wards was also raised. This initiative was being funded centrally for this financial year but further clarity was needed for the funding position for next year as it was likely to be matched funding.

There were no details yet, but this presented a potential risk for next year as additional capacity was needed to deliver virtual wards and providers were asking for assurances in relation to recurrent funding, i.e., recruitment of staff.

There was a huge variation of costs for beds across the providers within the ICB area and a comprehensive financial strategy was needed. More information would be available in the coming weeks as a mapping exercise was underway around this.

A query was raised as to whether this work linked with the priorities of the workstreams; whether it needed to sit under the Urgent and Emergency Care Network; or be a standalone piece of work. A review would be undertaken as to who was currently involved in this work to utilise and coordinate this resource across the patch.

With regards to flu vaccination programme, it was queried when this would start and how quickly the programme could be rolled out. Assurance was given that there was a well- established Vaccination Board in place to manage this, along with a good process across the region to deliver the programme.

The double vaccination approach was being taken nationally this year and so the programme needed to start as early as possible to address this challenge.

It was noted there was a robust communications strategy to join up the flu and Covid vaccination campaigns to support this.

**Action:**

**Director vacancies to be discussed at the Executive Team meeting**

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The Executive Medical Director and ICB Director of Transition to review who was currently involved in the virtual wards work to utilise and coordinate this resource across the patch.

**RESOLVED:**

The Committee **RECEIVED** the items of other business for information.

**Meeting closed at 12.25 pm**

Signed:



Position: Chief Executive (Chair)

Date: 13 September 2022