

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

**Minutes of the meeting held on Tuesday 8 October 2024, 10:20hrs in the
Joseph Swan Suite, Pemberton House, Colima Avenue, Sunderland**

Present: Sam Allen, Chief Executive (Chair)
Levi Buckley, Chief Delivery Officer
David Chandler, Chief Finance Officer
Graham Evans, Chief Digital and Infrastructure Officer
Dave Gallagher, Chief Contracting and Procurement Officer
Jacqueline Myers, Chief Strategy Officer
Dr Neil O'Brien, Chief Medical Officer
David Purdue, Chief Nurse, AHP and People Officer
Claire Riley, Chief Corporate Services Officer
Lynne Walton, Director of Finance (South) deputy for David Chandler Chief
Finance Officer for item 11.1 only

In attendance: Rebecca Herron, Corporate Committees Manager (Committee Secretary)
Deb Cornell, Director of Corporate Governance and Board Secretary
Ann Fox, Deputy Chief Nurse
Leanne Furnell, Deputy Chief of People and Culture
Nicola Hutchinson, Chief Executive, Health Innovation North East and
North Cumbria (HI NENC)
Karen Hawkins, Director of Delivery (Tees Valley)
Martin Short, Director of Delivery (Tees Valley)
Rachel Mitcheson, Director of Delivery (North Tyneside and
Northumberland)
James Martin, Strategic Head of Primary Care (North Tyneside and
Northumberland)
Alan Bell, Strategic Head of Commissioning (North Tyneside and
Northumberland)
Tanvi Rane, Everyturn Employee
Matthew Thubron, Deputy Director of Planning and Performance for item
12.3 only
Joanne Heaney, Head of Service (Children, Young People - Tees Valley) for
item 12.4 only

EC/2024-25/171 Agenda Item 1 - Welcome and introductions

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

EC/2024-25/172 Agenda Item 2 - Apologies for absence

No apologies for absence were received.

EC/2024-25/173 Agenda Item 3 - Declarations of interest

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

The Chief Finance Officer declared an interest under item 11.1 NENC ICB and ICS Finance Update Month 5 due to spouse being Deputy Director of Finance, Gateshead Health NHS Foundation Trust.

Under item 11.1 NENC ICB and ICS Finance Update Month 5, the Chair noted conflicts are already declared on the Conflicts of Interest (Col) register for the Chair, Chief Medical Officer, Chief Delivery Officer, Chief Digital and Infrastructure Officer and the Chief Corporate Services Officer. As the family members/friends noted on the Col register are not decision makers and that it is proposed all Foundation Trusts receive funding, this implies one Foundation Trust is not favoured over others, the risk and Cols are minimal. A quorate decision can be reached.

The Chair noted the Chief Finance Officer was able to present the report to the Committee, however, was required to abstain from any decision making. The Director of Finance (South) has been nominated as deputy for item 11.1.

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

EC/2024-25/174 Agenda Item 4 - Minutes of the previous meeting held on 10 September 2024

RESOLVED:

The Executive Committee AGREED that the minutes of the meeting held on 10 September 2024, were a true and accurate record.

EC/2024-25/175 Agenda Item 5 - Matters arising from the minutes and action log

Minute reference EC/2024-25/65 Northumberland and South Tyneside Continuing Healthcare (CHC) Team TUPE Business Case

The Deputy Chief Nurse confirmed this action is now complete.

Minute reference EC/2024-25/68 Integrated Delivery Report

The Chief Delivery Officer confirmed this is now included within a procurement update which is presented to the monthly performance recovery group. Action complete.

Minute reference EC/2024-25/68 Integrated Delivery Report

The Chief Corporate Services Officer confirmed the infection prevention and control public communications plan is now being progressed with the ICS communications network. Action complete.

Minute reference EC/2024-25/93 Integrated Delivery Report

The Chief Strategy Officer confirmed where suitable benchmarking is available within the reporting period it is included within the report. Action complete.

Minute reference EC/2024-25/125 Integrated Delivery Report

The Chief Strategy Officer confirmed Deep Dive exercises will be by exception and presented to Board. Action complete.

Minute reference EC/2024-25/35 Funding of Equipment via IFRs Options Appraisal

The Chief Strategy Officer confirmed this action was now complete.

Minute reference EC/2024-25/59 Foundation Trusts Provider Collaborative Responsibility Agreement 2024/25

The Director of Corporate Governance and Board Secretary confirmed the governance arrangements with the Foundation Trusts Provider Collaborative have been reviewed. 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/2024-25/176 Agenda Item 6 - Notification of urgent items of any other business

The Chair noted items:

- 16.1 – Acute Respiratory Illness (ARI) Hubs
- 16.2 – Future Connectivity Programme
- 16.3 – All Ages Continuing Care

were received as items to be discussed prior to the meeting.

The Chief Nurse, AHP and People Officer requested an item regarding Maternity to be included under any other business.

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

EC/2024-25/177 Agenda Item 7.1 – Women's Health Subgroup Terms of Reference

The Chief Corporate Services Officer introduced the report which provided the Committee with the updated terms of reference (ToR) for the Women's Health Subgroup.

The Committee were informed the ToR have been revised to ensure the subgroup has a robust membership to enable the finalisation of the implementation plan and focus on delivery.

The Chief Executive, HI NENC enquired if it would be beneficial to include an innovation representative within the membership. The Chief Corporate Services Officer agreed and would amend the ToR to include the innovation representative within the membership.

ACTION:

The Chief Corporate Services Officer to amend the ToR to include the innovation representative within the membership

RESOLVED:

The Committee APPROVED the Women's Health Subgroup Terms of Reference

EC/2024-25/178

Agenda Item 7.2 – NENC Child Health and Wellbeing Subgroup Terms of Reference

The Chief Delivery Officer introduced the report which provided the Committee with the proposed terms of reference for the NENC Child Health and Wellbeing Subgroup.

The Child Health and Wellbeing Network has been embedded within the ICB this year. Work has been ongoing with governance colleagues to change the network to a strategic oversight group within our normal governance approaches.

The Director of Corporate Governance and Board Secretary noted minor tweaks to wording is required and this would be picked up outside of the meeting.

The Chair enquired if the group would develop a prioritised programme of work. The Chief Delivery Officer confirmed there are plans to implement the planning process with the group to reaffirm what the priorities are for 2025/26 and beyond.

The Chief Strategy Officer proposed collaborating with the Chief Delivery Officer and the Chief Corporate Services Officer to develop standard purpose bullet points for new and pre-existing subgroups. The Committee agreed for this action to be taken forward with an approval process through the governance structure.

ACTION:

- 1) The Director of Corporate Governance and Board Secretary to amend wording within the ToR
- 2) The Chief Strategy Officer, the Chief Delivery Officer, and the Chief Corporate Services Officer to develop standard purpose bullet points for new and pre-existing subgroups

RESOLVED:

The Committee APPROVED the NENC Child Health and Wellbeing Subgroup Terms of Reference with the suggested amends

EC/2024-25/179

Agenda Item 7.3 – Improvement Steering Subgroup Establishment and Terms of Reference

The Chief Strategy Officer introduced the report which provided the Committee with the proposed terms of reference for the Improvement Steering Subgroup.

The Chief Strategy Officer informed the Committee this group will develop our improvement and learning system, the approach, the tools, the training, and ensure it is embedded into the organisation.

It was noted there are slight amends to the membership required.

RESOLVED:

The Committee APPROVED the Improvement Steering Subgroup Terms of Reference with the suggested membership amends

EC/2024-25/180

Agenda Item 8.1.1 – Financial Sustainability Group and All Ages Continuing Care Highlight Report

The Chief Finance Officer noted pressures in terms of both prescribing and CHC efficiencies are fundamental to delivering our efficiency target for 2024/25.

Identification of place efficiencies for 2025/26 is required.

The Deputy Chief Nurse informed the Committee that two organisations who have been commissioned to conduct Continuing Healthcare (CHC) Reviews are currently being onboarded. The Chair noted the Quality and Equality impact assessments have not been completed. The Chief Nurse, AHP and People Officer confirmed the standard operating procedure for the impact assessments has been developed and it will be presented to the members for ratification at the next Executive Team meeting.

Noted for information and assurance.

ACTION:

The Chief Nurse, AHP and People Officer to present the Standard Operating Procedure for CHC Assessment Reviews at the next Executive Team meeting for approval

RESOLVED:

The Committee RECEIVED the report for assurance.

EC/2024-25/181 Agenda Item 8.1.2 – Contracting Subcommittee Highlight Report

The Chief Contracting and Procurement Officer informed the Committee that the procurement timetable has not been included within the papers. The Committee were assured this would be included next month.

Noted for information and assurance.

RESOLVED:

The Committee RECEIVED the report for assurance.

EC/2024-25/182 Agenda Item 8.2.1 – Place Subcommittee Minutes

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

RESOLVED:

The Committee RECEIVED the Subcommittee minutes as listed above for assurance.

EC/2024-25/183 Agenda Item 8.3 – Contracting Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Contracting Subcommittee Minutes for assurance

EC/2024-25/184 Agenda Item 9.1 – Chief Delivery Officer Report October 2024

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

- The Whitehaven, West Cumbria mental health pilot is progressing well.
- An escalation process for Right Care Right Person has been developed through multi-agency working to support decision making in relation to police attendance at concern for safety incidents and it will continue to develop as phases three and four are implemented across Teesside.

The Chief Medical Officer raised a concern regarding Elsdon Surgery and Seaton Terrace relocation in Northumberland and enquired if the new build would be ready in time. The Director of Delivery (North Tyneside and Northumberland) confirmed the practice will move into temporary accommodation until the build is complete.

The Chair noted this issue could generate learning and there may be an opportunity to establish a small group of people to look at, what could we learn from this for the future. The Chief Digital and Infrastructure Officer will progress the establishment of a group to identify any learning points.

ACTION:

The Chief Digital and Infrastructure Officer to establish a group to identify any learning points from the Elsdon Surgery and Seaton Terrace relocation

RESOLVED:

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

EC/2024-25/185

Agenda Item 9.2.1 – Local Delivery Team Deep Dive North Tyneside and Northumberland presentation

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

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

- Overview of North Tyneside and Northumberland Local Delivery Team (LDT)
 - Our team
 - There is no NECS resource within our LDT
 - We have excellent clinical leads who are fully integrated within the team
 - Two offices have helped enabled new relationships and the different environments have supported group work and face to face meetings
 - North Tyneside area is 32.7 square miles with a population of 211,000
 - Northumberland area is 1940 square miles with a population of 324,000
 - Care costs more to deliver across a large rural area, yet funding allocations are similar our ways of working reflect this with frugal creativity and collaboration
- Primary Care Priorities

- General Practice Stability and Resilience
- Integrated Neighbourhood Working
- General Practice Access
- Workforce, Estates & Digital
- 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)
 - We are looking to manage gaps in medical provision in schools, child continence, Occupational Therapy Sensory Processing Pathway, Speech and Language Therapy, for Children and Young People
 - Partnership working to support management of Long-Term Conditions for working aged people and older people
 - Procurement of Safe Haven, Talking Therapies, Employment Advisors for people with Mental Health, Learning Disabilities and Neurodiversity
 - Promote and develop social prescribing linking with the VCSE sector around prevention and inequalities
- Things we are proud of
 - A number of Safe Havens are open and further Safe Havens are in development
 - Population Health projects in Primary Care with a focus on supporting Inequalities and the Core20Plus5
 - Creative Health Concept has projects in Blyth, Bellingham, Berwick
 - Protected Learning Time sessions
 - Excellent relationships with partners
- Things you could help us with
 - Do we do things once or twice?
 - Can we merge / be flexible with our budget allocations?
 - Subcommittee at place have good attendance from partners and could provide a local view / feedback / to all directorates, either directly or indirectly
 - Workloads feel more reactive than proactive, more decommissioning than commissioning.

The Chair thanked the North Tyneside and Northumberland Team for the informative presentation.

The members discussed the presentation and key points raised were:

- There are currently two pathways going into one organisation, this needs to be standardised to one pathway and do things once
- Creativity, learning, knowledge, and expertise need to be more widespread

- Are we putting enough targeted resource into addressing health inequalities
- The approved planning process will help us address the reactive workloads issue
- It would be useful to look at the workplan and start mapping priorities through to the clinical condition strategy
- It would be interesting to see the statistics and the impact of LIVI on the Urgent and Emergency Care Strategy
- Thought provoking, particularly regarding the stark differences between North Tyneside and Northumberland
- Is there any shared learning which could come from North Cumbria, given they have a similar rural environment
- Are you getting the right support from both digital and estates
- Your approach to general practice is excellent, the Primary Care team should be out there being seen with our practices. If capacity allows a similar approach to community pharmacy and dental would be beneficial
- Longer term contracts can be looked at providing they are the right contracts

EC/2024-25/186 Agenda Item 9.2.2 – Local Delivery Team Deep Dive Tees Valley

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

The Directors of Delivery (Tees Valley) informed the Committee of the key points of the presentation:

- Our Places
 - 77 Practices
 - 14 Primary Care Networks (PCN)
 - 4 NHS Foundation Trusts
 - 5 Local Authorities
 - 4 Place Subcommittees
 - 7 Scrutiny Committees
 - 4 Health and Wellbeing Boards
 - 4 Directors of Public Health
 - 2 Local Medical Councils
- Our Team Overview
 - Currently carrying eight vacancies
 - There are eleven clinical sessions available for general workplan resource, representation is required at place subcommittees resulting in further reduction of clinical capacity
- System Relationships
 - Our focus is developing, sustaining, and progressing collaborative relationships across all five Local Authority areas, each community provider organisation, PCN and GP

Practices, and independent/VCSE sectors on a formal and informal basis

- Integration focus areas are:
 - o University Hospitals Tees programme – Tees Valley focus
 - o 'Team Stockton' integration approach – local place focus
 - o Development and oversight of five Better Care Fund Plans – local place focus
 - o Development of four Health and Well Being Strategies and four Joint Strategic Needs Assessments
 - o Integration programme with Middlesbrough and Redcar & Cleveland – including integrated roles
- What Works Well
 - Portfolio approach across the team to manage thematic areas across five places
 - Our approach to collaboration and co-design
 - Clear workplans linked to delivery of NENC ICB priorities and local need with identified lead and support arrangements
- Our Challenges
 - Managing expectations of partners
 - Asks to attend multiple ICB wide meetings in addition to local arrangements
 - Individual Place Committees vs Tees Valley decisions and budget
 - There are currently 130 projects across the Tees Valley supporting delivery of the Joint Forward Plan. 99 of the 130 require support from one or more enabling team (76%)
- Areas of Focus for Tees
 - Supporting uptake of screening programmes via Primary Care Cancer Facilitator and Community Development worker roles in the community
 - Transformation of early help ('Getting Help') offer for CYP with mental health concerns
 - Mobilisation of new special Allocation Scheme across Middlesbrough
 - Continued transformation of Urgent and Emergency Care pathways and intermediate care transformation across five Local Authority areas
 - Right Care, Right Person implementation
- Achievements
 - Ongoing Organisational Development planned for the team
 - Co-design and implementation of Adult Palliative End of Life Strategy and agreement of investment programme
 - Two Local Authorities to have SEND inspections received top outcome
 - New practice estate opened in Middleton St George (Middleton and Dinsdale practice)

- Community unrest – gratitude from practices direct to members of the primary care team
- What support do we need?
 - Ten ongoing procurement processes
 - Fifty-four services which require contract changes
 - Eleven projects require finance input
 - Forty-seven projects which require business intelligence reporting/analysis
 - Nine projects which require communications and engagement input

The Chair thanked the Directors of Delivery (Tees Valley) for the informative presentation.

The members discussed the presentation and key points raised were:

- It is interesting to see the differences in the contrasting presentations
- It would be good to understand if the meetings are meetings that you felt you should have been in and if it added value or not
- We can see how proactively you're working as an LDT
- North Ormsby Health Village has a very positive attitude and people are really enthused about what they are doing
- There is something useful there in terms of the integration of the local authorities

The Chair summarised both presentations – both presentations provided a reminder of both the calibre of leaders that we have, but also the commitment and passion from teams today and the continuity that you have brought through a significant change process. Thank you all for your leadership.

EC/2024-25/187 Agenda Item 10 – ICB Delivery

No update for this item.

EC/2024-25/188 Agenda Item 11.1 - NENC ICB and ICS Finance Report Month 5

At 12:43pm the Director of Finance (South) attended the meeting.

The Chief Finance Officer declared an interest under item 11.1 NENC ICB and ICS Finance Update Month 5 due to spouse being Deputy Director of Finance, Gateshead Health NHS Foundation Trust.

Under item 11.1 NENC ICB and ICS Finance Update Month 5, the Chair noted conflicts are already declared on the Conflicts of Interest (Col) register for the Chair, Chief Medical Officer, Chief Delivery Officer, Chief Digital and Infrastructure Officer and the Chief Corporate Services Officer. As the family members/friends noted on the Col register are not decision makers and that it is proposed all Foundation Trusts receive funding, this

implies one Foundation Trust is not favoured over others, the risk and Col's are minimal. A quorate decision can be reached.

The Chair noted the Chief Finance Officer was able to present the report to the Committee, however, was required to abstain from any decision making. The Director of Finance (South) has been nominated as deputy for item 11.1.

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 five months to 31 August 2024.

The ICS is reporting a year-to-date deficit of £45.40m compared to a planned deficit of £44.94m. The adverse variance of £0.5m reflects pressures in provider positions. This is an improvement on the month 4 position which showed an adverse year to date variance of £1.7m. This is expected to be managed back in line with plan by the end of the year, hence the forecast ICS position remains a deficit of £49.9m.

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 5 this unmitigated financial risk is estimated and has been reported to NHSE at £82m (reduced from £98m at month 4) although work continues across the system to review this. This includes unmitigated net risks of almost £17m for the ICB, predominantly relating to prescribing, CHC and delivery of efficiencies.

ICB running costs:

- The ICB is reporting an underspend position against running cost budgets of £2.25m year to date and a forecast underspend of £3.1m, mainly due to vacancies

ICB Revenue:

- The ICB is reporting a year-to-date surplus of £22.88m 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 additional funding is anticipated in the form of Deficit Support Funding, Pay Award Funding, and Industrial Action Funding.

The Committee is asked to approve the proposed allocation of funding as summarised below:

- Deficit support funding – allocate to four provider trusts with planned deficits, proportionate to deficit size
- Pay award – apply updated CUF funding to relevant provider trusts and support additional funding being allocated to mental health and ambulance providers subject to affordability within the funding envelope
- Industrial action funding – apportion across relevant provider trusts based on relative income from patient care activities

The Chief Nurse, AHP and People Officer raised a concern regarding the Nursing and People Directorate underspend and enquired if the figure was correct. The Chief Finance Officer assured the Committee this was the correct figure as the Nursing and People Directorate has staff within running costs and people in non-running costs i.e. programme costs.

The Chair requested that the Chief Financial Officer confirms the allocation per provider via email to the members.

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 proposed allocation of funding, once received, for deficit support funding, pay award and industrial action funding**
- 4) **The Committee NOTED the escalation and assurance report from the System Recovery Board for information**

At 13:00 noon the Director of Finance (South) and Everyturn employee left the meeting.

EC/2024-25/189 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:

- Urgent and Emergency Care
 - Ambulance handovers improved this month, but risks remain around the volume of handover delays across the ICS.

- Category two mean response times have improved significantly in August 2024 to 22.0 minutes and performance remains well below the North East Ambulance Service plan and national expectations.
- The Accident and Emergency four-hour wait performance improved from July 2024 at 78.0% to 80.1% in August 2024, however, performance for August 2024 was below plan of 80.6%.
- Electives
 - We are off trajectory for eliminating our 65-week waiters.
 - Revised trajectories have been received from three foundation trusts who did not meet the September deadline and a renewed commitment has been made that all providers will be at zero for 65 week waits by the end of the calendar year.
 - NENC ICS continue to be the best performing nationally in July 2024 for Referral to Treatment performance with 69.0% of people on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks. This compares to national performance of 58.8%.
 - July 2024 data confirmed a small increase in 78 week waits with 51 patients recorded
- Cancer
 - Cancer 62-day performance increased from 65.9% (June 2024) to 66.9% (July 2024); this however remains below the Operational planning trajectory of 67.9%.
 - Cancer faster diagnosis standard remains above trajectory and above the national expectation of 77% by March 2025 with performance of 79.3% in July 2024.
- Dental
 - Units of Dental Activity (UDA) delivered as a proportion of UDA contracted is currently at 70.7% for June 2024 compared to a plan of 80% – this replaces the previous metric which reported volume only.
 - Percentage of unique patients seen by NHS dentist (adult) – rolling 24 months is currently below plan at 41.9% compared to a plan of 42.5% as at August 2024.
 - Percentage of unique patients seen by NHS dentist (child) – rolling 12 months currently below plan at 59.3% compared to plan as of August 2024.

RESOLVED:

The Committee RECEIVED the report for information and assurance

EC/2024-25/190

Agenda Item 12.2 – Winter Priorities and Planning Update 2025/26

The Chief Strategy Officer introduced the report which provided the Committee with the proposed system Winter Planning Process and Priorities for 2024/25.

The Chief Strategy Officer informed the Committee that the report outlines the national guidance received in relation to winter the process that we have gone through and where we have arrived at in terms of our own priorities.

On 16th September 2024 NHS England (NHSE) released the 'Winter and H2 Priorities' publication, which confirmed operating requirements for the remainder of 2024/25. The publication outlined the steps NHSE is going to take, as well as those ICBs and providers are asked to take, to support the delivery of safe, dignified, and high-quality care for patients this winter.

The Chair enquired how the ICB are linked into the NHSE winter risk meetings. The Chief Strategy Officer confirmed there has not been any requirement to submit anything in advance of the meetings.

The Chair noted this is a helpful update.

RESOLVED:

- 1) The Committee NOTED the planning process undertaken in preparation for Winter 2024/25 by the North East and North Cumbria Integrated Care Board and with partners across the Integrated Care System**
- 2) The Committee APPROVED the Winter Priorities as outlined in the report**

EC/2024-25/191 Agenda Item 12.3 – Planning Framework and Business Cycle 2025/26

At 13:00pm the Deputy Director of Planning and Performance attended the meeting to present the report.

The Deputy Director of Planning and Performance introduced the report which provided the Committee with proposed ICB planning framework and business cycle.

The Deputy Director of Planning and Performance informed the Committee of the key points of the report:

- The planning landscape
 - The Better Health and Wellbeing for All strategy was published in December 2022, this sets our long-term ambitions and goals to improve health and wellbeing for all. This is our north star, and what we should be setting ourselves up to be delivering. This will be achieved through our joint forward plan.
 - The release of the ten-year plan is imminent, which will require a 2025/26 light touch refresh to the Joint Forward Plan and a longer-term planning approach.
 - The paper sets out an ambitious timescale in terms of the work programme, the ultimate aim is to pull this forward, to

start this plan in line with the release of the Lord Darzi ten-year plan in spring 2025.

- This will enable the NHS operational plan and submission to be straightforward and joined up.
- The Planning Principles
 - Recognition as to where we are: move to an earlier and longer-term planning process from 2025/26 onwards
 - Take a learning approach to the planning framework and business cycle, improving it over time in response to evaluation and feedback
 - Ensure effective engagement with ALL ICB teams, key partners, and stakeholders to co-produce plans, ensuring ownership at all levels
 - Plans should be codified by strategic goals and objectives first. This will ensure strategic alignment to the strategy and demonstrate the relationships and interdependencies between teams.
 - 'Single version of the truth' to enable consistent monitoring of the delivery of plans and outcomes and clear feedback loop between the strategy and JFP
 - Promote clear accountability, responsibility and ownership of plans and their delivery.
- Commissioning Work Programme – Commissioning Intentions
 - Contracting Intentions
 - Service Development Fund Investment and 'Other' Allocations
 - Transformation and ICB Plans
 - Financial Strategy - recommending a workshop or series of workshops around developing the financial strategy
 - A joined-up approach is required to have our financial strategy leading into what our transformation plans are, which includes ICB plans, and ensuring quality, and healthy and fairer health inequalities are front and centre
- Business Cycle
 - The implementation of a strategic investment prioritisation process for 2025/26
 - The introduction of a Business Case Review Group
 - The implementation of a strategic prioritisation decision tree alongside the Scheme of Reservation and Delegation.
 - The implementation of a cycle of business to ICB Board and Executive Committee
 - The implementation of the Programme Management Toolkit throughout the organisation

The Chair thanked the Deputy Director of Planning and Performance for the comprehensive work and the amount of co-production which has informed the report.

The Committee suggested the following items for consideration:

- Incorporate Health Inequalities on the decision tree
- How to incorporate clinical involvement in this process
- Have a robust filtering process so any redundant work is not commenced
- Reinforcement of the links between the local delivery and enabling teams
- Quality Strategy to be explicit within the roadmap
- A link to the Clinical Strategy to be demonstrated
- A people promised element to be incorporated
- Incorporate the default is moving to one contract where we can unless there is a good rationale not to
- How the long-term workforce plan and the operational planning round can connect

The Chief Strategy Officer expressed thanks to the Deputy Director of Planning and Performance and the team.

The Chief Strategy Officer noted the backlog of commissioning intentions and proposed the prioritisation process to begin with proposals which have previously been to the Committee and received a level of support from the Committee.

RESOLVED:

- 1) **The Committee APPROVED the implementation of the ICB planning framework and business cycle for 2025/26 as set out in Section 6 of the report with the caveat that all proposed amends are implemented**
- 2) **The Committee NOTED the ambitious timescales for 2025/26**
- 3) **The Committee APPROVED the implementation of a revised business cycle as set out within the report**
- 4) **The Committee NOTED that timescales relating to the issuing of national guidance are subject to change and this may impact on our organisational ability to adhere to the above;**
- 5) **The Committee SUPPORTED the flexibility of timescales in accordance with national requirements and publications**

At 13:31pm the Deputy Director of Planning and Performance left the meeting

EC/2024-25/192 Agenda Item 12.4 – Adoption Assessment Service

At 13:40pm the Head of Service (Children, Young People - Tees Valley) joined the meeting to present the report.

The Head of Service (Children, Young People - Tees Valley) introduced the report which provided the Committee with an overview of the development of the Multidisciplinary Assessment Service (MDASS) for Adopted Children and their Families.

The Head of Service (Children, Young People - Tees Valley) informed the Committee of the key points of the report:

- The ICB were successful in a joint bid with the three Regional Adoption Agencies across the North East receiving £1,000,041 of non- recurrent investment from Department of Education (Adoption) to develop and test a multidisciplinary service for adopted children and their families.
- There are four health posts within the team, Consultant Psychologist, Clinical Psychologist, Speech and Language Therapist and Occupational Therapist. All posts have been recruited from within NHS provider organisations within the ICB, using section 76.
- The service now is live following a launch last week
- The service will run for at least 18 months in line with initial contract length for the health posts. The intention is that the service will be sustainable through the redirection of drawing down from the national Adoption Support Fund (ASF), with the mechanism to support this being tested alongside the service delivery.
- This is a good news story for the ICB.
- This service does not cover North Cumbria at the moment due to the changes within the local authorities, however, the intention is that any learning and opportunities, we will share that into North Cumbria.
- The service covers seven-to-eleven-year-olds at present.

The Committee are asked to consider where within the current ICB governance structure the service should report in to.

The Chief Finance Officer requested clarity on the ICB finance colleague links and where the funding is being held. The Head of Service (Children, Young People - Tees Valley) confirmed the funding is being held through Stockton-on-Tees Borough Council. The funding is being pulled down by Stockton-on-Tees Borough Council and then we are paying for it via our section 76 arrangements.

The Chair noted that members should consider how we best share the learning around this great example of partnership working.

The Chair noted this is part of the prevention and health inequalities agenda. It is almost the core 20 plus five for adopted children and their families, in terms of that early intervention, rapid support, giving them the best possible start they can. The Chair requested the Head of Service (Children, Young People - Tees Valley) collect the impact measures and provide an update back to the Committee at a forthcoming meeting.

The Committee agreed the service should report into the NENC Child Health and Wellbeing Subgroup.

ACTION:

The Head of Service (Children, Young People - Tees Valley) collect the impact measures and provide an update back to the Committee at a forthcoming meeting

RESOLVED:

- 1) The Committee NOTED the content of the paper**
- 2) The Committee APPROVED the Adoption Assessment Service to report into the NENC Child Health and Wellbeing Subgroup**

At 13:50pm the Head of Service (Children, Young People - Tees Valley) left the meeting.

EC/2024-25/193 Agenda Item 13 – Commissioning

No update for this item.

EC/2024-25/194 Agenda Item 14.1 – Voluntary, Commercial and Social Enterprise Engagement (VCSE) and Infrastructure Review

The Chief Corporate Services Officer introduced the report which provided the Committee with the proposed refresh of the ICB's partnerships with the sector, including recommendations for system-wide and place-based working.

The Chief Corporate Services Officer informed the Committee this paper has been shared with local delivery teams and partners include NHSE. This proposal is the evolution of our work with the voluntary and community sector. The proposal will change the way that we would mobilise behind the voluntary and community sector.

The Chief Corporate Services Officer assured the Committee Voluntary Organisations' Network North East (VONNE) have been engaged with around the proposal and they understand with regards to taking a market approach.

The Chief Delivery Officer noted that they welcome an approach to commissioning and grant making that is different from the landscape we operate within that and that relationship with the VCSE sector and the communication of this will be pivotal.

The Chief Medical Officer enquired if programme directors are being engaged with regarding what this proposal will mean for the programmes of work. The Chief Corporate Services Officer confirmed engagement will continue.

The Chef Strategy officer raise a point regarding the Board representative of the VCSE is currently VONNE and queried are they still in a position to

play that role on the Board. The Chief Corporate Services Officer confirmed there are plans to go out to the voluntary community sector for them to determine who should be sitting around the Board.

RESOLVED:

- 1) **The Committee SUPPORTED a refresh our strategic infrastructure for working with the VCSE sector at scale**
- 2) **The Committee APPROVED the proposed actions as set out within the report**

EC/2024-25/195 Agenda Item 15.1 – Menopause Policy

The Chief Corporate Services Officer introduced the report which provided the Committee with the proposed ICB Menopause Policy.

The Menopause Policy is part of the commitment of the Women's Health Programme as women are now spending more time in menopausal years in work.

The Deputy Chief of People and Culture noted this is a positive for the organisation and encouraged the member to read the policy and ask some of the technical questions with their teams.

RESOLVED:

The Committee APPROVED the Menopause Policy

EC/2024-25/196 Agenda Item 16.1.1 – ARI Hubs 2024/25 – Summary and Funding Proposal

The Chief Medical Officer introduced the report which provided the Committee with the proposed ARI Hub model.

The Committee were informed of the 35,000 appointments available last year there was an 86% utilisation rate.

The Committee were assured that further work on the visibility in Same Day Emergency Care Units and the connectivity with other kinds of community escalations to the hubs is progressing to ensure the hubs are for both adults and children.

The Committee are asked to approve option two of £1.2m funding for 10 weeks of ARI hubs from mid-November.

The Chief Finance Officer supported the proposal and was comfortable with the Committee taking the £1.2m risk.

RESOLVED:

The Committee APPROVED option two of £1.2m funding for 10 weeks of ARI hubs from mid-November

EC/2024-25/197 Agenda Item 16.1.2 – Future Connectivity Programme

The Chief Digital and Infrastructure Officer provided the Committee with a verbal update on the Future Connectivity Programme.

The Committee were informed the initiative was shared with members several months ago, and we are now currently at the latter stage of getting NHS England approval for match funding.

Our current network infrastructure that feeds all of our GP services and some of our corporate, is on an aged infrastructure and requires replacement.

The Committee were assured finance colleagues have been involved in the process and a full business and investment case has been developed. The infrastructure is due to be replaced in August 2025 at full cost to the ICB, this proposal gives an opportunity linking to the future connectivity programme for match funds from NHS England.

The match has been found internally and no additional funding is required. The Committee is asked to approve the proposal to progress the next steps.

The Chief Finance Officer noted from a governance perspective, the full business case should come to the Committee for members to formally approve.

The Committee supported the Future Connectivity Programme Business Case.

ACTION:

The Chief Digital and Infrastructure Officer to forward the Future Connectivity Programme Business Case to the Committee Secretary for inclusion in the next agenda.

RESOLVED:

The Committee APPROVED the Future Connectivity Programme Business Case with the caveat that the Business Case is included on the next Committee agenda.

EC/2024-25/198 Agenda Item 16.1.3 – All Ages Continuing Care

The Chief Nurse, AHP and People Officer provided the Committee with a verbal update on All Ages Continuing Care.

The Committee were informed a rapid improvement event is planned to consider the leadership within the team. At present all offers of support are

being turned down. To understand what is happening we are holding the improvement event to tease out the issues.

EC/2024-25/199 Agenda Item 16.1.4 – Maternity

The Chief Nurse, AHP and People Officer provided the Committee with a verbal update on Maternity.

The Committee were informed Gateshead Health Foundation Trust are currently experiencing issues with the level of people booking into their service. They have suggested capping this at 160 people.

A meeting has taken place to consider the women this is affecting and where they are having to move to for care. Weekly meetings are now in place to proactively manage the issues.

The Chair requested the Chief Nurse, AHP and People Officer to review the risk register to ensure all risks are up to date surrounding Maternity services.

ACTION:

The Chief Nurse, AHP and People Officer to review the risk register to ensure all risks are up to date surrounding Maternity services.

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

EC/2024-25/200 Agenda Item 16.2 - New Risks to add to the Risk Register

No risks were identified.

EC/2024-25/201 Agenda Item 17 - CLOSE

The meeting was closed at 14:30hrs.

Date and Time of Next Meeting

Tuesday 12 November 2024 10:30am.

Signed:



Date

12 November 2024