

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

**Minutes of the meeting held on Tuesday 14 May 2024, 10:50hrs in the
Joseph Swan Suite, Pemberton House, Colima Avenue, Sunderland**

- Present:** Levi Buckley, Chief Delivery Officer
David Chandler, Chief Finance Officer
Graham Evans, Chief Digital, and Infrastructure Officer
David Gallagher, Chief Procurement and Contracting Officer
Jacqueline Myers, Chief Strategy Officer
Dr Neil O'Brien, Chief Medical Officer (Vice Chair)
David Purdue, Chief Nurse, AHP and People Officer (Chair)
Claire Riley, Chief Corporate Services Officer
- In attendance:** Rebecca Herron, Corporate Committees Manager (Committee Secretary)
Neil Hawkins, Strategic Head of Corporate Governance
Ann Fox, Deputy Chief Nurse
Dr Nicola Hutchinson, Chief Executive Officer, Health Innovation North East and North Cumbria (HI NENC)
Dr Maria Avantaggiato-Quinn, Director of Allied Health Professions for item 8.1 only
Louise Mason-Lodge, Director of Safeguarding for item 8.3 only
Julie Parkinson, Deputy Head of Healthcare Procurement, NECS for item 15.2 only
- EC/2024-25/27 **Agenda Item 1 - Welcome and introductions****
- The Chair welcomed all those present to the meeting and confirmed the meeting was quorate.
- EC/2024-25/28 **Agenda Item 2 - Apologies for absence****
- Apologies for absence were received from Sam Allen, Chief Executive.
- The meeting was chaired by the Chief Nurse, AHP and People Officer, David Purdue in his Deputy Chief Executive role.
- EC/2024-25/29 **Agenda Item 3 - Declarations of interest****
- Members had submitted their declarations prior to the meeting which had been made available in the public domain.
- There were no declarations of interest made at this point in the meeting.

EC/2024-25/30 Agenda Item 4 - Minutes of the previous meeting held on 9 April 2024

RESOLVED:

The Executive Committee AGREED that the minutes of the meeting held on 9 April 2024, were a true and accurate record.

EC/2024-25/31 Agenda Item 5 - Matters arising from the minutes and action log

The Chair requested all Executive Committee members review and update their allocated actions.

ACTION:

All Executive Directors to review and update their allocated actions on the action log within one week

EC/2024-25/32 Agenda Item 6 - Notification of urgent items of any other business

No further items of any urgent business had been received.

EC/2024-25/33 Agenda Item 7.1 - Executive Area Directors Update Report May 2024

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

- There are several Special Educational Needs and Disabilities inspections ongoing across the ICB which are primarily focussed on Children and Young People's mental health pathways
- The early intervention mental health hub for 0-25-year olds in Gateshead is progressing well
- Integrated Neighbourhood Teams remains a key priority and the development of agreed outcomes is continuing
- South Tyneside
 - An evaluation of South Tyneside and Sunderland's winter plans for 2023/24 was undertaken via the local surge group. Several improvements and further learning identified from the evaluation will now be captured to help inform 2024/25 winter planning activities
 - The first feedback report from the South Tyneside SEND inspection has been received
- Tees Valley
 - Work continues to implement the Palliative End of Life Strategy across Tees Valley. The phase 1 proposals are being shared with providers as part of contract mandates/plans for 2024/25. The Director of Delivery (North Cumbria) and thematic hospice lead is undertaking a benchmarking exercise
 - Work is ongoing to ensure full diagnostic spirometry provision across Tees Valley is in place via a primary care-led model

The Chief Executive Officer, HI NENC enquired if the spirometry work is linked into the artificial intelligence spirometry work the Programme Manager (Respiratory), HI NENC is conducting. The Chief Delivery Officer confirmed this was taking place.

RESOLVED:

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

EC/2024-25/34

Agenda Item 7.2 - Sunderland Quality Premium Scheme

The Chief Delivery Officer introduced the report which provided the Committee with the proposed General Practice Quality Premium (QP) scheme for 2024/25.

This paper has been considered and supported by Sunderland Place Subcommittee.

The QP is currently split into three areas:

- 70% indicators – these indicators are 'must do' and are a pre-requisite for participating in the scheme. These indicators are monitored for performance but do not attract a financial penalty for non-achievement
- 30% indicators – these indicators are monitored, and funding is based on performance against key targets
- QP plus – these areas are activity based

It was noted there is still transition taking place and a larger piece of review work is being conducted on all QP, Local Enhanced Services (LES) and Local Incentive Schemes (LIS) across general practice.

The recommendation is based on that this has good primary care engagement and will continue the relationships which have been built.

The Chief Medical Officer raised a query if this paper needed to be submitted to the Committee. A concern was raised regarding the activity base of the QP+ and what is the spend against budget for this QP. The Chief Procurement and Delivery Officer noted that items of the QP+ are commissioned through the local authority.

The Chief Finance Officer raised a concern regarding the QP+ being a potential pressure and requested clarity on if this is a fixed budget or will it be a recharging arrangement.

The Chief Delivery Officer confirmed the paper was brought to keep the Committee sighted on the variation of different arrangements and that clarity will be sought on the financial information.

The Chief Corporate Services Officer noted this has provided a helpful challenge and to consider the broader learning.

The Chief Strategy Officer noted a timeline will be clarified for the completion of the LIS and LES work.

ACTION:

- 1) **The Chief Delivery Officer to link with the Director of Delivery (South Tyneside and Sunderland) to determine the cost implications of QP+ regarding fixed budget or recharging arrangements**
- 2) **The Chief Strategy Officer to clarify the timeline for LIS/LES piece of work**

RESOLVED:

The Committee APPROVED the core Sunderland General Practice QP Scheme for 2024/25 of £10.57 per head with the caveat that the QP+ requires further clarification prior to approval

EC/2024-25/35

Agenda Item 8.1 – Funding of Equipment via IFRs Options Appraisal

At 11:05am the Director of Allied Health Professionals joined the meeting.

The Director of Allied Health Professionals introduced the report which provided the Committee with three potential solutions to address problems related to the assessment of Individual Funding Requests (IFR) for equipment.

The NENC ICB AuditOne Individual Funding Requests (IFR) Audit flagged an issue with inconsistent approach to equipment requests across the ICB, suggesting a new process should be formalised and implemented, with allocation of specific resources and timescale for completion.

The Director of Allied Health Professionals informed the Committee of the key points of the report:

- The aim is to maximise the use of therapeutic equipment to keep people in their own homes
- Currently there are five different local area processes within NENC ICB for IFR equipment requests
- There are multiple factors which drive variation in ICB processes and in the number and type of equipment IFRs received by the ICB, including how Equipment Store provision varies across Local Authorities (LA's) and variation in use of funding streams for equipment provision.
- Equipment is a key upstream enabler to move pressures from our system
- The national funding routes can create a polarised approach to equipment

- There is a need to radically rethink the cultural mentality around equipment
- The emerging value based procurement methodology looks at value beyond the price and cost of equipment
- People ought to get the right equipment, at the right time, in the right place
- Patients with lived experience accounts are currently not collated anywhere in the system
- Option three will promote high quality, safe and effective care and reduce variation

In April 2023, a multi-professional equipment IFR panel was convened in the North, to manage such referrals in a timely and consistent way, aiming to address concerns raised by the IFR Audit. Made up of senior clinicians (medical, AHP and nurse Directors) and a financial advisor. The outcome of this activity has been to ensure more robust clinical decision making, more timely responses and closer adherence to IFR criteria.

The Chief Medical Officer noted support for the approach and that there does need to be an element of challenge of cost versus effectiveness. A question was raised as to the equipment panel and if this would be out with the IFR panels and if so, there is a need to ensure the governance is robust. The Director of Allied Health Professionals confirmed the equipment panel would be out with the IFR panel.

It was noted there is a need to develop a Terms of Reference for the equipment panel and to include the co-opting of expert advice.

The Chief Delivery Officer enquired if wheelchairs were included with the scope of this panel. The Director of Allied Health Professionals informed the Committee that wheelchairs were not included.

The Chief Finance Officer proposed it would be of benefit to review what the ICB spends of equipment and what is included within community contracts.

The Chief Strategy Officer noted within the Housing, Health, and Care forum there are patients with lived experience and extended an offer to introduce the Director of Allied Health Professionals to the group. The Director of Allied Health Professionals accepted the offer from the Chief Strategy Officer.

Following further discussions, the Committee agreed to support the direction of travel, and the Director of Allied Health Professionals to conduct a financial and contractual review of IFR equipment. The report will be brought back to the Committee in December 2024.

ACTION:

- 1) The Director of Allied Health Professionals to link with the Chief Strategy Officer to meet patients with lived experience
- 2) The Director of Allied Health Professionals to conduct an IFR equipment spending/contract review
- 3) The Director of Allied Health Professionals to provide an update to the Committee in December 2024

RESOLVED:

The Committee SUPPORTED the direction of travel

At 11:22am the Director of Allied Health Professionals left the meeting.

EC/2024-25/36

Agenda Item 8.2 – Medicines Decisions - TA942: Empagliflozin

The Executive Medical Director introduced the report which provided the Committee with the medicine's decisions from the April 2024 Medicines Subcommittee meeting.

The Committee are asked to approve the addition of TA942: Empagliflozin for treating chronic kidney disease to formulary as a GREEN drug in this indication.

RESOLVED:

The Committee APPROVED TA942: Empagliflozin for treating chronic kidney disease to be included within the formulary as a GREEN drug

EC/2024-25/37

Agenda Item 8.3 – Safeguarding is Everyone's Responsibility

At 11:25am the Director of Safeguarding joined the meeting.

The Director of Safeguarding introduced the report and presentation which provided the Committee with an update on NENC ICB Safeguarding and Cared for Children's Arrangements.

The Director of Safeguarding informed the Committee of the key points of the presentation:

- The focus of this presentation is NENC ICB Safeguarding and Cared for Children's Arrangements with particular reference to the impact of the revised Working Together Guidance for Children (2023) and the synergies and opportunities across the new ICB Directorate structures in discharging the ICB statutory safeguarding and cared for duties.
- The Safeguarding Accountability and Assurance Framework which outlines the ICB's responsibilities has been in place since July 2022, the updated guidance is expected to be published shortly.
- As an NHS commissioner, the ICB has a responsibility to collaborate with Local Authority partners to ensure timely and effective health assessments for children are undertaken.

- There are variations of service provision across the ICB, a single ICB safeguarding approach is required.
- The ICB are responsible for the provision of effective clinical, professional, and strategic leadership to safeguarding, including the quality assurance of safeguarding through their contractual arrangements with all provider organisations and agencies, including from independent providers.
- The safeguarding team require support from all directorates to deliver the ICB's statutory requirements.
- The legislative requirements as a partner are a joint and equal duty with Local Authorities and Police Forces and requires the ICB Chief Executive, Chief Executives of Local Authorities and Chief Officers of Police Forces to meet sufficiently regularly with the other Lead Safeguarding Partners within their local area to undertake their core functions.
- The structural arrangements of the ICB safeguarding team have been redesigned which has ensured equitable teams are aligned to each of the six local delivery teams.

It was noted input of the ICB Designated Doctors and lead GPs into safeguarding is work in progress. The Director of Safeguarding noted the opportunities and synergies within the ICB directorates and asked the question of where primary care sits within the ICB arrangements.

The Director of Safeguarding informed the Committee there is variation of the level of support provided to primary care from a safeguarding perspective. The Committee are asked to consider how will primary care networks be supported with the removal of the focussed primary care roles.

The Deputy Chief Nurse noted that legacy arrangements require unravelling without damaging relationships.

The Chief Corporate Services Officer proposed the development of a clear set of recommendations and actions are required which include who is doing what by when, and what our model is. This will provide clarity and assurance the ICB is fulfilling its statutory duties.

The Chair noted the new guidance is being interpreted differently by local authorities. The Chief Corporate Services Officer noted this is an opportunity to bring the responsible partners together and co-produce an agreed approach. The Director of Safeguarding informed the Committee the deadline to agree the financial arrangements is December 2024 - which provides the opportunity to co-produce the approach.

The Chief Medical Officer noted a review of medical input into safeguarding is required.

The Chief Digital and Infrastructure supported a single ICB approach and proposed an Integrated Care Partnership (ICP) approach. The Chief Procurement and Contracting Officer proposed developing the approach on a police force footprint.

The Chair summarised the next steps regarding the ICB safeguarding approach will be brought back to the Committee at a later date.

The Chief Corporate Services Officer proposed planning a safeguarding summit with partners would be beneficial to clarify a co-produced approach.

ACTION:

- 1) **The Chief Medical Officer to link with the Director of Safeguarding to review the clinical input into safeguarding**
- 2) **The Director of Safeguarding to plan a safeguarding summit**

RESOLVED:

- 1) **The Committee NOTED the updated requirements with a particular focus on children and cared for children following the publication of the revised Working Together Guidance (2023)**
- 2) **The Committee NOTED how the new Directorate structure in NENC ICB have key responsibilities in discharging the statutory safeguarding and cared for duties of the ICB**

At 11:55am the Director of Safeguarding left the meeting.

EC/2024-25/38

Agenda Item 9.1 - NENC ICB and ICS Finance Report Month 12

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 2023/24 for the period to 3 March 2024.

The outturn ICS position reported at month twelve an overall outturn surplus of £0.43m.

Across the ICS, total efficiencies of £409.9m have been delivered.

ICB running costs:

- The ICB underspend for the year is £1.6m. This underspend helps to offset pressures where certain costs have been realigned to programme budgets

ICB Revenue:

- The ICB outturn surplus for the year is £4.49m

- For month twelve, the Board have approved a non-recurrent reduction in the ICB surplus of £28m, with relevant provider trusts within the ICS reducing deficit positions by an equivalent amount, ensuring no change to the overall ICS position

ICS Capital:

- ICS capital outturn position for the year is an overspend of £1.5m relating to the impact of IFRS16 (lease accounting)

The Committee recognised the financial risks and the ongoing work to mitigate the risks.

The Committee acknowledged the year-end financial position and thanked the finance team for the hard work contributed to enable the ICB/ICS to report this position.

RESOLVED:

The Committee NOTED the draft outturn financial position for 2023/24

EC/2024-25/39

Agenda Item 9.2 - Budget Delegation Proposal

The Chief Finance Officer introduced the report which provided the Committee with planned approach to budget delegation arrangements within the ICB for 2024/25, including a proposed approach to formal delegation of relevant budgets to place subcommittees during the year.

The Chief Finance Officer informed the Committee for 2024/25, a two stage approach is proposed to budget delegation, working towards formal delegation of relevant budgets to place subcommittees.

Stage 1 – initially budget delegation will follow the approach in 2023/24, with budgets delegated via executive directors (and delegated authority/financial limits remaining as per current arrangements). The main changes compared to 2023/24 are:

- Continuing healthcare and s117 budgets would be delegated to the Chief Nurse rather than being part of place/local delivery team (LDT) budgets
- All community services budgets would be delegated to place/LDT level (via the Chief Delivery Officer), including relevant NHS provider community contracts

During this period work will progress on updating ICB governance arrangements to facilitate formal delegation to place subcommittees.

Stage 2 – the intention is to present relevant updates to Board for review and approval in September 2024, with a view to formal delegation of budgets in the second half of 2024/25. It is anticipated the following budgets could be delegated to place subcommittees (subject to approval):

- Community budgets – including community element of NHS FT contracts, non-NHS community contracts and Better Care Funds (BCF)
- Mental Health community services – non-NHS mental health services (not including s117 packages) and relevant SDF
- 'Core' Primary Care budgets (i.e., non-delegated) – including local incentive schemes and other GP commissioned services, along with primary care transformation / System Development Funding

Running Costs:

- Each executive director will receive a budget for their respective directorate, include staffing budgets (based on ICB 2.0 structures) and any relevant non-pay budgets
- Allocation of non-pay budgets will follow approach previously agreed by executive committee. This is summarised in appendix 2

The Chief Finance Officer noted the relevant Executive Director responsible for delegated GP and Pharmacy, Optometry, and Dentistry budgets is yet to be confirmed. The Committee agreed this budget would remain with the Chief Procurement and Contracting Officer.

The Chief Delivery Officer noted the bulk of the SDF sit within delivery. The Chief Finance Officer assured the Committee a schedule with all SDFs, and executive responsibility alignment has been produced and will be circulated to the members.

It was noted within the stage one proposals the BCF budgets are delegated to the Chief Delivery Officer. A question was raised around will the processes remain the same as last year and the Chief Delivery Officer will have formal delegated authority to approve BCFs at place level. The Chief Finance Officer confirmed this would require Board delegation and will be included within the 2024/25 Financial and Operational Plan paper being submitted to Board on 4 June 2024.

The Chief Corporate Services Officer noted there is learning, and clarity required regarding managing conflicts of interest within the place Subcommittees effectively.

The Deputy Chief Nurse enquired on the delivery of S75 agreements, is there a high level prerequisite within the agreements that the ICB will collaborate with the local authorities to agree how assurance will be obtained. The Chief Delivery Officer requested the Deputy Chief Nurse and the Strategic Head of Corporate Governance develop the wording for the high level prerequisite to be include within the S75 agreements.

The Chief Procurement and Contracting Officer requested the DocuSign permissions be reviewed to ensure the relevant staff have the correct permissions to sign the agreements.

ACTION:

- 1) **The Chief Finance Officer to circulate the SDF Executive Responsibility Schedule to members**
- 2) **The Chief Finance Officer to include Board delegation to the Chief Delivery Officer for the BCF plans within the 2024/25 Financial and Operational Plan paper**
- 3) **The Deputy Chief Nurse to link with the Strategic Head of Corporate Governance to agree the high level prerequisite wording to be included within S75 agreements**

RESOLVED:

- 1) **The Committee APPROVED the proposed approach to budget delegation for 2024/25**
- 2) **The Committee APPROVED the proposed delegation of budgets outlined in appendix 1, to relevant executive directors initially**
- 3) **The Committee NOTED that proposed updates to ICB governance arrangements will be presented back to the Executive and Audit Committees to support delegation of relevant budgets to place subcommittees**

EC/2024-25/40

Agenda Item 10.1 - Integrated Delivery Report

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:

- The ICB achieved the Accident and Emergency 4 hour waiting time national target of 76%
- The Category 2 Mean Ambulance Response Times target was not achieved, the realised time was 33 minutes 20 seconds, the April 2024 position is at 27 minutes
- The revised elective and cancer plans, and the faster diagnosis standard were achieved
- Newcastle upon Tyne Hospitals Foundation Trust have been de-escalated out of tiering. South Tees Hospitals Foundation Trust have been de-escalated out of tier two for long waiters. North Cumbria Integrated Care Foundation Trust (NCIC) have been placed back into tiering due to the impact of the backlog reduction on their 62 day performance
- There are concerns as Mental Health long waiting times position continues to worsen
- The metric within this report which measures Units of Dental Activity performance is now included within the main dashboard

The Chief Delivery Officer noted a meeting with NCIC is scheduled on Wednesday 15 May 2024 regarding the tiering arrangements.

The Chief Strategy Officer noted as fast as patient discharges are taking place there are further patients being admitted and this is having an impact on bed occupancy. The Chief Delivery Officer commented that bed occupancy pressures are impacted by the speed of decision making within the local authority partners. The Committee were assured work is progressing regarding complex case management and the housing baseline work will facilitate cross boundary conversations.

Following further discussion, the Committee agreed it would be beneficial to replicate the North East and Yorkshire oversight spreadsheet and bring this to the Committee on a quarterly basis.

RESOLVED:

The Committee RECEIVED the report for information and assurance

EC/2024-25/41

Agenda Item 13.1 – Risk Management Report (M1)

The Chief Corporate Services Officer introduced the report which provided the Committee with an updated position on the risks facing the organisation for the reporting period of 18 March 2024 to 25 April 2024.

The Committee is asked to:

- Review the risks assigned to the Executive Committee and discuss whether these are correct and being adequately managed
- Consider if any potential new risks should be added to the risk register
- Approve the recommendation to move risk reporting to a quarterly timetable to align with the production of the Board Assurance Framework
- Approve the risk management strategy to be updated to reflect the amended reporting cycle

The Chief Corporate Services Officer informed the Committee with the in housing of the risk management function from the North East Commissioning Support Unit the risk management report is currently evolving, and the governance team are currently updating the format of the report.

The Chair informed the Committee the Director of Quality is conducting a quality review of the ICB risk registers and will require access to all Directors risks.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2024-25/42

Agenda Item 13.2 – Executive Committee Annual Report

The Chair introduced the report which provided the Committee with achievements and assurances the committee has gained throughout the year to demonstrate its roles and responsibilities.

Each formal committee of the Board is required to undertake an annual review of its effectiveness against its agreed terms of reference and provide assurance to the Board it has delivered its delegated functions.

The Committee has been consistent in reporting to the Board, providing highlight reports from April 2023 to March 2024, providing assurance regarding key priorities.

The annual review has identified the Committee has delivered its responsibilities as set out in its terms of reference.

RESOLVED:

- 1) The Committee RECEIVED the report for assurance**
- 2) The Committee APPROVED the Executive Committee Annual Report to be submitted to the Board for assurance and for inclusion in the ICB annual report as required**

EC/2024-25/43

Agenda Item 13.3 - Annual Effectiveness Survey Report

The Chair introduced the report which provided the Committee with the outcome of annual committee effectiveness survey.

A total of nine responses were received. The main areas of feedback were the timeliness of papers, the volume and level of detail contained with the papers each month and the overlap in scope with other committees, such as the Finance, Performance, and Investment Committee.

The terms of reference for both the executive and finance, performance and investment committees have been reviewed and updated as appropriate to identify those areas of duplication and clarify responsibilities of both committees.

RESOLVED:

The Committee NOTED the results and findings from the Committee effectiveness survey

EC/2024-25/44

Agenda Item 13.4 - ICB Draft Annual Report 2023/24

The Chief Corporate Services Officer introduced the report which provided the Committee with the ICB draft annual report, the interim National Audit Office (NAO) disclosure checklist and the first draft of the financial statements for the period 01 April 2023 – 31 March 2024.

This report has been drafted and developed in line with the direction and guidance from NHS England in accordance with the Department of Health and Social Care Manual for Accounts (DHSC) and is structured as follows:

- Performance Report
- Accountability Report
- Financial Statements

The final draft of the report will be submitted to Audit Committee for approval on 13 June 2024.

All Committee members are asked to submit any queries/amends for the ICB annual report to the governance team by 28 May 2024.

RESOLVED:

- 1) **The Committee RECEIVED the draft ICB annual report 2023/24, completed National Audit Opinion (NAO) disclosure checklist and annual accounts for assurance**
- 2) **The Committee NOTED the annual assessment requirements for 2023/24**
- 3) **The Committee NOTED the key dates/milestones for the annual report process**
- 4) **The Committee NOTED the Corporate Governance Team are continuing to work with colleagues over the coming weeks to progress with clinical narrative and statements to update the final version of the annual report by the end of May 2024**

EC/2024-25/45

Agenda Item 13.5 - Governance Assurance Report (GAR) Quarter 4

The Chief Corporate Services Officer introduced the report which provided the Committee with an overview of the performance by exception in relation to the delivery of ICB's corporate governance functions during the period 1 January 2024 – 31 March 2024.

The Chief Corporate Services Officer informed the Committee there has been an impact on external legal advice and a significant increase in MP enquires.

RESOLVED:

The Committee RECEIVED the GAR report for assurance

EC/2024-25/46

Agenda Item 14.1.1 – Contracts Group Highlight Report

The Chief Procurement and Contracting Officer informed the Committee work is continuing on efficiencies.

Noted for information and assurance.

RESOLVED:

The Committee RECEIVED the report for assurance.

EC/2024-25/47 Agenda Item 14.2.1 – Place Subcommittee Minutes

County Durham - noted for information and assurance only.
Sunderland - noted for information and assurance only.
Hartlepool - noted for information and assurance only.
South Tees - noted for information and assurance only.
Stockton - noted for information and assurance only.
Gateshead - noted for information and assurance only.
Newcastle - noted for information and assurance only.
North Cumbria - noted for information and assurance only.
North Tyneside - noted for information and assurance only.
Northumberland - noted for information and assurance only.

RESOLVED:

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

EC/2024-25/48 Agenda Item 14.2.2 – Healthier and Fairer Advisory Group Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

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

EC/2024-25/49 Agenda Item 14.2.3 – Medicines Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Medicines Subcommittee Minutes for assurance

EC/2024-25/50 Agenda Item 14.2.4 – Pharmaceutical Services Regulatory Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Pharmaceutical Services Regulatory Subcommittee Minutes for assurance

EC/2024-25/51 Agenda Item 14.2.5 – Primary Care Strategy and Delivery Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Primary Care Strategy and Delivery Subcommittee Minutes for assurance

EC/2024-25/52 Agenda Item 15.1 – Counter Fraud Policy

The Chief Finance Officer introduced the report which provided the Committee with the updated Counter Fraud Policy.

All changes are highlighted within the report. The Committee is asked to approve the Counter Fraud Policy.

RESOLVED:

The Committee APPROVED the Counter Fraud Policy

EC/2024-25/53 Agenda Item 15.2 - Procurement Policy

At 12:29pm the Deputy Head of Healthcare Procurement, NECS remotely joined the meeting.

The Chief Procurement and Contracting Officer introduced the report which provided the Committee with the key changes within the Procurement Policy.

The Committee were informed there are two routes for procuring:

- Non-healthcare services under Public Contract Regulations (2015)
- Healthcare services under the Provider Selection Regime (2023)

The ICB Procurement Policy has been revised to reflect the Provider Selection Regime (PSR) (2023) which was implemented on the 1 January 2024. The legislation details new processes to commission healthcare services in England:

- Direct Award A
- Direct Award B
- Direct Award C
- Most Suitable Provider Process
- Competition Process

The Chief Procurement and Contracting Officer assured the Committee a training programme has been developed and will be implemented following the approval of the policy, and the draft procurement plan will be submitted to the Committee in June 2024. Contracts under the PSR will no longer require a single tender waiver.

The Chief Finance Officer noted the first sentence on page five of the paper states ' This Policy is intended for the use of NHS North East and North Cumbria Integrated Care Board to inform the commissioning of Healthcare services' and proposed the addition of non-healthcare services to the sentence to provide clarity. The Chief Procurement and Contracting

Officer agreed to the inclusion of non-healthcare services to the highlighted sentence.

The Chief Medical Officer requested the development of an easy read procurement flow chart including the values. It was agreed this would be developed with the ICB Senior Leadership Team (SLT).

The Chair enquired are there any standard measures in place to measure quality of services. The Deputy Head of Healthcare Procurement, NECS confirmed this is included within the criteria within the PSR.

ACTION:

- 1) **The Deputy Head of Healthcare Procurement, NECS to amend the policy to include non-healthcare services within the first sentence on page five**
- 2) **The Chief Procurement and Contracting Officer to link with the SLT to develop an easy read procurement flow chart for dissemination**

RESOLVED:

The Committee APPROVED the updates to the Procurement Policy with the agreed amends

At 12:35pm the Deputy Head of Healthcare Procurement, NECS left the meeting.

EC/2024-25/54 Agenda Item 16.1 – Any Other Business

The Chair informed the Committee Quality Surveillance Group meeting has taken place regarding the Health and Safety Executive issuing a notice to Cumbria, Northumberland, Tyne and Wear Foundation Trust. The Committee were assured an action plan has been produced and submitted to the Health and Safety Executive.

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

EC/2024-25/55 Agenda Item 16.2 - New Risks to add to the Risk Register

There were no new risks identified.

EC/2024-25/56 Agenda Item 17 - CLOSE

The meeting was closed at 12:40hrs.

Date and Time of Next Meeting

Tuesday 11 June 2024 10:00am.

Signed:

A handwritten signature in black ink, appearing to read 'J. Allen'.

Date

11 June 2024