



**HNY ICB Committee Assurance and Escalation Report**

**Report to: HNY Integrated Care Board**

**Report from: Clinical & Professional Executive Committee**

**Date of meeting: 2 August 2024**

**Committee Chair: Dr Nigel Wells, Executive Director for Clinical & Professional**

**Director Sponsor: Dr Nigel Wells, Executive Director for Clinical & Professional**

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**Key agenda items covered by the meeting**

*(A bulleted list of the key agenda items discussed at the meeting)*

- Highlight reports from sub-committees:
  - System Ethics Group
  - Integrated Pharmacy & Medicines Optimisation Committee
- Cohort of harmonised clinical policies for approval
- Women's Health
- Adherence to policies and formulary
- Clinical Networks governance
- Individual Funding Requests annual report
- POTS Commissioning
- Continuous Glucose Monitoring – implementation progress

**ALERT**

*(BY EXCEPTION ONLY - key matters and / or risks to alert or escalate to the ICB Board)*

- **High Cost Drugs:** The Committee discussed High Cost Drugs and NICE Technical Appraisals in particular. Although the ICB is legally required to approve these drugs/devices and patients have a right to access them if appropriate, we have finite resources as a system. The Committee agreed they should be considered alongside other factors, such as the needs and priorities of our population and implementation assessed through an ethical and clinical effectiveness lens. Work will take place with other ICBs and the regional NHSE team as part of our approach to taking this forward.

**ADVISE AND / OR ASSURE**

*(BY EXCEPTION ONLY - Key updates to advise the ICB Board on the matters the Committee was able to take assurance on or where additional information was required)*

- **Harmonised Clinical Policies:** As part of the programme to harmonise the clinical policies inherited from former CCGs, a further 33 clinical policies were approved by the Committee. These policies will now be adopted across the ICS to improve clinical effectiveness and ensure consistency for our populations. Nationally, the Evidence Based Intervention (EBI) programme has standardised several policies based on best evidence; there is also NICE guidance available for many interventions, both of which form the starting point of policy development. Policies discussed included Varicose

Veins and Tonsillectomy; the Committee flagged the importance of ensuring appropriate Clinical engagement in this harmonisation process.

- **Clinical Networks governance:** The Committee received a full list of the Clinical Networks operating across our ICS and how their work will be visible to the Clinical & Professional Leadership of the system. There were discussions about how best to utilise this clinical resource to ensure the work of the networks are aligned to system priorities and working effectively together. The Committee also agreed to engage with the NHS England Specialised Commissioning team to explore how their regional networks interface with the Clinical Networks operating across the ICS.
- **Postural Tachycardia Syndrome (POTS):** The Committee discussed a potential commissioning policy position on how to manage POTS. The discussions centred on the need for clear diagnostic criteria and management pathways; it underscored the importance of evidence-based management and the potential ethical dilemmas of resource allocation.
- **Continuous Glucose Monitoring:** An update was provided on implementing CGM for patients with diabetes, which highlighted the challenges of equitable access across the system. Actions are being taken by a task and finish group to try to understand the inequity and take actions to support a consistent rollout.

**END.**