

**HNY ICB Committee Assurance and Escalation Report**

**Report to: HNY Integrated Care Board**

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

**Date of meeting: 22 November 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)* |
| * NICE Technology Appraisals and an ethical framework
* Cohort of harmonised clinical policies for approval
* Patient Transport
* Women's Health
* Pathway Co-ordination
* Single Area Prescribing Committee Terms of Reference
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| **ALERT** *(BY EXCEPTION ONLY - key matters and / or risks to alert or escalate to the ICB Board)*  |
| * **NICE Technology Appraisals:** The Committee discussed the system's approach to implementing NICE Technical Appraisals and whether to develop an ethically informed framework, to support decisions on how to distribute our finite resources. The views of the clinical community are that NICE TAs should be implemented; they are evidence-based interventions that will benefit our residents and savings can be identified elsewhere e.g. focus on clinical effectiveness and waste reduction.
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| **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 40 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.
* **Patient Transport**: An impact analysis of the updated NHS National Eligibility Criteria for NHS funded non-emergency patient transport was presented to the Committee. The Committee agreed that the ICB should put in place alternative arrangements (subject to cost-effectiveness evaluation) for people in the rural and coastal areas who would no longer be eligible for NHS funded patient transport, but who do not have access to alternative arrangements. The Committee also agreed that people using patient transport for chemo/radio therapy and the small number of affected children, will continue to be eligible due to their other healthcare, medical and mobility requirements.
* **Women's Health:** The Committee received an update from the Women Living Well for Longer programme. Funding has now been released and hubs are being established. The focus of the programme will be to upskill existing workforce around LARC and addressing menopause-related needs
* **Pathway co-ordination:** The Clinical Effectiveness Unit (CEU) outlined the process by which clinical pathways will now be developed across the system. The CEU will take a role co-ordinating the development of pathways to ensure consistency in approach and reduce duplication of effort. They will also develop a digital repository to store clinical pathways, that will be easily accessible to clinicians.
* **Single Area Prescribing Committee (APC) Terms of Reference:** The Committee approved the Terms of Reference for the new single HNY APC, which met for the first time in November. The new APC will take forward work to create a single system formulary, enabling equity of access to drugs and devices for our residents.
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**END.**