



HNY ICB Committee Assurance and Escalation Report

Report to: HNY Integrated Care Board

Report from: Clinical & Professional Executive Committee

Date of meeting: 20th September 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
 - Clinical Policy Review Group
- Women's Health Programme
- Medical Examiners
- Patient Transport
- Clinical Network Principles
- Referral Management
- NHSE Specialised Commissioning Operational Delivery Network (ODN) Plans

ALERT

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

- The lack of a digital repository to facilitate sharing of clinical policies and pathways with clinicians across our geographies continues to be an issue. Without a repository it is harder to ensure adherence to policies and reduce duplication of work. Options for a repository continue to be sought but a solution will require recurrent financial investment.

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)

- **Women's Health Programme:** An update was received from the Women's Health programme, explaining how the financial position of the ICS has directly impacted their ability to mobilise. Discussions about the role of clinical leaders in prioritising resource and influencing decision making was a theme throughout this meeting.
- **Future engagement exercises:** The Committee discussed two policy areas that require future public engagement exercises – patient transport and fertility. This triggered a broader discussion about the ethical dimensions of decision making and the role of clinical leaders in prioritising resource.

- **Clinical policies:** The Committee received an update on the programme being led by the Clinical Effectiveness Unit to harmonise historic CCG clinical policies. A risk was shared about the lack of a digital repository for clinicians to access these revised policies; without easy access it is harder to facilitate their adoption. A repository would also enable sharing of clinical pathways, reducing the risk of duplication and development of multiple, inconsistent pathways. Resource continues to be sought to create this repository.
- **Referral Management:** The Committee learned about upcoming opportunities to streamline referral management and access to services, particularly for cataracts. A business case, service specifications and related policy documents are being worked up around a Single Point of Access, with clinical and productivity gains anticipated. This project will be revisited at a future meeting of this Committee.
- **Specialised Commissioning Operational Delivery Networks:** The Committee received the 2024/25 plans from the NHS England Specialised Commissioning Operational Delivery Networks (ODNs). Formal feedback will be provided to NHS England on the scope and content of these plans, centring on a support offer from the ICB to the ODNs e.g. providing population health insights; alongside a targeted offer develop a renal pathway as a 'proof of concept' on how we can work together.
- **Clinical Network Principles:** Six Principles, co-produced by the Clinical Networks operating across Humber and North Yorkshire, were approved by the Committee. They should be adopted by all partners when decisions are being made regarding the treatment and care of patients across our geographies e.g. developing, operational plans, introducing or redesigning services and pathways.

END.