



## **HNY ICB Committee Assurance and Escalation Report**

**Report to:** HNY Integrated Care Board

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

**Date of meeting:** 21<sup>st</sup> March 2025

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

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

**Author:** Louise Corson, Head of Office, Clinical & Professional Directorate

<b>Key agenda items covered by the meeting</b> <i>(A bulleted list of the key agenda items discussed at the meeting)</i>
<ul style="list-style-type: none"><li>• Updates from sub-groups:<ul style="list-style-type: none"><li>○ System Ethics</li><li>○ Area Prescribing Committee</li><li>○ Clinical Policy Review Group</li><li>○ Women Living Well Longer</li></ul></li><li>• Clinical Network leaders event</li><li>• Governance review</li></ul>
<b>ALERT</b> <i>(BY EXCEPTION ONLY - key matters and / or risks to alert or escalate to the ICB Board)</i>
None
<b>ADVISE AND / OR ASSURE</b> <i>(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)</i>
<ul style="list-style-type: none"><li>• <b>Area Prescribing Committee:</b> The work to harmonise shared care protocols was highlighted – an initial scoping exercise identified around 100 agreements but this has reduced down to around 50 following validation; the work required to review/update these will be significant.</li><li>• <b>Clinical Policy Review Group:</b> Two clinical policies were reviewed for onward approval and two further policies that were due to expire (tier 3 and tier 4 weight management), were extended for six months, to enable a review to be carried out. The Committee agreed that this Clinical Policy Review Group could now be stood down, as it had completed its work to harmonise the clinical policies inherited from the former CCGs. The Clinical Effectiveness Unit will continue to monitor/review policies and create new ones where there is demand. They also outlined the work starting around pathway oversight – there are hundreds in use across the ICS and the intention is to harmonise these where this makes sense. A programme of work will be created, prioritising pathways against three groupings: (i) those that align to the strategic</li></ul>

priorities of the ICS, (ii) those that align to Evidence Based Intervention guidance and (iii) those flagged as of concern/a priority to system partners.

- **Women Living Well Longer:** An update was provided by the programme: There are 24 Women's Health hubs within the ICS, the 2nd wave of health hubs have just signed their contracts and have begun mobilising. Energy is now turning towards evaluation and how to measure the impact, particularly looking at the patterns of referrals through to the acute trusts.
- **Clinical Network Leaders event:** The Committee reviewed the agenda for the upcoming Clinical Network Leaders event in April. The event will bring the network leads together to share their plans for delivery, identify areas of alignment and maximise joint working opportunities.
- **Governance review:** The Committee completed its annual governance review and considered actions it needs to take, to continue to operate effectively; it agreed to receive a revised Terms of Reference and a work plan at the May meeting.

**END.**