

North East and North Cumbria Integrated Care Board

**Minutes of the Board meeting in public held
on 25 November 2025, 10:30am at Durham Centre, DH1 1TN**

Present: Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
Ken Bremner, Foundation Trust Partner Member
Levi Buckley, Chief Delivery Officer
David Chandler, Chief Finance Officer
David Gallagher, Chief Contracting and Procurement Officer
Tom Hall, Local Authority Partner Member
Professor Sir Pali Hungin, Independent Non-Executive Member
Professor Eileen Kaner, Independent Non-Executive Member
Dr Hilary Lloyd, Chief Nurse and AHP Officer
Dr Saira Malik, Primary Medical Services Partner Member
Jacqueline Myers, Chief Strategy Officer
Dr Rajesh Nadkarni, Foundation Trust Partner Member
Dr Neil O'Brien, Chief Medical Officer
Dr Mike Smith, Primary Medical Services Partner Member
David Stout, Independent Non-Executive Member

In Attendance: Deborah Cornell, Director of Corporate Governance and Board Secretary
Michelle Evans, Director of Workforce
Lisa Taylor, Voluntary Community and Social Enterprise Representative
Toni Taylor, Board and Legal Services Officer (minutes)

B/2025/84 Welcome and Introductions (agenda item 1)

The Chair welcomed colleagues to the Board meeting of North East and North Cumbria (NENC) Integrated Care Board (ICB).

B/2025/85 Apologies for Absence (agenda item 2)

Apologies were received from Kelly Angus Chief People Officer, John Pearce Local Authority Partner Member, Claire Riley Chief Corporate Services Officer and Christopher Akers-Belcher, Healthwatch Representative.

The Chair welcomed Michelle Evans, Director of Workforce to the meeting.

The Chair made an announcement regarding the departure of Eileen Kaner Independent Non-Executive Member and John Pearce Local Authority Partner Member, with both set to finish their terms on 31 December 2025. On behalf of the Board, the Chair expressed gratitude for their significant contributions and extended best wishes for their future endeavours.

B/2025/86 Declarations of Interest (agenda item 3)

Members had submitted their declarations prior to the meeting which had been made available in the public domain.

Item 13 – County Durham and Darlington NHS Foundation Trust (CDDFT)

Dr Neil O'Brien's wife works for CDDFT. It was agreed this was an indirect conflict which was noted, and Neil O'Brien could remain in the meeting and take part in the discussion.

Item 17 – Strategic Approach to Clinical Services (SACS) Framework

Partner members from Foundation Trusts are impacted by the proposal however can remain in the meeting and take part in the decision making.

B/2025/87 Quoracy (agenda item 4)

The Chair confirmed the meeting was quorate.

B/2025/88 Minutes of the previous meeting held 30 September 2025 (agenda item 5)

RESOLVED:

The Board **AGREED** the minutes of the Board meeting held on 30 September 2025 were a true and accurate record.

B/2025/89 Action log and matters arising from the minutes (agenda item 6)

There were no updates to the action log or matters arising.

B/2025/90 Notification of items of any other business (agenda item 7)

None.

B/2025/91 Chief Executive's Report (agenda item 8)

The report provided an overview of recent activities carried out by the ICB team, as well as some key national policy updates.

Strategic Commissioning Framework

NHS England have published a strategic commissioning framework this month which is designed to support all ICBs to meet the ambition set for the future of strategic commissioning. The expectation is for all ICBs to begin to adopt the strategic commissioning approach outlined in the framework as part of the NHS planning process for the financial year 2026/27.

The number of ICBs has been reduced from 42 to 26, while the geography and population for North East and North Cumbria remain unchanged. It is important to note that commissioning continues to have a well-defined future in healthcare service provision, with an emphasis on the purchasing role. The core function and purpose of ICBs is strategic commissioning for their respective populations. There is an expectation to reduce running costs by up to 50%, creating smaller, more efficient organisations that leverage data-driven decision making. Considerable development is required for both the Board and Executive Team.

To address these new requirements, a new operating model and way of working have been designed.

ICB Transition Programme

Funding issues have been resolved, allowing us to launch our staff consultation on 26 November 2025 to transition to a strategic commissioner. We plan to reduce headcount by 90 WTE, with voluntary redundancy available to minimise compulsory redundancy. The Transition Committee is confident in our delivery plans, and changes are expected by year-end, though some may extend into next year. We're focusing on the skills and analytics required for the new commissioner role and a Director of Population Health joins the ICB next month.

Looking ahead, and considering the size of our organisation, we anticipate a gradual withdrawal from certain operational areas. We have been convening with partners and stakeholders, notably local authority and NHS trust representatives, to discuss evolving leadership roles at the local level. Our vision is for health and local government leaders to assume leadership positions within this space. The Board will need to evaluate the function of our place subcommittees and consider delegating additional resources as appropriate. Constructive dialogue continues with both Combined Authorities—North East and Tees—as well as with colleagues in Cumbria. The Devolution Bill is currently under review, which may result in an expanded role for strategic authorities within healthcare. We have established our first joint appointment in the North East and are actively engaged in discussions with Cumbria and Tees partners. This initiative reinforces our strong connection to the Health and Growth programme.

Board discussion further highlighted:

- Significant job losses are being experienced across the health sector, affecting both provider organisations and our own workforce. We are committed to taking all possible measures to minimise compulsory redundancies.
- During this transitional period, it is important to ensure the retention of valuable skills and expertise.
- Time to be allocated to a development session to address the upcoming transition and discuss the Board's evolution. The Board will be reducing in size, with an increased emphasis on its core function of strategic commissioning.
- Positive development involves setting expectations through a medium-term plan. Today's agenda includes our commissioning intentions, presented in draft form to illustrate our approach. We are currently at the planning stage and expect to submit the first draft of the plan by mid-December.
- Commendation is due to the organisation for its achievements over 3.5 years, including a notable 30% reduction in running costs within one year. A two-year, and potentially three-year, settlement has been secured to ensure ongoing stability. It is important to recognise the dedication of the team, who have consistently demonstrated adaptability and resilience in

an ever-evolving environment.

The Board received a question from Keep our NHS Public North East with regards to the National Strategic Commissioning Framework and a response was provided.

Question

Will North East and North Cumbria ICB ensure that these same principles are applied to the closure of wards and services across providers?

Gateshead Health NHS Trust recently made the decision to close Ward 23 at Queen Elizabeth Hospital without public consultation and without discussion with Gateshead Care, Health and Wellbeing Overview and Scrutiny Committee.

How will North East and North Cumbria ICB ensure transparency in 'decommissioning' decisions so that patients, staff and the general public in the North East understand which services will stop and what the consequences of the cuts will be?

ICB Response

All changes deemed as significant variation of services have to go through appropriate processes for approvals which includes a formal consultation. There are some changes that are not deemed as significant variation and, as such, doesn't require formal consultation. Nonetheless we are encouraging all Trusts to work with us and ensure open and transparent decision making. As you know, the number of beds and wards are not and should not be the measure of success for a thriving NHS, our focus must be on patient outcomes, and we will use our strategic commissioning responsibilities to do exactly that.

ACTION:

A formal written response to the question will be provided to Keep Our NHS Public North East.

RESOLVED:

The Board **RECEIVED** the report for information.

B/2025/92 Governance Handbook Update (agenda item 9)

Scheme of Reservation and Delegation

The Board were provided with a proposed change to the Scheme of Reservation and Delegation to align fully to the existing Remuneration Committee's terms of reference with regards to determining the arrangements for termination and any special payments. The Board is asked to approve the inclusion of the proposed wording within the Human Resources section of the Scheme of Reservation and Delegation.

Remuneration Committee Terms of Reference

The Board was provided with an updated Remuneration Committee Terms of Reference for approval with minor amendments made to the membership and quoracy, as well as updates to job titles. The Board currently have a number of

vacancies therefore the quoracy and membership was required to be reviewed.

RESOLVED:

The Board **APPROVED** the changes to the Scheme of Reservation and Delegation and the Remuneration Committee Terms of Reference.

B/2025/93 Board Assurance Framework Quarter 2, 2025/26 (agenda item 10)

The Board received a revised Board Assurance Framework (BAF) for the second quarter of 2025/26, as well as an updated corporate risk register for review. Additionally, the Risk Management Strategy was amended after the Board approved the risk appetite statement.

The BAF is regularly reviewed by several committees including; Executive, Audit, Quality and Safety and Finance Performance and Investment prior to its submission to the Board.

A further review of the BAF will take place as part of the transition to becoming a strategic commissioner.

RESOLVED

The Board **APPROVED** the Board Assurance Framework for quarter 2, 2025/26 and **RECEIVED** the corporate risk register for assurance.

The Board **APPROVED** the minor amends to the Risk Management Strategy following the approval of the Board risk appetite statement.

B/2025/94 Highlight Report and Minutes from the Executive Committee held on 12 August, 9 September and 14 October 2025 (agenda item 11.1)

An overview of the discussions and approved minutes from the Executive Committee meetings held in August, September and October were provided. A detailed decision log was appended to the highlight report.

Gluten Free Prescribing

The Committee supported the recommendation to make available gluten-free prescriptions to children and young people aged 25 and under, including those with special educational needs and disabilities. The ICB is conducting a live consultation which is scheduled to close 12 December 2025.

Women's Health Accelerator Plan

The Committee approved the proposal of mega-clinics which will enable funding from the Health and Growth Accelerator Budget to be distributed to eight participating Foundation Trusts.

RESOLVED:

The Board **RECEIVED** the highlight report, decision log and confirmed minutes for the Executive Committee meetings held on 12 August, 9 September and 14 October 2025 for assurance.

B/2025/95 Highlight Report from the Quality and Safety Committee held on 13 November 2025 and Minutes for 11 September 2025 (agenda item 11.2)

The key highlights from the Quality and Safety Committee meeting held on 13

November 2025 along with confirmed minutes from the meeting held on 11 September 2025 were provided.

Martha's Rule

A new policy was introduced after recognising that not identifying the deterioration of acutely ill patients, especially children, results in numerous deaths annually. The case of Martha Mills highlighted how clinical teams sometimes fail to listen to the concerns of parents who are familiar with their child's condition.

This is now well established in all acute Foundation Trusts across a total of 36 sites. Nationally 6,304 escalation requests have been received;

- 39% related to acute deterioration
- 12% required escalation
- 37% required treatment changes

North East and Yorkshire had 882 calls logged, 4th highest in the region.

The Board took note of the data mentioned above but recognised that new metrics do not always provide immediate insights.

Complaints

The central unified system is progressing rapidly, with the backlog being addressed efficiently. It was noted that complaints are now categorised offering a clearer overview.

Engagement and Involvement Group

Public feedback on services is shared with providers to inform their commissioning decisions and priorities.

Healthcare Associated Infections

A recent rise in healthcare-associated infections (HCAIs) has led to increased discussions, a local review, and a learning event aimed at rapid improvement. Supported by World Health Organisation experts and two Newcastle FT specialists, participants agreed on the need to prioritise HCAI prevention and identified evidence-based actions. The event was attended by participants from across NENC, embracing a collaborative approach to reset and refocus efforts. The group intends to develop a comprehensive action plan and will report back with progress and final outcomes. Integrating community involvement is recognised as critical for a cohesive and effective approach.

RESOLVED

The Board **NOTED** the key highlights from the Quality and Safety Committee meeting held on 13 November 2025 and **RECEIVED** confirmed minutes for 11 September 2025 for assurance.

B/2025/96

Highlight Report and Minutes from the Finance, Performance and Investment Committee held on 4 September and 2 October 2025 (agenda item 11.3)

An overview of the discussions and approved minutes from the Finance, Performance and Investment Committee meetings held in September and October 2025 were provided.

The Committee received a comprehensive infrastructure update.

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes for the Finance, Performance and Investment Committee meetings held on 4 September and 2 October 2025 for assurance.

B/2025/97 Highlight Report from the Audit Committee held on 9 October 2025 and Minutes for 24 July 2025 (agenda item 11.4)

The key highlights from the Audit Committee meeting held on 9 October 2025 along with confirmed minutes from the meeting held on 24 July 2025 were provided.

The Committee received;

- Board Assurance Framework for review
- Information governance assurance
- Update on financial performance
- Internal Audit and Counter Fraud progress reports
- Annual review of effectiveness of both internal and external audit.

The Committee Chair highlighted challenges during the transitional period affecting internal audit completion. Any cancelled audits must be replaced to maintain adequate coverage for the annual Head of Audit opinion.

RESOLVED:

The Board **NOTED** the key highlights from the Audit Committee meeting held on 9 October 2025 and **RECEIVED** confirmed minutes for 24 July 2025 for assurance.

B/2025/98 Learning from the Lives and Deaths of People with Learning Disability and Autistic People (LeDeR) Annual Report 2024/25 (agenda item 12)

The LeDeR Annual Report, is a statutory requirement that provides assurance about delivery of LeDeR including numbers of reviews, causes of death and learning / improvement action undertaken across North East and North Cumbria.

In 2024 we carried out 195 reviews where the most common reasons people died prematurely was largely unchanged from previous years.

End of life planning and an increase in uptake of annual health checks, flu and covid immunisation is playing a significant role in lengthening the lives of people with learning disability.

The current number of LeDeR reviewers within the ICB will not enable compliance with current and future requirements and demands which requires attention. Plans are in place to expand the number of LeDeR reviewers within the ICB to enable compliance with current and future requirements.

NHS England have advised a significant announcement regarding the future of LeDeR is expected late 2025, to date, there is no indication of what this could be.

Learning from reviews and associated improvement initiatives are aligned with ICB work programmes, particularly health inequalities, early intervention, and prevention programmes. The NHS 10-Year Plan provides opportunity to embed learning from LeDeR into all future strategic commissioning decisions.

The Board received the report and further discussion noted:

- Thanks to the team for their comprehensive work.
- The opportunity to explore further forums may benefit from receiving the report looking at lessons learnt and raising the profile for more preventative work.
- The Learning Disability Network has made a notable impact, though more work remains. Positive behavioural support has helped parents, families, and individuals access services they previously could not, enabling them to receive needed care.
- The report acknowledges a targeted campaign to improve awareness of the needs of autistic people and people from minoritised ethnic communities.
- Our main goal is to prevent early deaths by ensuring access to necessary services and treatment.
- We continue to see recurring themes with no new issues emerging. We await insights from the national review.

RESOLVED:

The Board **NOTED** the LeDeR Annual Report and Learning into action report 2024 and **APPROVED** for publication on the ICB website.

B/2025/99 County Durham and Darlington NHS Foundation Trust (agenda item 13)

Dr Neil O'Brien's wife works for CDDFT. It was agreed this was an indirect conflict which was noted, and Neil O'Brien could remain in the meeting and take part in the discussion.

The ICB Chief Executive acknowledged this to be a highly sensitive subject and recognised the profound impact that the findings of the Royal College of Surgeons review may have on colleagues, friends, family, and the public. Thoughts are with those affected as this report enters the public domain. Understandably, individuals who depend on NHS services may feel concern regarding its findings. It is important for those working within these services to engage with the report reading it carefully, reflecting on its contents, and considering whether similar issues could exist in their own organisations. This is a significant national report, highlighting failures in integrity, compassion, transparency, and the essential principles of good governance required for quality service delivery.

The Chief Medical Officer gave a summary of the sequence of events related to County Durham and Darlington NHS Foundation Trust.

In April 2024, the Northern Care Alliance identified treatment variation within County Durham and Darlington NHS Foundation Trust. Demonstrating a commitment to understanding the situation, the ICB initiated an ongoing year-long review to identify the underlying problems, which led to the Royal College of Surgeons review that revealed additional concerns. During this process, we

observed certain indications within the Trust, such as challenges related to delays in Duty of Candour, that align with some findings in this report.

Subsequently, the Breast Services Oversight Group was established, Chaired by the ICB and NHS England, who began a look-back exercise, identifying 44 moderate or severe harm cases, with Duty of Candour met for all. The look-back exercise continues and the Royal College of Radiology are scheduled to carry out a detailed review in December 2025 to ensure best standard of care in radiology for breast services.

An independent governance review, commissioned by the Trust Board in response to the Royal College of Surgeons review, identified substantial clinical governance failings that extend beyond breast services. The full report, released today and accessible on the Trust website, provides a comprehensive overview of these findings, which include:

- Examples of patient harm and unsafe clinical practice
- Lack of informed consent
- Leadership and governance failures with repeated internal audits and patient experience surveys etc were not acted upon.
- Non-compliance from national clinical standards.
- Board-level oversight and assurance failures.
- Loss of training accreditation and absence of trainee doctors in breast surgery.
- Speciality doctors not receiving adequate support funding.
- Inadequate scrutiny or challenge enabling out of date clinical standards and poor behaviours.
- Unverified locum consultants not on the GMC Specialist Register.
- Contracts lacked formal governance and monitoring.
- A culture of silence prevented staff from escalating concerns due to fear of retaliation.
- Workload and equity – unfair workloads and increased governance risk.
- Quality oversight failures.
- High staff turnover particularly clinical nursing staff.

The Trust Board will address these matters at its public meeting tomorrow and remains subject to ongoing inspection from the CQC, who have indicated intentions to undertake regulatory action. In accordance with Section 87 of the Health & Social Care Act, enforcement actions may also proceed under other regulations, including S106 enforcement against the Trust, necessitating legally required steps concerning quality and governance.

The ICB is reviewing the report and the Board will fully consider its implications. The findings highlight possible impacts and key questions for all Trust services. We will keep working with the Trust to ensure governance issues are addressed.

We are committed to learning from experience and taking necessary actions. NHS Foundation Trusts must obtain commissioner approval before forming limited liability partnerships, and the Trust Board should closely monitor these partnerships for quality and financial performance.

The report identifies cultural issues in the organisation that may not have been effectively addressed. Over the past 3.5 years at ICB, we reviewed major

failures in quality and governance across three local NHS trusts. The existence of closed cultures suggests possible systemic challenges. Moving forward, ongoing efforts are needed to improve quality, governance, leadership, and address historical issues. The system must reflect deeply and take action to reduce risks and prevent future failures.

The board members considered today's discussion, and additional comments were made;

- Board members welcomed the plan for the ICB to lead and enable change in culture, working with frontline clinicians before management teams.
- The need to adopt a system-wide approach to configuring breast services across the region was acknowledged which will be led by the ICB.
- The ICB has acknowledged the importance of women's health and allocated resources to establish women's health hubs within the region.
- A documentary is scheduled to be aired on Friday by the BBC which fully investigates the issues.
- Members felt it was important to assess the effectiveness of the Freedom to Speak Up legislation – was it used? Did it work or fail? Ultimately, organisational culture is central to this.

Women in County Durham and Darlington who require breast services can be assured that immediate steps have been taken to guarantee safe standards of care. The Trust has brought in modern specialist staff and receives support from screening centres alongside strong clinical collaboration to ensure multidisciplinary teams follow best practices. To avoid overwhelming the service, patient numbers at the Trust have been reduced and some individuals redirected to other units. This means women referred for care can expect improved standards of service.

The Integrated Care Board acknowledge these concerns and extend our sincere apologies to all women affected. We remain committed to addressing and resolving these matters. For further information or support, please visit the Trust website or contact the helpline at 0191 333 2126.

RESOLVED:

The Board **RECEIVED** the update on County Durham and Darlington NHS Foundation Trust.

B/2025/100 Integrated Delivery Report (agenda item 14)

The report provided an overview of quality, performance and finance and aligns to the new 2025/26 operating framework and NHS Performance Assessment Framework for 2025/26.

The report used published performance and quality data covering August and September 2025. Finance data was for September 2025 (Month 6).

The Chief Strategy Officer presented the report to the Board and highlighted some key performance indicators and updated indicators for November 2025;

- A&E 4 hour performance continued to be reported above the national average at 77.2%.
- A&E 12 hour waits exceeded plan at 6% in November 2025.

- There are concerns and challenges regarding Referral-To-Treatment (RTT) times and rapid diagnosis metrics within cancer pathways. Recovery plans are in progress, but performance remains below target.
- Cancer performance has significantly declined within the North Cumbria Trust. A recovery plan has been implemented, with the situation escalated to Tier 1 due to ongoing underperformance. Targeted support measures are in place to facilitate improvement and return to expected standards.
- There has been a significant increase in activity, resulting in considerable pressure on several pathways, with the skin pathway experiencing the most strain. Efforts are underway to expand capacity, and commissioning plans aim to transform the management of this pathway to enhance performance.
- RTT faces challenges: the target is less than 1% of the active waiting list at 52 weeks by the end of March. We are working with individual trusts and mutual aid to implement improvement plans and restore progress.
- Performance for urgent dental appointments is below plan. The dental strategy includes several actions to address this issue, involving 23 Urgent Dental Access Centres. However, these efforts have yet to be reflected in the report.
- The position regarding community waiting times remains challenging. Efforts are ongoing to identify new patient cohorts based on updated metrics. There are a number of improvement plans in place with local providers.
- Virtual ward performance is below target. The metric does not account for seasonality adjustments which should be addressed in the next planning cycle.

The Board reviewed and questioned the performance data, it was further noted that;

- It is more precise to consider the daily average of general practice appointments, since the number of working days in each month varies. Additionally, not every general practice recorded appointment involves a GP, and certain activities at practices may not be reflected in this data.
- The Manifesto set forth a commitment to deliver an additional 700,000 urgent dental appointments. In North East and North Cumbria, the opening of 30 surgeries across 23 locations has increased capacity by 109,000 additional appointments per year in support of this goal. The transition from reporting appointment slots to treatment courses has led to apparent underreporting. Discussions with NHS England are ongoing regarding measurement methodologies, as current metrics do not accurately capture this objective. Further details will be provided in the next report.
- Currently, there is no national requirement to report Carbapenemase-Producing Enterobacterales (CPE) for infection prevention control. After a recent regional event raised concerns about CPE, it was recommended that we consider including this data in future reports.

RESOLVED

The Board **RECEIVED** the report for information and assurance.

B/2025/101 Finance Report (agenda item 15)

The Chief Finance Officer updated the Board on the financial performance of the

North East and North Cumbria Integrated Care Board and Integrated Care System in the financial year 2025/26 for the six months to 30 September 2025.

ICS Duty to Achieve

As at 30 September 2025, the ICS is reporting a year-to-date deficit of £25.1m compared to a planned deficit of £31.1m. Month seven position is relatively stable.

Whilst overall efficiency is generally being delivered there remains challenges to achieving recurrent efficiencies. There has been a performance review on 6 October 2025 with all Chairs and senior executives of ICBs and FTs and a general recovery plan generated to support the delivery of the year end position. A number of reviews led by NHS England also identified risk in the system to be managed between now and year end.

Risk of around £63m collectively has now reduced as a result of work at system and organisational level. Risk remains within one trust that is material and we will collectively work to mitigate. At present we continue to report to NHS England that we expect to break even against plan but this is not without risk.

ICB Duty to Achieve

The ICB is on track to deliver the financial plan. In terms of restructuring costs, we expect this to cost around £12m, with funding set aside from NHS England to support.

Capital

The ICB remain on track to achieve plan.

Running Costs

The ICB remain on track to achieve plan.

The plan anticipates workforce reductions, which presents both risks and challenges. We maintain regular communication with the Directors of Finance. In the event that we do not meet our targets, mitigation strategies are being considered. Current projections suggest we can achieve our objectives by year end. Following 6 October, we are expediting workforce reductions, with a particular focus on decreasing agency staff. We remain mindful of the need to implement additional mitigation measures should the process deviate from expectations.

We are committed to reducing reliance on temporary staff, agency personnel, and bank usage. The monthly Workforce Board convenes all Chief People Officers to review progress in this area. It is important to ensure that workforce reductions are implemented without compromising quality.

RESOLVED:

The Board **NOTED** the latest year to date and forecast financial position for 2025/26 and the financial risks across the system still to be managed.

B/2025/102 Finance and Performance Operational Planning Submission 2026-27 update (agenda item 16)

The Board were provided with the draft NENC Strategic Commissioning

Intentions 2026/27 for approval and received an update on medium term planning.

Official NHS Medium Term Planning Framework was published 24 October 2025. ICB has commenced its planning process in-line with the planning framework requirements for phase 1. Full planning technical guidance, financial allocations and functional templates are not yet available. The first submission is expected 17 December 2025 then final submission 12 February 2026, with planning submissions for Trusts now going direct to NHS England.

Three NENC Trusts have been identified as requirement additional support for 2026/27 planning round;

- The Newcastle Upon Tyne Hospitals NHS Foundation Trust
- North Cumbria Integrated Care NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust

Planning and submission requirements include;

- Robust 5 year strategic plans and 3 year numerical returns (workforce, finance, performance).
- Board assurance statements required for oversight and endorsement.
- ICBs and Trusts to make separate organisational plan submissions. ICBs will no longer collate and submit ICS plans.

Financial planning 2026/27 & 2027/28

Published allocations have been released for two years, with a third year forthcoming. ICB allocation growth is 2.7%, and it is no longer considered overfunded.

Elective Recovery Funding (ERF) will be issued to ICBs on Fair Share Basis with an additional £44m to be allocated. Deficit support funding will be phased out over three years.

Strategic Commissioning Intentions 2026/27

ICBs and Trusts are required to undertake a number of preparatory actions which have been set out in the planning framework. A critical action for ICBs was to publish strategic commissioning intentions for 2026/27. The Executive Committee have reviewed and supported the draft intentions which have also been shared with Trusts and key stakeholders across NENC with the caveat they are subject to Board approval.

The board discussion additionally highlighted that:

The planning process may evolve within the framework of the ten-year plan, shifting towards an activity-based and target-driven approach rather than focusing solely on aspirational outcomes for the population. The ten-year plan is in place, with some progress being made toward increasing the allocation for services to support higher growth.

A population health needs assessment will guide outcome delivery and proactive care. Waiting times are a priority for the public and remain a central focus.

The allocation of resources between preventative and reactive measures remains an ongoing challenge. Affordability and prioritisation are key factors influencing these decisions. Furthermore, it is important to consistently monitor expenditures allocated to proactive strategies.

A 2.03% increase, set in line with a nearly 2% pay award, may not be sufficient. Delivering this is challenging, especially given rising costs of living, inflation, CHC, and significant pressures on NHS organisations.

It is essential that the Board Assurance Framework accurately reflects current risks, particularly given that key individuals within the ICB face potential redundancy while continuing to keep the show on the road from a planning perspective.

The Board may need to consider ongoing investment options and possibly further investments. Several schemes were disinvested this year, and similar actions might be necessary in the future. We are currently experiencing reduced costs, especially in workforce expenses.

RESOLVED:

The Board **APPROVED** the proposed Strategic Commissioning Intentions for 2026/27 and **RECEIVED** the medium term planning update.

B/2025/103 NENC Strategic Approach to Clinical Services Framework (agenda item 17)

Partner members from Foundation Trusts are impacted by the proposal however can remain in the meeting and take part in the decision making.

The draft NENC Strategic Approach to Clinical Services (SACS) Framework set out a system approach for collaboratively developing sustainable acute secondary and tertiary clinical care and offsetting future vulnerabilities over the next decade, supporting delivery of the 10-year Health Plan for England.

This Framework was thoroughly reviewed during a Board development session. Developed by the Provider Collaborative, this programme is designed to guide commissioning, facilitate cross-provider collaboration on shared service challenges, and align effectively with ongoing planning initiatives.

RESOLVED:

The Board **APPROVED** the Strategic Approach to Clinical Services Framework and **NOTED** the alignment to the broader strategic planning arrangements.

B/2025/104 Questions from the Public on agenda items (agenda item 18)

Two questions were received that did not relate to items on the agenda, and a separate response was being prepared.

B/2025/105 Any other business (agenda item 19)

There were no items of any other business to discuss.

The meeting closed at 13:40

DRAFT