

**North East and North Cumbria Integrated Care Board
Executive Committee (Public)**

**Minutes of the meeting held on Tuesday 11 November 2025, 10:30hrs in the
Tom Cowie Suite, Pemberton House, Colima Avenue, Sunderland**

Present: Sam Allen, Chief Executive (Chair)
Craig Blair, Director of Strategy, Planning and Performance deputising for Jacqueline Myers, Chief Strategy Officer
Levi Buckley, Chief Delivery Officer
David Chandler, Chief Finance Officer
Michelle Evans, Director of Workforce deputising for Kelly Angus, Chief People Officer
Dave Gallagher, Chief Contracting and Procurement Officer
Dr Neil O'Brien, Chief Medical Officer (Vice Chair)
Vicky Playforth, Interim Director of Nursing (South) deputising for Hilary Lloyd, Chief Nurse and AHP Officer
Claire Riley, Chief Corporate Services Officer

In attendance: Rebecca Herron, Corporate Committees Manager (Committee Secretary)
Dr Mark Dornan, Chief Clinical Information Officer
Deb Cornell, Director of Corporate Governance and Board Secretary
Nicola Hutchinson, Chief Executive, Health Innovation North East and North Cumbria (HI NENC)

EC/2025-26/196 Agenda Item 1 - Welcome and introductions

The Chair welcomed all those present to the meeting and confirmed the meeting was quorate.

EC/2025-26/197 Agenda Item 2 - Apologies for absence

Apologies for absence were received from Kelly Angus, Chief People Officer, Jacqueline Myers, Chief Strategy Officer, Hilary Lloyd, Chief Nurse and AHP Officer.

No further apologies for absence were received.

EC/2025-26/198 Agenda Item 3 - Declarations of interest

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

There were no additional declarations of interest made at this point in the meeting.

EC/2025-26/199 **Agenda Item 4 - Minutes of the previous meeting held on 14 October 2025**

RESOLVED:

The Committee AGREED that the minutes of the meeting held on 14 October 2025, were a true and accurate record.

EC/2025-26/200 **Agenda Item 5 - Matters arising from the minutes and action log**

The Chair noted that the action log had been updated and circulated to members.

Minute reference EC/2024-25/192 Adoption Assessment Service
The Chief Delivery Officer confirmed this action is complete.

Minute reference EC/2025-26/22 Innovation Update

The Chief Executive, HI NENC confirmed the update is scheduled for the December agenda. Action complete.

Minute reference EC/2025-26/88 Board Assurance Framework and Risk Register

The Chief Delivery Officer confirmed this action is ongoing.

Minute reference EC/2025-26/96 Chief Delivery Officer Report

The Chief Delivery Officer confirmed the detailed winter plans and surge plan have been collated. Action complete.

Minute reference EC/2025-26/99 Oliver McGowan Training (OMMT)
The Director of Workforce confirmed this action is ongoing.

Minute reference EC/2025-26/103 NENC ICB and ICS Finance Update Month Two

The Chief Delivery Officer confirmed the review of the financial risks of Attention Deficit Hyperactivity Disorder Right to Choose providers has been completed. Action complete.

Minute reference EC/2025-26/130 Chief Delivery Officer Report August

The Chief Contracting and Procurement Officer confirmed that the wider service change issues have been addressed and a proforma has been developed for Foundation Trusts to complete when considering a service change. Action complete.

Minute reference EC/2025-26/131 Women's Health Implementation Plan
The Chief Corporate Services Officer confirmed that the Women's Health Hubs have been secured with funding until March 2026. Action complete.

Minute reference EC/2025-26/133 (344, 345) Integrated Delivery Report

The Chief Contracting and Procurement Officer confirmed the Integrated Delivery Report was updated prior to being presented to Board. Actions complete

Minute reference EC/2025-26/149 (348, 349) Primary Care Access Recovery Plan

The Chief Clinical Information Officer confirmed eight practices were deemed to be non-compliant and conversations have taken place. Actions complete.

Minute reference EC/2025-26/150 Strategic Approach to Clinical Services Framework

The Chief Executive, HI NENC confirmed this action is ongoing.

Minute reference EC/2025-26/156 Strategic Principles for AI in Health

The Chief Corporate Services Officer confirmed a communications plan is in place. Action complete.

Minute reference EC/2025-26/186 Palliative and End of Life Care (PEOL) Proposal

The Chief Corporate Services Officer confirmed this would be addressed within the organisation's governance framework following the restructure. Action ongoing.

The Chair proposed that the Committee agree to update the action log outside of the meeting. Members were asked to ensure they review their outstanding actions and provide updates where necessary.

EC/2025-26/201 Agenda Item 6 - Notification of urgent items of any other business

No items of any urgent business were received at this point in the meeting.

EC/2025-26/202 Agenda Item 7 – Governance and Risk Management

No update for this item.

EC/2025-26/203 Agenda Item 8.1.1 – Northern Cancer Alliance Highlight Report

The Director of Strategy, Planning and Performance introduced the report which provided the Committee with the Northern Cancer Alliance Highlight Report.

The Director of Strategy, Planning and Performance reported that NHS England had shifted its focus from transformation to performance improvement, with increased scrutiny on alliance finances. Plans are in place to deploy underspend with failing trusts, subject to NHS England approval.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2025-26/204 Agenda Item 8.1.2 – Clinical Effectiveness and Governance Subcommittee Highlight Report

The Chief Medical Officer introduced the report which provided the Committee with the Clinical Effectiveness and Governance Subcommittee Highlight Report.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2025-26/205 Agenda Item 8.1.3 – Financial Sustainability Group Highlight Report

The Chief Finance Officer introduced the report which provided the Committee with the Financial Sustainability Group Highlight Report.

The Chief Finance Officer highlighted that the system was ahead of plan on forecast outturn but warned of capacity risks in continuing care backlog clearance.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2025-26/206 Agenda Item 8.2 - Place Subcommittee Minutes

County Durham - noted for information and assurance only
South Tyneside - noted for information and assurance only
Sunderland - noted for information and assurance only
Darlington - noted for information and assurance only
Hartlepool - noted for information and assurance only
South Tees - noted for information and assurance only
Stockton - noted for information and assurance only
Newcastle - noted for information and assurance only
North Tyneside - noted for information and assurance only
Northumberland - noted for information and assurance only

RESOLVED:

The Committee RECEIVED the Subcommittee minutes as listed above for assurance

EC/2025-26/207 Agenda Item 8.3 - Clinical Effectiveness and Governance Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Clinical Effectiveness and Governance Subcommittee Minutes for assurance

EC/2025-26/208 Agenda Item 9.1 – Chief Delivery Officer Report November

The Chief Delivery Officer provided a summary of the items outlined in the report, the Committee was asked to particularly note from the report:

- Gateshead and Newcastle
 - Independent evaluation of the Women's Health Hub (Gateshead) highlighted strong patient and staff satisfaction, improved access to menstrual health, menopause care, contraception, cervical screening, and pessary fitting
- North Cumbria
 - Castlegate and Derwent Surgery in Cockermouth has been approved to close their practice list for six months
- South Tyneside and Sunderland
 - Sunderland's "Guiding You Home" programme reported reductions in Pathway Three discharges and length of stay.
 - Commando Joe's is a UK award-winning character education programme to empower pupils to flourish in a challenging world. The ICB has partnered with the Police and Crime Commissioner (violence reduction unit) and Together for Children (Sunderland Council) to pilot Commando Joe's in five schools in Sunderland
 - Sunderland were successful in securing a bid for the National Neighbourhood Health Implementation Programme
- Tees Valley
 - Following submission of a report to South Tees Place Subcommittee in October 2025 working group has been established to scope the Musculoskeletal (MSK) Service Transformation
 - Stockton were successful in securing a bid for the National Neighbourhood Health Implementation Programme

The Chair raised a concern regarding issues around the implementation of the regional back pain pathway. The Chief Medical Officer noted that there are several key challenges to implementation, including access to MSK practitioner appointments, non-recurrent funding and access to magnetic resonance imaging scans.

The Chair noted that MSK Transformation work in Tees Valley and enquired if there is an intention to continue commissioning MSK services at the local level. The Director of Strategy, Planning and Performance confirmed there are commissioning intentions around MSK, with the strategic approach being to move each locality to a standardised model as contracts end within the next 12 months.

The Chief Executive, HI NENC mentioned there is an upcoming review of these services by the ICB planned and highlighted a digital innovation commissioned through Work Well related to MSK. The importance of

ensuring alignment between different service innovations, particularly with mental health and ADHD offers, was noted. Members agreed to ensure that teams remain engaged and that strategic communications are improved to avoid duplication or misalignment of services.

RESOLVED:

- 1) The Committee NOTED the updates provided on local issues across the ICB,
- 2) The Committee NOTED the decisions and assurance logs for issues considered locally in each Place for information and assurance, as outlined in the Appendices

EC/2025-26/209

Agenda Item 10.1 – Demand Management

The Chief Contracting and Procurement Officer introduced the report which provided the Committee with the strategic blueprint blending immediate actions with long-term reforms.

The Chief Contracting and Procurement Officer presented the comprehensive report, explaining that the plan aimed to reduce acute service demand through initiatives such as teledermatology, advice and guidance expansion, and spinal referral reforms. The Chief Contracting and Procurement Officer stressed that these measures were essential to mitigate financial risk and support the “left shift” towards community-based care.

The Chief Finance Officer emphasised the financial imperative, warning that failure to act could result in an additional £50 million in annual costs. It was noted that providers were incentivised to increase activity under current arrangements, making demand management critical to avoid unnecessary expenditure.

The Chief Medical Officer supported the plan but raised concerns about patient safety and quality, urging integration of these elements into the strategy.

The Director of Workforce flagged workforce risks, particularly the challenge of recruiting to key roles, and suggested exploring external support to build capacity.

Members agreed that the plan should evolve into a broader utilisation management strategy, incorporating case management and care coordination. The Chair concluded that while short-term actions were necessary, the organisation must also prepare for structural changes in commissioning roles.

RESOLVED:

The Committee APPROVED the progression of the Demand Management Delivery Plan detailed in Section 9 of the report

The Chief Finance Officer introduced the report which provided the Committee with an update on the financial performance of the North East and North Cumbria Integrated Care Board (NENC ICB) and NENC Integrated Care System (ICS) in the financial year 2025/26 for the six months to 30 September 2025.

As at 30 September 2025 the ICS is reporting a year-to-date deficit of £25.1m compared to a planned deficit of £31.1. The favourable variance to plan of £6m largely reflects a one-off benefit of £6.5m relating to a land sale in one provider trust which was planned for later in the financial year.

Across the ICS, total year to date efficiencies are now ahead of plan with a forecast over-delivery of £3.3m overall.

ICB running costs:

- The ICB is reporting a year-to-date underspend on running cost budgets of £3.95m reflecting current vacancies within the ICB. A breakeven position is currently forecast against running cost budgets.

ICB Revenue:

- As at 30 September 2025 the ICB is reporting a year-to-date surplus of £7.2m compared to a plan of £5.9m, a favourable variance of £1.3m which largely reflects underspends on staffing costs due to vacancies.
- There are three main pressure areas to highlight within the ICB position at month five:
 - 1) Significant growth in Right to Choose Attention Deficit Hyper Activity Disorder / Autism Spectrum Disorder (ADHD/ASD) assessments with non-NHS providers
 - 2) Pressure on all-age continuing care (AACC) budgets particularly relating to the challenging efficiency targets
 - 3) Growth in prescribing costs over budget

ICS Capital:

- The ICS capital spending forecasts are currently in line with the confirmed capital allocation

Net unmitigated risk in the plan amounts to £244m across the system although there was inconsistency in recording of risk across the ICB. Risks largely related to the delivery of required efficiency plans which are higher than those delivered in 2024/25.

The Chief Finance Officer emphasised that the underlying ICB deficit stood at £24m, with partner organisations facing larger gaps.

It was noted that 2026/27 allocation increase (4%) is deemed insufficient against inflationary pressures.

A concern was raised regarding the potential pension reform impacts and monitoring is required.

The Committee discussed the implications of the financial position.

RESOLVED:

- 1) The Committee NOTED the draft outturn financial position for 2025/26
- 2) The Committee NOTED there are a number of financial risks across the system still to be managed
- 3) The Committee NOTED the latest ICB underlying position

EC/2025-26/211 Agenda Item 12.1 - Integrated Delivery Report

The Director of Strategy, Planning and Performance introduced the report which provided the Committee with an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions.

It was noted that this report incorporates a full suite of metrics (including quarterly and annual metrics).

The Committee was informed of the key messages as follows:

- Accident and Emergency performance stands at 78.1% remains above the national average of 75%. Ranking sixth out of 42 ICBs
- Category two ambulance response times were at 20 minutes 50 seconds, ranking first nationally
- 4.5% of patients are waiting over 12 hours in Accident and Emergency
- For elective care, 70.2% of patients are seen within 18 weeks, and just 1.4% wait over 52 weeks - both better than national averages
- Dementia diagnosis prevalence is 69.4%, consistently meeting targets
- Dental access for unique adult patients stands at 40.8%, now at national target
- 72.5% of patients receive a faster cancer diagnosis, and 68.4% are treated within 62 days
- 69.1% of patients experience reliable improvement in talking therapies, with a 48.5% reliable recovery rate which is higher than last month

Director of Strategy, Planning and Performance confirmed Tier 3 arrangements for Sunderland and South Tyneside foundation trust and outlined actions for cancer recovery.

The Chief Delivery Officer raised concerns about community metrics visibility and suggested aligning contract management groups to strengthen oversight.

The Chair expressed strong concern about cancer performance deterioration, emphasising the need for clear recovery timelines and Board-level scrutiny. The Chair requested a deep dive and recovery timescales.

The Chief Medical Officer supported escalation of cancer recovery plans and stressed the importance of mutual aid and pathway optimisation. Suggested taking the issue to the Northern Cancer Alliance for additional support.

The members agreed on the importance of reviewing primary care metrics to reflect contacts rather than appointments and supported the proposal for enhanced governance around community performance.

ACTION:

The Chief Corporate Services Officer to provide and update on the Cancer recovery plans and metrics to the Executive Team on Tuesday 18 Nov to provide assurance that providers are making improvements in a timely manner

RESOLVED:

The Committee RECEIVED the report for information and assurance

EC/2025-26/212 Agenda Item 12.2 - Finance and Performance Operational Planning Submission 2026-27 Update

The Director of Strategy, Planning and Performance introduced the report which provided the Committee with the ICB Strategic Commissioning Intentions for 2026/27.

The Medium Term Planning Guidance stipulates that ICBs must publish their strategic commissioning intentions. For these intentions to contribute effectively to the planning process, they should be made available at an early stage to inform both the prioritisation process and the development of the plan's content. Accordingly, the ICB has adopted a pragmatic strategy by publishing commissioning intentions for 2026/27, while referencing longer-term objectives within the five-year plan.

RESOLVED:

- 1) The Committee APPROVED the proposed Strategic Commissioning Intentions for submission to the ICB Board
- 2) The Committee APPROVED draft Strategic Commissioning Intentions for sharing with partners, subject to Board approval

EC/2025-26/213 Agenda Item 13 – Primary Care Collaborative Agreement

The Chief Delivery Officer introduced the report which provided the Committee with the Primary Care Collaborative Agreement (PCC) 2025/26.

The Chief Delivery Officer informed the Committee that the agreement has not been discussed at the Primary Care Subcommittee prior to this Committee meeting and requested the paper is deferred to the next Committee meeting.

The Chair agreed to defer the paper to the next Committee meeting.

RESOLVED:

The Committee DEFERRED the paper to the next committee meeting

EC/2025-26/214 Agenda Item 14.1 – Child Protection Information System (CP-IS) Implementation

The Interim Director of Nursing (South) introduced the report which provided the Committee with the responsibilities of the ICB regarding the implementation of CP-IS (Phase 2).

Following discussions the Committee agreed to delegate authority to the ICB Chief Executive Officer and Chief Nurse and AHP Officer for the roll-out plan of CP-IS in line with the Local Safeguarding Children Partnership multiagency safeguarding arrangement plans (MASA) and Joint Forward Plans.

RESOLVED:

The Committee APPROVED the delegation of responsibility to the ICB Chief Executive Officer and Chief Nurse and AHP Officer for the roll-out plan of CP-IS in line with the Local Safeguarding Children Partnership multiagency safeguarding arrangement plans (MASA) and Joint Forward Plans

EC/2025-26/215 Agenda Item 15.1 – ICBP028 – Media Handling Policy

The Committee is asked to approve the ICBP028 – Media Handling Policy.

RESOLVED:

The Committee APPROVED the ICBP028 – Media Handling Policy

EC/2025-26/216 Agenda Item 15.2 – ICB HR02A - Supporting Attendance Policy

The Committee is asked to approve the ICB HR02A - Supporting Attendance Policy.

RESOLVED:

The Committee APPROVED the ICB HR02A - Supporting Attendance Policy

EC/2025-26/217 **Agenda Item 15.3 – ICB HR03 - Education Training Learning and Development Policy**

The Committee is asked to approve the ICB HR03 - Education Training Learning and Development Policy.

RESOLVED:

The Committee APPROVED the ICB HR03 - Education Training Learning and Development Policy

EC/2025-26/218 **Agenda Item 15.4 – ICB HR10 - Induction Policy**

The Committee is asked to approve the ICB HR10 - Induction Policy.

RESOLVED:

The Committee APPROVED the ICB HR10 - Induction Policy

EC/2025-26/219 **Agenda Item 15.5 – ICB HR26 - Secondary Employment Policy**

The Committee is asked to approve the ICB HR26 - Secondary Employment Policy.

RESOLVED:

The Committee APPROVED the ICB HR26 - Secondary Employment Policy

EC/2025-26/220 **Agenda Item 15.6 – ICB HR07 Recruitment Policy**

The Committee is asked to approve the ICB HR07 Recruitment Policy.

RESOLVED:

The Committee APPROVED the ICB HR07 Recruitment Policy

EC/2025-26/221 **Agenda Item 15.7 – Policy Deletion - Volunteers Policy and Health at Work Policy**

The Committee is asked to approve the deletion of the Volunteers Policy and Health at Work Policy.

RESOLVED:

The Committee APPROVED the deletion of the Volunteers Policy and Health at Work Policy

EC/2025-26/222 Agenda Item 16.1 – Any Other Business

There were no items of any other business for consideration.

EC/2025-26/223 Agenda Item 16.2 - New Risks to add to the Risk Register

No new risks were identified.

EC/2025-26/224 Agenda Item 17 - CLOSE

The meeting was closed at 12:25hrs.

Date and Time of Next Meeting

Tuesday 9 December 10:30am.



**Samantha Allen
Executive Committee Chair
09 December 2025**