

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

**Minutes of the meeting held on Tuesday 14 October 2025, 11:15hrs in the Tom
Cowie Suite, Pemberton House, Colima Avenue, Sunderland**

Present:

Levi Buckley, Chief Delivery Officer
David Chandler, Chief Finance Officer
Dave Gallagher, Chief Contracting and Procurement Officer
Hilary Lloyd, Chief Nurse and AHP Officer
Peter Rooney, Director of Transformation for Mental Health, Learning Disabilities, Neurodiversity and Wider Determinants deputising for
Jacqueline Myers, Chief Strategy Officer
Dr Neil O'Brien, Chief Medical Officer (Chair)
Claire Riley, Chief Corporate Services Officer (Vice Chair)

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/2025-26/163 **Agenda Item 1 - Welcome and introductions**

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

EC/2025-26/164 **Agenda Item 2 - Apologies for absence**

Apologies for absence were received from Sam Allen, Chief Executive, Kelly Angus, Chief People Officer, Jacqueline Myers, Chief Strategy Officer.

No further apologies for absence were received.

EC/2025-26/165 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/2025-26/166 Agenda Item 4 - Minutes of the previous meeting held on 12 August 2025

RESOLVED:

The Committee AGREED that the minutes of the meeting held on 12 August 2025, were a true and accurate record.

EC/2025-26/167 Agenda Item 4 - Minutes of the previous meeting held on 9 September 2025

RESOLVED:

The Committee AGREED that the minutes of the meeting held on 9 September 2025, were a true and accurate record.

EC/2025-26/168 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.

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/2025-26/169 Agenda Item 5.1 - Women's Health Accelerator Plan

The Chair noted that this report had been previously circulated via email following time restraints at the previous meeting. Members approved the recommendations.

It was previously noted that a number of the Chief Officers had conflicts regarding this item.

The Chair previously agreed that all Chief Officers would receive the papers and participate in the decision-making process. The potential for conflicts is considered minimal, as the allocations have been determined by NHSE, with no particular Foundation Trust receiving preferential treatment.

RESOLVED:

The Committee APPROVED the contract variation to allow the allocation of funding to the eight involved Foundation Trust's from the Health and Growth Accelerator Budget

EC/2025-26/170 Agenda Item 5.2 - NENC Green Plan Refresh

The Chair noted that this report had been previously circulated via email following time restraints at the previous meeting. Members approved the recommendations.

RESOLVED:

- 1) The Committee APPROVED the refreshed NENC ICB Green Plan 2025–2028**
- 2) The Committee APPROVED the governance structure and monitoring arrangements**
- 3) The Committee SUPPORTED the resource allocation for implementation (finance, workforce, estates, and digital)**

EC/2025-26/171 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/2025-26/172 Agenda Item 7.1 – Board Assurance Framework and Risk Register

The Chief Corporate Services Officer introduced the report which provided the Committee with the refreshed Board Assurance Framework (BAF) for quarter two, 2025/26 and the updated corporate risk register.

The Chief Corporate Services Officer informed the Committee that the BAF's purpose is to provide a strategic overview of the principal risks to achieving the ICB's objectives, aligned with the Integrated Care Partnership (ICP) Strategy.

The BAF is reviewed regularly by the Executive Committee, Audit Committee, Quality and Safety Committee, and the Finance, Performance and Investment Committee prior to submission to the Board.

The Chief Corporate Services Officer noted that the overall risk scores for the strategic goals remained unchanged from the previous quarter, with “Fairer Outcomes for All” and “Better Health and Care Services” both rated at 20 (Extreme), “Giving Children the Best Start in Life” at 16 (High), and “Longer and Healthier Lives” at 12 (High).

The Committee was informed of several risk movements:

- NENC/0027 (Access to mental health services for children and young people) had been downgraded from 12 to 9 and would now be managed locally
- NENC/0032 (ICB running costs) had increased from 8 to 12 due to transition risks and was escalated to the corporate register
- NENC/0047 (Suicide rates) had increased from 9 to 12 following identification of treatment gaps for young people who self-harm

Four new corporate risks were added:

- NENC/0109 – Implementation of the new national finance system (ISFE 2)
- NENC/0111 – Uncertainty in future Local Maternity and Neonatal System (LMNS) funding
- NENC/0112 – Risks associated with the closure of NECS and service transfer
- NENC/0116 – Redeployment of Out of Hospital Team staff to AllAge Continuing Care, impacting triage capacity

Two risks were closed:

- NENC/0025 – Maternity workforce pressures, now addressed through clinical specialty-specific risks
- NENC/0052 – British Pregnancy Advisory Service termination of pregnancy pathway, now managed via contract oversight

The Chief Delivery Officer commented on the need for improved visibility and system-wide conversations around the Best Start in Life dashboard, which had been challenged previously. It was acknowledged that updates were overdue and committed to improving the dashboard’s content and oversight. The Chief Corporate Services Officer supported this, noting that the organisational transition presented an opportunity to revisit risk ownership and strengthen governance. The Chief Corporate Services Officer proposed a Board Development Session to further address risk management and transition planning would be beneficial.

The Committee discussed the importance of aligning risks with the evolving structure of the ICB and ensuring that teams were adequately trained and supported in managing risks. The Chair agreed that the transition offered a chance to re-evaluate risk ownership and reporting mechanisms.

The Committee approved the current BAF and Corporate Risk Register, with the understanding that further updates would be made as the organisation evolves.

RESOLVED:

- 1) The Committee **RECOMMENDED** the approval of the BAF for quarter two 2025/26 by the Board
- 2) The Committee **RECEIVED** the corporate risk register for assurance
- 3) The Committee **NOTED** that the breakdown of risks identified at placed-based level is included within the Chief Delivery Officer's report

EC/2025-26/173 Agenda Item 8.1.1 – All Ages Continuing Care Taskforce Highlight Report

The Chief Nurse and AHP Officer introduced the report which provided the Committee with the All Ages Continuing Care Taskforce Highlight Report.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2025-26/174 Agenda Item 8.1.2 – Clinical Effectiveness and Governance Subcommittee Highlight Report

The Chair 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/2025-26/175 Agenda Item 8.1.3 – Healthier and Fairer Subcommittee Highlight Report

The Chair introduced the report which provided the Committee with the Healthier and Fairer Subcommittee Highlight Report.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2025-26/176 Agenda Item 8.1.4 – Long Term Conditions Group Highlight Report

The Chair introduced the report which provided the Committee with the Long Term Conditions Group Highlight Report.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2025-26/177 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
Tees Valley in Common - noted for information and assurance only
Gateshead - noted for information and assurance only
Newcastle - noted for information and assurance only
North Cumbria - 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/2025-26/178 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/2025-26/179 Agenda Item 8.4 - Contracting Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Contracting Subcommittee Minutes for assurance

EC/2025-26/180 Agenda Item 8.5 - Healthier and Fairer Advisory Group Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Healthier and Fairer Advisory Group Subcommittee Minutes for assurance

EC/2025-26/181 Agenda Item 8.6 - Mental Health, Learning Disabilities and Autism Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Mental Health, Learning Disabilities and Autism Subcommittee Minutes for assurance

EC/2025-26/182 Agenda Item 8.7 - Pharmaceutical Services Regulatory Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Pharmaceutical Services Regulatory Subcommittee Minutes for assurance

EC/2025-26/183 Agenda Item 9.1 – Chief Delivery Officer Report August and September

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
 - Queries are increasing from practices regarding the provision of tier 2 and 3 weight management services for Newcastle and Gateshead. At present there is no offer in place pending the conclusion of ICB wide work to look at this across the NENC area
- North Cumbria
 - The local delivery team continues to work with North Cumbria Integrated Care Foundation Trust to put in place new community based clinics to allow patients to be seen outside their practice but close to home for some elements of hospital generated follow up. Clinics will go live from the 1 September 2025 and will cover a range of sites in North Cumbria offering predominantly phlebotomy but also some dressings clinics
 - The final outcome of the Cumberland SEND Inspection that occurred in July 2025 was announced. There were a number of recommendations but generally the good progress that had been achieved since the last inspection was recognised and the Local Area received a two, with the next inspection to be in three years' time. A next steps action plan is being worked on
- Tees Valley
 - The University Hospital of North Tees have commenced the “Call Before You Convey” pilot in collaboration with North East Ambulance Service (NEAS).

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/2025-26/184 Agenda Item 10.1 – Breast Cancer Services Performance and Service Redesign

The Director of Transformation for Mental Health, Learning Disabilities, Neurodiversity and Wider Determinants introduced the report which provided the Committee with an update of the performance and redesign of breast cancer services across the system.

The Director of Transformation for Mental Health, Learning Disabilities, Neurodiversity and Wider Determinants explained that activity at County Durham and Darlington Foundation Trust (CDDFT) remained significantly reduced, necessitating a mechanism to pay other Foundation Trusts for the additional services they were now providing. Discussions are ongoing with relevant Foundation Trust finance directors to identify appropriate financial arrangements.

The Director of Transformation for Mental Health, Learning Disabilities, Neurodiversity and Wider Determinants emphasised that the redesign was not only a response to current performance issues but also part of a broader system-wide reconfiguration of breast cancer pathways.

The Chair raised concerns about governance and oversight, particularly regarding where the new commissioning model would be agreed. It was suggested that the Northern Cancer Alliance (NCA) Board and the ICB Executive Committee should be involved in decision-making. The Chair noted that while the Breast Surgery Oversight and Delivery Group continued to oversee CDDFT's improvement work, it did not have the remit to approve the wider commissioning model. It was noted that greater clarity on the governance structure and decision-making process is required.

The Chief Finance Officer supported the recommendations but stressed the importance of ensuring that any future service changes were scoped to fit within financial constraints. The Chief Finance Officer highlighted the need for ongoing engagement between finance and contracting leads to identify efficiencies and justify any additional funding requests.

The Chief Finance Officer declared a conflict under this item at this point in the meeting due to their spouse being a Director of Finance within Gateshead Health Foundation Trust.

The Chair noted the conflict and that as the conflict is minor due to a number of Foundation Trusts receiving income for providing Breast Services and no Trust is being favoured over others the Chief Finance Officer can take part in the discussion and any decision making for this item.

The Committee approved the recommendations and agreed to proceed with the redesign programme under the outlined conditions.

RESOLVED:

- 1) **The Committee SUPPORTED the system-wide leadership and collaboration through deployment of NCA senior support for the redesign of breast services**
- 2) **The Committee SUPPORTED the redistribution of Elective Recovery Fund (ERF) resources linked to this activity, in recognition of the additional activity shift away from CDDFT and to neighbouring Trusts as detailed within the included pathway modelling**
- 3) **The Committee NOTED the financial constraints faced by the ICB and ICS, with all available ERF funding already allocated**

EC/2025-26/185

Agenda Item 10.2 – Future Arrangements for Provider Oversight Meetings

The Chief Contracting and Procurement Officer introduced the report which provided the Committee with the proposed plan to transition existing oversight arrangements to a new approach in light of the new NHS Oversight Framework 2025/25 and NHS system changes.

The Chief Contracting and Procurement Officer explained that previous oversight meetings had been suspended due to organisational changes and there is a need to establish a more effective and sustainable model.

It is proposed to transition from the legacy oversight format to a contract focused approach, led by ICB directors, with a clear emphasis on performance, quality, and financial accountability. The proposed new model mirrors existing arrangements with NEAS, involving regular contract meetings chaired by an ICB director and attended by senior provider representatives. The meetings will focus on contractual compliance, performance metrics, and quality assurance.

The Chief Contracting and Procurement Officer emphasised that the approach would be co-produced with provider organisations through the provider collaborative, ensuring shared ownership and alignment.

The Chief Delivery Officer supported the proposal but raised concerns about the lack of clarity between oversight, performance monitoring, and contract management.

The Chief Nurse and AHP Officer stressed the importance of integrating quality and safety into the contract meetings and requested that a member of the quality team, at least at deputy director level, be included in quarterly meetings. The Committee agreed this request.

The Chief Delivery Officer echoed the need for clearer delineation of roles and responsibilities, particularly in relation to community services. It was noted that current contract arrangements often lacked sufficient detail to hold providers accountable for performance in these areas and there is a need for improved grip on off-track performance outside of tiered arrangements.

The Committee discussed the importance of ensuring that contracts are fit for purpose and include clear expectations for community service delivery.

It was agreed that further work was needed to refine the model and clarify governance arrangements.

The Committee approved the proposal, with the understanding that it would be refined through engagement with providers and quality leads.

RESOLVED:

The Committee APPROVED the new model for provider oversight meetings as outlined within the report

EC/2025-26/186 Agenda Item 10.3 – Palliative and End of Life Care (PEOL) Proposal

The Chief Delivery Officer introduced the report which provided the Committee with the summary overview of commissioned services across the NENC footprint, position statements in relation to some key areas of PEOL provision and proposed next steps.

The Chief Delivery Officer informed the Committee that the initiative stemmed from a comprehensive assessment led by the system team, including contributions from stakeholders, which had identified significant variation in service provision, access, and outcomes across the region.

The assessment revealed disparities in workforce capacity, data recording, care settings, and patient experience. Notably, many patients were not receiving care in their preferred place of death, and some were not registered for palliative care, resulting in avoidable hospital admissions and increased costs.

The Chief Delivery Officer cited data showing that nearly 2,500 individuals had been admitted more than three times in the last year of life, costing the system approximately £15 million.

The proposal recommended the establishment of a steering group to develop a five-year strategy for palliative and end-of-life care. This group

would include external partners and focus on commissioning intentions, alignment with national frameworks, and improving out-of-hospital support.

The strategy would explore digital innovations, such as interactive care planning platforms, to enhance consistency and efficiency.

The Chief Corporate Services Officer raised governance concerns, noting that no advice had been sought prior to submitting the proposal. The Committee agreed that the initiative should proceed as a working group or reference group, with appropriate governance oversight.

The Chair questioned whether this was the right time to launch the initiative, given the organisational transition and the need to avoid overextending resources. It was suggested that the work be paused and incorporated into broader commissioning committee structures once established. The Chief Corporate Services Officer supported this view and proposed rolling the initiative into the governance recommendations currently under development.

The Chief Clinical Information Officer highlighted the importance of digital consistency and referenced a successful model in London using the “Better” platform for interactive care planning. A proposal was made to consider comparable solutions aimed at supporting vulnerable groups and enhancing service equity.

The Committee agreed that the initiative was valuable but should be paused temporarily to align with the ICB’s evolving governance and commissioning structures. The proposal was deferred for integration into future planning.

ACTION:

The Chief Corporate Services Officer and Chief Strategy Officer to incorporate the proposal into governance and commissioning committee planning

RESOLVED:

The Committee DEFERRED the establishment of a NENC Palliative and End of Life Care Steering Group

EC/2025-26/187

Agenda Item 11.1 - NENC ICB and ICS Finance Update Month Five

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 five months to 31 August 2025.

As at 31 August 2025 the ICS is reporting a year-to-date deficit of £28.9m compared to a planned deficit of £33.7m. The favourable variance to plan of £4.8m 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 continue to be behind plan but the overall position has improved since the previous month with a year to date shortfall of £0.2m against the efficiency plan. Particular challenges are being seen in the delivery of recurrent efficiencies which are £22m behind plan after five months.

ICB running costs:

- The ICB is reporting a year-to-date underspend on running cost budgets of £3.1m reflecting current vacancies within the ICB. A breakeven position is currently forecast against running cost budgets.

ICB Revenue:

- As at 31 August 2025 the ICB is reporting a year-to-date surplus of £6.2m compared to a plan of £4.9m, 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 system must operate within its existing financial envelope and reiterated that no additional funding was available for extra activity.

A concern was raised that some providers were still submitting requests for payment related to additional elective activity, despite clear contractual terms stating that funding was capped. The Chief Finance Officer stressed that contracts clearly defined funding limits and that providers must adhere to these terms.

The Committee was reminded of the importance of reducing run rates, controlling workforce costs, and managing discretionary spending. The Chief Finance Officer noted that the ICS had agreed on 6 October 2025 to close the financial gap by 50%, which would be critical to achieving a break-even position by year-end.

The Chief Finance Officer flagged that several pressures would spill into 2026/27, including:

- ADHD services, with a projected pre-commitment of £12 million
- Elective recovery, with potential costs reaching £48 million
- A broader system-wide impact potentially approaching £100 million

The Chief Finance Officer urged the Committee to begin preparing for these future pressures and to consider what actions could be taken now to mitigate risks. It was proposed that the upcoming Board Development Session include a strategic discussion on affordability, commissioning priorities, and risk management.

The Committee discussed the implications of the financial position, with the Chair raising concerns about the impact on partner organisations, particularly in primary care. It was noted that reductions in staffing at acute trusts were already shifting responsibilities to general practice, which had not received corresponding funding. The Chief Nurse and AHP Officer added that service gaps were emerging, citing the absence of an osteoporosis service in Gateshead as an example.

The Chief Finance Officer concluded by stating that the system must avoid cost-shifting and instead focus on genuine cost reduction.

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/2025-26/188 Agenda Item 11.2 – System Recovery Programme Board Update

The Chair noted that this item was moved to the private section of the meeting.

EC/2025-26/189 Agenda Item 12.1 - Integrated Delivery Report

The Director of Transformation for Mental Health, Learning Disabilities, Neurodiversity and Wider Determinants 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 79.4% remains above the national average of 75%. Ranking seventh out of 42 ICBs
- Category two ambulance response times were at 20 minutes 42 seconds, ranking second nationally
- 3.6% of patients are waiting over 12 hours in Accident and Emergency
- For elective care, 70.8% of patients are seen within 18 weeks, and just 1.3% 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 40.9%, now at national target
- 74.5% of patients receive a faster cancer diagnosis, and 69.7% are treated within 62 days
- 68.3% of patients experience reliable improvement in talking therapies, with a 48.1% reliable recovery rate which is higher than last month

The Chief Delivery Officer noted there is a need for a clear narrative about system performance, especially if elective activity is dampened. Providers must describe their trajectory over the year, particularly in relation to Referral to Treatment and bed reduction targets.

The Chief Contracting and Procurement Officer noted there are ongoing challenges in dental services, with national conversations about measurement and targets. The whole country is facing similar challenges, and while progress is being made, new issues arise as contracts are handed back and practices change.

The Director of Transformation for Mental Health, Learning Disabilities, Neurodiversity, and Wider Determinants stated that new planning guidance, potentially including a three-year allocation, is expected to be released soon.

RESOLVED:

The Committee RECEIVED the report for information and assurance

EC/2025-26/190 Agenda Item 13 – Commissioning

No update for this item.

EC/2025-26/191 Agenda Item 14 – Strategic Plans and Partnerships

No update for this item.

EC/2025-26/192 Agenda Item 15 – Policy Management

No update for this item.

EC/2025-26/193 Agenda Item 16.1 – Any Other Business

There were no items of any other business for consideration.

EC/2025-26/194 Agenda Item 16.2 - New Risks to add to the Risk Register

No new risks were identified.

EC/2025-26/195 Agenda Item 17 - CLOSE

The meeting was closed at 12:21hrs.

Date and Time of Next Meeting

Tuesday 11 November 10:30am.



**Samantha Allen
Executive Committee Chair
11 November 2025**