

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

**Minutes of the meeting held on Tuesday 9 December 2025, 11:10hrs in the
Tom Cowie Suite, Pemberton House, Colima Avenue, Sunderland**

Present: Sam Allen, Chief Executive (Chair)
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
Hilary Lloyd, Chief Nurse and AHP Officer
Jacqueline Myers, Chief Strategy Officer
Dr Neil O'Brien, Chief Medical Officer (Vice Chair)
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 until 11:23am
Nicola Hutchinson, Chief Executive, Health Innovation North East and North Cumbria (HI NENC)

EC/2025-26/225 Agenda Item 1 - Welcome and introductions

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

EC/2025-26/226 Agenda Item 2 - Apologies for absence

No apologies for absence were received.

EC/2025-26/227 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/2025-26/228 Agenda Item 4 - Minutes of the previous meeting held on 11 November 2025

RESOLVED:

The Committee AGREED that the minutes of the meeting held on 11 November 2025, were a true and accurate record.

EC/2025-26/229 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/2025-26/230 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/2025-26/231 Agenda Item 7 – Governance and Risk Management

No update for this item.

EC/2025-26/232 Agenda Item 8.1.1 – All Ages Continuing Care Strategic Transformation Group Highlight Report

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

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2025-26/233 Agenda Item 8.1.2 – Long Term Conditions Group Highlight Report

The Chief Medical Officer introduced the report which provided the Committee with the Long Term Conditions Group Highlight Report.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2025-26/234 Agenda Item 8.1.3 – Women's Health Steering Group Highlight Report

The Chief Corporate Services Officer introduced the report which provided the Committee with the Women's Health Steering Group Highlight Report.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2025-26/235 Agenda Item 8.2 - Place Subcommittee Minutes

South Tyneside - noted for information and assurance only

Sunderland - noted for information and assurance only
South Tees - noted for information and assurance only
Tees Valley Subcommittee in Common - noted for information and assurance only
Gateshead - 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/2025-26/236 Agenda Item 8.3 - Pharmaceutical Services Regulatory Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Pharmaceutical Services Regulatory Subcommittee Minutes for assurance

EC/2025-26/237 Agenda Item 8.4 - Primary Care Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Primary Care Subcommittee Minutes for assurance

EC/2025-26/238 Agenda Item 8.5 - Specialised Commissioning Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Specialised Commissioning Subcommittee Minutes for assurance

EC/2025-26/239 Agenda Item 9.1 – Chief Delivery Officer Report December

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
 - There has been a delay to mobilisation of the Workwell programme, due to finance and recruitment issues with providers which means that start dates for the musculoskeletal offer and voluntary sector have been pushed back.
- North Cumbria
 - To address a number of challenging issues in general practice the alignment of the Northumberland and North

Tyneside and Cumbria teams has supplemented the team capacity. An ICB Medical Director, is coordinating work with the Local Delivery Teams to address issues relating to general practice and developing a strategic and tactical plan of support.

- South Tyneside and Sunderland
 - A Special Educational Needs and Disability (SEND) inspection is ongoing in Sunderland, with the onsite element completed on 21 November 2025. The inspection outcome is awaited
 - National Neighbourhood Health Implementation Programme (NNHIP) are progressing well. The formal launch of Sunderland's NNHIP took place on 4 December 2025 via a whole system Neighbourhood Health Summit at the Beacon of Light.

The Chief Delivery Officer noted that a release date for the national neighbourhood guidance has not yet been set.

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/2025-26/240 Agenda Item 10.1 – Infection Prevention and Control Update

The Chief Nurse and AHP Officer introduced the report which provided the Committee with an updated position relating to Infection Prevention and Control (IPC) within Hospital Trusts across the North East and North Cumbria region.

The Chief Nurse and AHP Officer informed the Committee that the IPC report highlighted no improvement in performance across trusts, with year-on-year stagnation.

It was noted that the IPC Patient Safety Centre work will commence in the new year and an interactive IPC dashboard is under development but requires data validation prior to release. A consensus was reached that accessing the dashboard before initiating data validation would be beneficial.

Members debated data presentation within the report, agreeing that rates are essential for benchmarking rather than absolute numbers. The Committee explored contractual levers to drive improvement, including linking IPC performance to staff survey results and considering local league tables while recognising the need for thoughtful implementation and provider engagement.

The Chair raised the historical success in reducing Methicillin-Resistant Staphylococcus Aureus, and that this was attributed to significant investment and focus. Concerns were raised regarding sustainability without similar resource allocation and what is the ICB's role in this as a strategic commissioner.

ACTION:

The Chief Nurse and AHP Officer to explore early access for members to the IPC dashboard prior to wider release

RESOLVED:

- 1) The Committee RECEIVED the report for assurance and information**
- 2) The Committee NOTED the national position of rising IPC rates and pressures and the remedial improvement actions in place to address across the NENC system**

EC/2025-26/241 Agenda Item 11.1 - NENC ICB and ICS Finance Update Month Seven

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 seven months to 31 October 2025.

As at 31 October 2025 the ICS is reporting a year-to-date deficit of £12.7m compared to a planned deficit of £17.6m. The favourable variance to plan of £4.9m is a deterioration from the previous month and continues to include 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 £3.8m 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 31 October 2025 the ICB is reporting a year-to-date surplus of £10.2m compared to a plan of £6.9m, a favourable variance of £3.3m which largely reflects underspends on staffing costs due to vacancies.
- There continues to be three main pressure areas to highlight within the ICB position at month seven:

- 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 informed the Committee that the ICS financial plan for 2025/26 included expected deficit support funding (DSF) of £33.3m in total which is now received on a quarterly basis subject to assessment by NHSE that financial performance remains on track. NHSE have now confirmed that DSF for Quarter Four will only be approved where systems are reporting an expected outturn in line with plan and regions are fully assured that the system will deliver in line with plan for the year. The first opportunity for this assessment will be following month 8 reporting but regions may choose to defer the decision until after month 9 reporting.

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**
- 4) **The Committee NOTED the issues presenting with ISFE2 and mitigations being taken to manage control risks**

EC/2025-26/242 Agenda Item 12.1 - Integrated Delivery Report

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

The Committee was informed of the key messages as follows:

- Accident and Emergency performance stands at 77.2% remains above the national average of 75%. Ranking seventh out of 42 ICBs
- Category two ambulance response times were at 21 minutes 14 seconds, ranking first nationally
- 6% of patients are waiting over 12 hours in Accident and Emergency

- For elective care, 71.2% of patients are seen within 18 weeks, and just 1.3% wait over 52 weeks - both better than national averages
- Dementia diagnosis prevalence is 69.6%, consistently meeting targets
- Dental access for unique adult patients stands at 40.7%, now at national target
- 70.3% of patients receive a faster cancer diagnosis, and 68.2% are treated within 62 days
- 68.5% of patients experience reliable improvement in talking therapies, with a 48.5% reliable recovery rate which is consistent with last month

The members discussed Primary Care Access issues, including anecdotal evidence of shifts from face-to-face to online consultations.

The Chief Medical Officer and Chief Clinical Information Officer raised safety concerns regarding eConsult systems. The Chair enquired if there have been any reported incidents. The Chief Clinical Information Officer confirmed they have requested oversight from eConsult but this is yet to be received.

The Chair enquired if all practices are now compliant. The Chief Delivery Officer confirmed that the data on electronic Annual Practice Declaration (eDEC) indicate three practices are non-compliant and assured the Committee that discussions with each of the practices are taking place.

The Chair requested an update on the compliance rates to be included within the next Chief Delivery Officer Report.

ACTION:

The Chief Delivery Officer to provide an update on eConsult safety and compliance within the next Chief Delivery Officer Report

RESOLVED:

The Committee RECEIVED the report for information and assurance

EC/2025-26/243

Agenda Item 12.2 - Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance 2025

The Chief Strategy Officer introduced the report which provided the Committee with an overview of the NENC ICB and provider organisation's self-assessment against the NHS England EPRR core standards for 2025.

The Chief Strategy officer informed the Committee that substantial assurance was achieved for ICB compliance, with improvement programmes ongoing. Nine of eleven providers have improved assurance positions; two have been downgraded due to team changes and identified gaps.

Positive feedback was received from the members and the significant progress was noted. The members expressed their appreciation for the team's dedication, and the Chair indicated that they would formally acknowledge the team's efforts in a letter of thanks.

ACTION:

The Chair to formally acknowledge the team's efforts in a letter of thanks

RESOLVED:

- 1) The Committee APPROVED the NENC ICB EPRR Core Standards self-assessment as validated by the Local Health Resilience Partnership (LHRP) and Regional Health Resilience Partnership (RHRP)**
- 2) The Committee NOTED that a workplan is in place, overseen by the ICB EPRR Steering Group, to ensure rapid progress in further enhancing EPRR Core Standards during 2026-27**

EC/2025-26/244 Agenda Item 13 – NHS Medium Term Planning 2026/27 – 2030/31 Submission Update

The Chief Strategy Officer introduced the report which provided the Committee with NHS Medium Term Planning 2026/27 – 2030/31 Submission Update.

The Chief Strategy Officer provided a comprehensive update on the Medium Term Financial Plan (MTFP), emphasising the urgency of meeting the submission deadline set for noon on the 17 December 2025, which aligns with provider deadlines. While significant progress had been made, several required elements of the plan were received late, placing additional pressure on the planning team.

Collaboration with providers is ongoing, supported by flash reports to ensure timely submission. The Chief Strategy Officer confirmed that the local submission deadline for Friday remained achievable, although acute and mental health provider submissions varied in completeness.

The Chief Strategy Officer outlined the triangulation process, noting that numerical triangulation would be achieved, but affordability of activity plans within the current cost envelope remained uncertain.

Workforce planning alignment with financial and activity plans was highlighted as a critical dependency. It was noted that rapid triangulation was planned, followed by a detailed review to identify actionable improvements.

The Chief Finance Officer stressed that the planning baseline would use this year's plan rather than forecast outturn, meaning providers under-delivering would need to compensate for previous shortfalls despite only a 2% allocation increase. Transformation initiatives were expected to contribute 15–20% of improvements through pathway redesign and enhanced advice and guidance but could not resolve the majority of gaps.

The financial challenges were discussed in detail. The Chief Finance Officer reported a £20m gap against an income of £193m (reflecting a 2.7% uplift), alongside additional allocations of £43m for GP services and £43.9m in year-end resource funding. While reserves and prior-year savings offered some relief, inflationary pressures and the removal of non-recurrent deficit support funding from NHSE compounds the risks.

The Chief Finance Officer confirmed that acute block contracts are being deconstructed, with plans to commission activity and rebase funding accordingly.

The Chief Delivery Officer queried whether Continuing Healthcare costs and pricing pressures had been factored into affordability modelling. The Chief Finance Officer confirmed these were included but remained volatile.

Members raised concerns about workforce implications, particularly recruitment challenges linked to efficiency targets and the importance of including quality improvement and workforce planning in contract negotiations, noting gaps in specialty-level workforce data and the need for tangible actions to address sickness absence.

The Committee endorsed the proposed pragmatic approach to aim for a partially compliant plan reflecting current realities rather than unrealistic projections and agreed to maintain close oversight of triangulation and affordability reviews.

It was agreed that it is essential that the Board is kept informed and that all aspects of the plan are balanced and deliverable, despite the limited timeframe and considerable challenges.

RESOLVED:

The Committee RECEIVED the update for assurance

EC/2025-26/245 Agenda Item 14 - Strategic Plans and Partnerships

No update for this item.

EC/2025-26/246 Agenda Item 15.1 – ICB HR18a – Sexual Misconduct Policy

The Director of Workforce informed the Committee that the national policy was adopted following previous agreement.

The Committee is asked to approve the ICB HR18a – Sexual Misconduct Policy.

The Committee were informed that the gap analysis has identified outstanding actions and recent NHS England guidance has increased ICB responsibility for supporting primary care compliance.

Concerns were raised about resource limitations and the effectiveness of charter sign-up alone. The Chair requested an action plan be developed to address the gaps.

The Committee were assured mandatory training for all staff will commence April 2026, supported by a communications plan.

Members stressed the importance of embedding cultural change beyond compliance.

ACTION:

The Director of Workforce to develop an action plan to address the gaps identified by the Sexual Misconduct Policy

RESOLVED:

The Committee APPROVED the ICB HR18a – Sexual Misconduct Policy

EC/2025-26/247 Agenda Item 15.2 – ICBP007 - Complaints Policy

The Committee is asked to approve the updated ICBP007 - Complaints Policy.

RESOLVED:

The Committee APPROVED the ICBP007 - Complaints Policy

EC/2025-26/248 Agenda Item 16.1 – Any Other Business

The Chair raised an item of Winter Pressures under any other business.

The Committee were informed that constructive discussions have been ongoing regarding addressing winter pressures and the consideration of possible actions. An NHS Chief Executive Officers (CEO) meeting took place yesterday; while no significant new information was shared, updated data from the London Zone highlighted notable spikes related to "super flu."

The Chair noted that certain issues have continually resurfaced and requested an update on the review of the Winter Plan in Sunderland and Tyneside. The Chief Strategy Officer will link with the Director of System Resilience to provide the requested update.

The Committee were informed a meeting is scheduled today to address influenza precautions, particularly following recent on-call experiences. It was the Committee's view to strongly recommend the implementation of mask use and enhance visitor protocols. There was a consensus that ensuring IPC staff are present and heard during these meetings is vital, especially as operational pressure increases.

The Chief Finance Officer noted that South Tyneside and Sunderland Foundation Trust is not implementing mandatory face masks regionally at present, although other areas such as South Tees and North Tees have adopted these measures in high-pressure areas. It was agreed that the ICB's role is to encourage consensus among Chief Medical Officers and CEOs and recommend, though not mandate, these precautions.

Based on historical patterns, it is anticipated that conditions may worsen significantly over the next two weeks, similar to previous COVID-19 waves, with increased admissions expected along the East Coast. Additionally, industrial action could result in greater decision-making capacity at the frontlines. In light of these risks, a risk-based approach and organisational-level decision-making are essential.

Visitor management remains crucial; clear messages should advise those who are unwell to refrain from visiting, and masks should be encouraged.

Our task is to ensure the appropriate questions are asked and that the System Command Centre supports compliance with established protocols.

The Chief Corporate Service Officers assured the Committee that public communication and media assets are ready, pending final targeting decisions.

It was agreed that given the anticipated severity of the flu season, additional resources may be required. Public messaging on vaccination is ongoing and remains a priority.

There were no further items of any other business for consideration.

EC/2025-26/249 Agenda Item 16.2 - New Risks to add to the Risk Register

No new risks were identified.

EC/2025-26/250 Agenda Item 17 - CLOSE

The meeting was closed at 12:39hrs.

Date and Time of Next Meeting

Tuesday 13 January 2026 10:30am.

A handwritten signature in black ink, appearing to read 'S. Allen'.

Samantha Allen
Executive Committee Chair
13 January 2026