

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

**Minutes of the meeting held on Tuesday 8 July 2025, 09:55hrs in the
Joseph Swan Suite, Pemberton House, Colima Avenue, Sunderland**

Present: Sam Allen, Chief Executive (Chair)
Kelly Angus, Chief People Officer
Levi Buckley, Chief Delivery Officer
Ann Fox Deputy Chief Nurse deputising for Hilary Lloyd, Chief Nurse and
AHP Officer
Dave Gallagher, Chief Contracting and Procurement Officer
Richard Henderson, Director of Finance (Corporate) deputising for David
Chandler, Chief Finance Officer
Marc Hopkinson, Director of System Resilience deputising for Jacqueline
Myers, Chief Strategy Officer
Dr Neil O'Brien, Chief Medical Officer
Claire Riley, Chief Corporate Services Officer

In attendance: Rebecca Herron, Corporate Committees Manager (Committee Secretary)
Deb Cornell, Director of Corporate Governance and Board Secretary
Nicola Hutchinson, Chief Executive, Health Innovation North East and
North Cumbria (HI NENC)
Dr Mark Dornan, Chief Clinical Information Officer
Julie Parkinson, Strategic Head of Procurement for item 14.1 only
Dan Jackson, Director of Policy, Involvement and Stakeholder Affairs for
item 14.3 only

EC/2025-26/82 Agenda Item 1 - Welcome and introductions

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

The Chair welcomed Dr Mark Dornan, Chief Clinical Information Officer to the meeting as an attendee.

EC/2025-26/83 Agenda Item 2 - Apologies for absence

Apologies for absence were received from David Chandler, Chief Finance Officer, Jacqueline Myers, Chief Strategy Officer, Hilary Lloyd, Chief Nurse and AHP Officer.

No further apologies for absence were received.

EC/2025-26/84 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/2025-26/85 Agenda Item 4 - Minutes of the previous meeting held on 9 June 2025

RESOLVED:

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

EC/2025-26/86 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/2025-26/68 Healthier and Fairer Financial Plan

The Chief Corporate Services Officer confirmed communications regarding Healthier and Fairer underspend are being developed and will be aligned to the NHS ten year plan. Action complete.

Minute reference EC/2025-26/78 ICBP058 - Secure Data Environment (SDE) Disclosure Control, Output Checking and Release Policy

The Chief Corporate Services Officer informed the Committee a legal review of the SDE Disclosure Control, Output Checking and Release Policy has been conducted. Action complete.

EC/2025-26/87 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/2025-26/88 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 1, 2025/26 and the updated corporate risk register.

The Chief Corporate Services Officer noted that the BAF will need to evolve in light of the new Model ICB Blueprint and the ICB's changing responsibilities.

The key risks discussed included:

- Financial delivery (NENC/0004) with a net risk of £240m across the ICS
- Workforce pressures in maternity and mental health services
- Quality assurance gaps in commissioned services

- Attention Deficit Hyperactivity Disorder (ADHD) and Autism pathway transformation delays

The Deputy Chief Nurse noted the need for stronger alignment between risk registers and strategic commissioning priorities, particularly around children and young people's outcomes. The Chief Nurse and AHP Officer, Chief Delivery Officer and Chief Corporate Services Officer to review the risk register to ensure the risks particularly the children, young people's risks are appropriately reflected.

ACTION:

The Chief Nurse and AHP Officer, Chief Delivery Officer and Chief Corporate Services Officer to review the risk register to ensure the risks particularly the children, young people's risks are appropriately reflected

RESOLVED:

- 1) **The Committee RECOMMENDED the BAF for quarter 1 2025/26 to the Board for approval**
- 2) **The Committee RECEIVED the corporate risk register for assurance**

EC/2025-26/89

Agenda Item 8.1.1 – Foundation Trusts Provider Oversight Highlight Report

The Chief Contracting and Procurement Officer introduced the report which provided the Committee with the Foundation Trusts Provider Oversight Highlight Report.

The Chief Contracting and Procurement Officer informed the Committee that provider oversight ratings are expected to be released today.

It was noted that there is a need for clearer provider performance metrics and it was proposed that the Chief Contracting and Procurement Officer conducts a piece of work to create a schedule for contract performance. The Committee agreed with this approach.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2025-26/90

Agenda Item 8.1.2 – People and Organisational Development (OD) Subcommittee Highlight Report

The Chief People Officer introduced the report which provided the Committee with the People and OD Subcommittee Highlight Report.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2025-26/91

Agenda Item 8.2 – Place Subcommittee Minutes

South Tyneside - noted for information and assurance only.
Sunderland - 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/2025-26/92

Agenda Item 8.3 – Clinical Effectiveness and Governance Subcommittee Minutes

The Chief Medical Officer informed the Committee that the new weight loss medication clinical guideline is causing a lot of noise.

The Chair noted it would be beneficial to understand how many patients are eligible for the weight loss medication and how many of the eligible patients are actively accessing it. The Chief Medical Officer confirmed the data is available and a report will be present back to the Committee in the autumn.

Noted for information and assurance only.

RESOLVED:

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

At 10:03am the Chair left the meeting, The Chief Medical Officer commenced chairing duties from this point.

EC/2025-26/93

Agenda Item 8.4 – People and OD Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the People and OD minutes for assurance

EC/2025-26/94

Agenda Item 8.5 – Pharmaceutical Services Regulatory Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Pharmaceutical Services Regulatory minutes for assurance

EC/2025-26/95

Agenda Item 8.6 – Primary Care Subcommittee Minutes

The Chief Contracting and Procurement Officer highlighted that there is a need to create a funding budget for revenue consequences of general practice premises as practices only get capital funding towards premises.

It was noted that this continues to be a risk for the ICB as the requests from general practice for improvements or expansion are tenfold exceeding the capital allocation we have.

The Chief Clinical Information Officer declared an interest regarding general practice premises due to being a GP partner at Teams Medical Practice and Glenpark Medical Practice. The Chair noted the conflict and that the Chief Clinical Information Officer could be present during the discussion of this item.

The Chief Clinical Information Officer raised a potential issue regarding differences between owner-occupied and rented properties, as only the latter may benefit from improvements due to revenue considerations.

The Chief Contracting and Procurement Officer reminded the Committee a paper on dental training was agreed last year and requested that an update paper is circulated to the members following the meeting for consideration and approval. The Committee agreed to receive the paper via email following the meeting.

Noted for information and assurance only.

ACTION:

The Chief Contracting and Procurement Officer to circulate an updated paper regarding dental training to the members following the meeting for consideration and approval

RESOLVED:

The Committee RECEIVED the Primary Care Subcommittee minutes for assurance

EC/2025-26/96

Agenda Item 9.1 – Chief Delivery Officer Report July

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
 - Newcastle had an Accelerated Progress Plan (APP) after significant weaknesses were found in June 2021 during the Ofsted-Care Quality Commission Special Educational Needs and Disabilities revisit. Following the 8 May 2025 review,

inspectors confirmed sufficient progress, ending formal monitoring and stepping down the APP

- Inspectors attended the 6-month review in Gateshead on 19 June 2025 and expressed satisfaction with system-wide progress since the 2023 inspection. As a result, formal bi-annual meetings have ended, and Inspectors highlighted the effective collaboration among system partners to improve outcomes for children and young people in the Borough
- Both Newcastle and Gateshead Place Subcommittees have held Neighbourhood Health partnership meetings to identify priorities based on locality models across the boroughs. Gateshead have identified frailty and the older persons pathway as a priority; Newcastle will be focused on moving resource into community working on prevention
- County Durham
 - The County Durham Special Educational Needs and Disabilities Partnership had its second monitoring visit from NHS England and the Department of Education on the 5 June 2025. Concerns remain around the waiting times for assessments of neurodevelopmental conditions with waiting times for under-fives as high as seven years in parts of County Durham and waiting times for 5-18 years increasing. The next monitoring meeting is scheduled for December 2025
- South Tyneside and Sunderland
 - South Tyneside and Sunderland Local Accident and Emergency Delivery Board partners have undertaken a winter review session for 2024-2025, focusing on areas of success and identifying opportunities for improvement

The Chair enquired what confidence do we have in no criteria to reside, is this a data issue or is there a problem. Concerns were raised about data quality, discharge pathways, and professional disagreements on patient readiness. The Committee agreed it would be beneficial to append the detailed winter plans to the next delivery report.

The Director of System Resilience assured the Committee there is an urgent care group in place which is meeting weekly to keep a focus on the actions.

- Tees Valley
 - It was noted that in Tees Valley the local delivery team is working with the Comms and Involvement Team to explore how to create a pipeline of good news stories in relation to general practice. There are many initiatives which take place in general practice which support the patient experience and improve access to services however these are not widely celebrated or understood by the wider public or stakeholders

- Building on the successful work undertaken to-date to ensure that a consistent approach to the provision of diagnostic respiratory testing (FeNO and Spirometry) within primary care has been achieved, the local delivery team have worked with practices, Primary Care Networks and GP Federations to ensure that there is ongoing service provision in place for 2025/26.

At 10:17am the Chief Executive returned to the meeting and resumed chairing duties.

ACTION:

The Chief Delivery Officer to append the detailed winter plans to the next Chief Delivery Officer report

RESOLVED:

- 1) **The Committee NOTED the updates provided on confidential local issues across the ICB**
- 2) **The Committee NOTED the decisions and assurance logs within appendix 1 of the report**

EC/2025-26/97

Agenda Item 9.1.1 – Acute Respiratory Infection (ARI) Hubs

The Chief Delivery Officer introduced the report which provided the Committee with a summary of ARI hub utilisation across NENC in 2024/25, and the proposed planned approach of the ARI model and specification for 2025/26.

The Committee were informed that the report had been received and supported at the Executive Team meeting on 1 July 2025. The Committee were asked to ratify the decision made the 1 July 2025 Executive Team meeting.

The Committee were informed that £1.5m of funding has been secured for 2025/26 (£1.2m recurrent, £300k non-recurrent). A key consideration is to ensure there is alignment with 111 Directory of Services linked to Single Point of Access.

The Chair noted the need for specific outcome measures aligned to national oversight frameworks. The Chief Medical Officer assured the Committee the outcomes measures are being developed.

The Chief Corporate Services Officer stated that no formal research on ARI hubs is underway, as it requires funding. The Committee agreed that after outcome measures are completed, the ICB will seek to fund National Institute for Health and Care Research around ARI hubs.

RESOLVED:

The Committee APPROVED the approach to ARI hub delivery for 2025/26

EC/2025-26/98 Agenda Item 10.1 – Urgent and Emergency Care Winter Planning Update

The Director of System Resilience introduced the report which provided the Committee with an update on the plans and process in place for Winter 2025/26.

The key points from the presentation were:

- Purpose and Structure
 - A Winter Delivery and Assurance Group has been established to oversee and coordinate winter planning across the system
 - The group reports monthly to the Urgent and Emergency Care Network (UECN) and the Living and Ageing Well Partnership (LAWP)
 - Responsibilities include coordinating system-wide winter readiness and improvement actions, identifying and escalating risks and delivering a coherent, measurable plan aligned with national and local expectations
- National UEC Plan 2025/26 – Priorities
 - Published by NHS England and Department of Health and Social Care on 6 June 2025, the plan outlines seven key priorities:
 - Ambulance response within 30 minutes for category two patients
 - Maximum 45-minute ambulance handover times
 - 78% of Accident and Emergency patients admitted, transferred, or discharged within four hours.
 - Less than 10% of patients waiting over 12 hours in Emergency Departments
 - Reduce 24-hour Emergency Department waits for mental health admissions
 - Address discharge delays
 - See more children within four hours
 - Additional system commitments include:
 - 5% improvement in staff vaccination uptake
 - Increased care in primary, community, and mental health settings
 - Elimination of internal discharge delays over 48 hours

The Chair enquired are there clear trajectories underpinning the priorities. The Chief Medical Officer confirmed there will be clear trajectories.

It was noted that there is no further funding available however, there is a lot which can be done within the financial envelope and there will be some specifics that can be done within existing contracts.

The Chief Corporate Services Officer enquired if there is a budget set aside for communications. The Chief Medical Officer confirmed there is no budget for communications.

The Chair noted we require a plan which is realistic and deliverable. Whilst there is no more money, we are already investing in these pathways, the plan needs to be deliverable and affordable.

The Chief Contracting and Procurement Officer requested a procurement representative be a member of the Winter planning Group.

At 10:36am the Chief People Officer joined the meeting.

Following discussions around staff vaccination rates the Committee agreed to conduct focus groups with staff to clarify the issue with staff vaccination rates. The Chief Executive, HI NENC, suggested collaborating with a popular YouTube-blogging surgeon from South Tyneside and Sunderland Foundation Trust to promote staff vaccinations.

The Chair enquired about the alignment between metrics and the Better Care Fund (BCF) plans, including specific measures related to discharge and admission avoidance, and requested an overview of these elements. The Chief Delivery Officer stated that the metrics within the BCF can be mapped to assess their role in monitoring outcomes, though noted that there may be a delay in data availability.

ACTION:

- 1) **The Chief Contracting and Procurement Officer to suggest a procurement representative to join the winter planning group**
- 2) **The Chief Executive, HI NENC and the Chief Corporate Services Officer to link with the surgeon from South Tyneside and Sunderland Foundation Trust to promote staff vaccinations**
- 3) **The Chief Delivery Officer to include the BCF metrics within the paper prior to Board submission**

RESOLVED:

- 1) **The Committee SUPPORTED the proposed winter planning timeline for 2025/26**
- 2) **The Committee SUPPORTED the use of the Executive Team meeting on 22 July 2025 to review and recommend the system winter plan to the Board for approval on 29 July 2025**

EC/2025-26/99

Agenda Item 10.2 – Oliver McGowan Training (OMMT)

The Deputy Chief Nurse introduced the report which provided the Committee with an update on the delivery of the statutory learning disability autism awareness training across the NHS part of NENC.

The Deputy Chief Nurse informed the Committee:

- NHSE has provided development funding to support the ICB, to assist systems to roll out OMMT training at scale; and build capacity across the ICS. This funding cannot be used for any other training, and there are strict limitations on how the funding can be used
- The ICB Executive committee, agreed in November 2024, that we should seek the full allocation of funding from NHS England to continue the roll out of the training. The ICB was allocated £1.3m in January 2025 for OMMT
- The OMMT draft code of practice has been laid before Parliament in June 2025, with likely approval due in July 2025
- The OMMT is the government's preferred and recommended package to support registered providers to meet the legislative requirement. This consists of a Two-tier training system: Tier 1 (non-patient roles) and Tier 2 (patient facing roles) – all staff complete an e-learning package, followed by either. Tier 1, a 90-minute Webinar or Tier 2, a whole day face to face training session
- Training must be delivered on a three year cycle with a target of 30% of the NHS workforce trained annually, or best endeavours
- Failure to deliver will result in statutory non-compliance, reputational risk, and continued health inequalities for people with learning disabilities and autism

It was noted that that there were challenges last year in terms of delivery and across the ICS we will need to train at least 33,000 staff each year if we are to reach the goal of training 30% of our staff annually on three year cycle. We have been working with voluntary sector partners, the Good Life Collaborative who ensure that we have the right model delivered in the right way with our experts, by experience.

This proposal is about building on what we have already done in terms of the foundations to have a more sustainable model going into next year.

The Chief People Officer informed the Committee that the ICB are under a visible spotlight as our delivery has not been as successful as in other areas. There is a need to monitor this carefully, to ensure that regular reports come back to Committee and that we have buy in from our providers. The Committee agreed with this approach.

ACTION:

- 1) **The Chief People Officer to schedule quarterly reports to be submitted to the Committee**
- 2) **The Deputy Chief Nurse and Chief People Officer to draft a letter to all providers regarding compliance with the Oliver McGowan Training**

RESOLVED:

The Committee APPROVED the funding for option one as set out within the report

EC/2025-26/100 Agenda Item 10.3 – Staff Survey and Audit Response Plan

The Chief People Officer introduced the report which provided the Committee with update in relation to the staff experience audit and action plans for the ICB's 2024 national staff survey.

The Chief People Officer informed the Committee that this report sets out the revised approach which was to be taken to ensure the improvements set out in the audit recommendations were implemented. The improvements identified for implementation were:

- A written document stating the objectives and aims in relation to staff experience
- A formal report to the People and OD Subcommittee and executive committee
- An ICB wide action plan and accountability process through the People and OD Subcommittee on a monthly basis
- Directorate wide action plan approach led by chief officers with accountability monitored through the People and OD Subcommittee on a quarterly basis

The Chief People Officer noted that an audit recommendation was to develop a policy on staff experience, this recommendation has been challenged.

It was noted that the staff survey this year is going to be challenging due to the timing. The Chief People Officer informed the Committee that other ICBs have taken the decision to stand down their staff survey this year due to it clashing with planned consultation.

The Committee agreed that the staff survey for 2025 should go ahead as planned with the caveat that there will be some nuanced questions developed to gain good insights around how people are feeling.

ACTION:

The Chief People Officer to develop questions for the staff survey and circulate to members for comment

RESOLVED:

The Committee RECEIVED the report for information and assurance

EC/2025-26/101 Agenda Item 10.4 – Mental Health Assertive and Intensive Community Action Plans

At 11:08am the Deputy Chief Nurse left the meeting.

The Chief Delivery Officer introduced the report which provided the Committee with an update on the development of the NENC assertive and intensive community mental health action plans.

The Chief Delivery Officer informed the Committee NENC assertive and intensive community mental health service reviews concluded in September 2024 with three key themes highlighted for further review:

- There is neither a standard clinical model nor a consistency of procedures that are applied
- where assertive and intensive functions are needed.
- There is complexity in identifying the cohort in scope due to the delivery of intensive and assertive support being embedded into a wider community care model.
- There is a variation in practice where handovers occur between different providers e.g. Crisis are delivered by one provider with core service delivered by a different provider.

The provider trusts have been working to review their action plans since the independent investigation recommendations, particularly against the areas for review as indicated by the NHS England Director for Mental Health.

A system wide representative task and finish group has been established to coordinate and progress the assertive and intensive community action areas that need to be delivered once across the whole ICB.

Alongside the trusts review work the ICB quality team have worked to collate incidents with similar coding and have mechanisms in place for oversight.

The Chair enquired if every person who is a potential risk been identified and has an appropriate assertive action engagement plan place. The Chief Delivery Office assured the Committee that each of the four organisations have taken assurances to their public board meetings. The Chair requested that this information be emphasised further in the paper and that it be clearly stated all identified patients have plans established prior to submission to the Board.

The Chief Clinical Information Officer observed that, in primary care, there are large groups of individuals who are referred back from mental health trusts. These individuals may present risks to society or use significant health and care resources, and it appears that receiving these patients is not currently prioritised within the trusts' vision and values. The Members were asked to consider if there is learning from this work that helps us think about what the role of our mental health providers is moving forward. The Committee thanked the Head of Programme Transformation for Mental Health, Learning Disability, Neurodiversity and Wider Determinants for their work on this report.

ACTION:

The Chief Delivery Officer to emphasise further in the paper that all identified patients have plans established prior to submission to the Board

RESOLVED:

The Committee SUPPORTED the planned progression of the paper to Board in July 2025

EC/2025-26/102

Agenda Item 10.5 – Northern Cancer Alliance Workplan and Financial Plan 2025/26

The Chief Delivery Officer declared an interest on this item due to their partner being Chief Executive of Healthworks. The Chair noted the conflict and that the Chief Delivery Officer could be present for the discussion but must abstain from any decision making

The Chief Executive, HI NENC declared an interest on this item due to being Chief Executive of HI NENC. The Chair noted the conflict and as the Chief Executive, HI NENC is not a voting member of the Committee they could be present for the discussion of this item.

The Director of System Resilience introduced the report which provided the Committee with the 2025/26 Northern Cancer Alliance (NCA) workplan and the allocated System Development Funding.

Cancer Alliances are distinct organisations hosted within their local systems. For NENC, the NCA is hosted by NENC ICB on behalf of the system. This means that the Alliance has a number of lines of accountability for its plan to NENC ICB and the Cancer Alliance Board on behalf of the system and to NHSE England as the commissioner of the Alliance.

The NCA Board agreed the initial 2025/26 plan in March 2025 with NHS England agreeing the plan in May 2025, the plan was also presented to the Alliance Board in June 2025. It was noted that there is a 27% funding reduction with expectations to align costs with targets.

The Chief Medical Officer identified funding allocated to organisational development, events, and the North of England Commissioning Support Unit, and recommended that additional efficiencies could be considered in these areas. It was observed that the governance structure is complex, and a question was raised regarding the ICB's responsibility in approving the plans. The Director of Finance (Corporate) explained that funding is allocated to the ICB; therefore, the NCA requires ICB approval for its spending plans.

It was observed that the plan should be reviewed over the course of the 2025/26, taking into consideration the Model ICB Blueprint and its associated implications.

The Chair clarified that the NCA sits within the ICB, the ICB do have a role to approve their plan.

The Chair proposed that the Committee approve the plans, with the caveat that the Chief Strategy Officer will review the discretionary spending items to identify potential efficiencies.

Following further discussion, the Committee agreed that all NCA decisions must align with the ICB, and any future plans require ICB approval before proceeding elsewhere. A governance diagram will be created to clarify these arrangements.

ACTION:

- 1) **The Chief Strategy Officer to review the discretionary spending items of the NCA financial plan to identify potential efficiencies**
- 2) **The Director of Corporate Governance and Board Secretary to create a governance diagram to clarify the governance arrangements for the NCA**

RESOLVED:

- 1) **The Committee APPROVED the 2025/26 Cancer Alliance workplan and financial plan with the caveat that the Chief Strategy Officer will review the discretionary spending items to identify potential efficiencies**
- 2) **The Committee APPROVED the proposed spend as outlined in appendix 1 noting that some funds are still to allocate in year**
- 3) **The Committee NOTED that the allocation is 26% less than previous years to account for NHS required cost savings**
- 4) **The Committee NOTED that the plan is expected to deliver circa £900k of savings to the ICB in 2025/26 from a combination of VAT and slippage to some cancer projects**

EC/2025-26/103 Agenda Item 11.1 - NENC ICB and ICS Finance Update Month Two

The Director of Finance (Corporate) 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 two months to 31 May 2025.

As at 31 May 2025 the ICS is reporting a year-to-date deficit of £19.52m compared to a planned deficit of £22.03m. The favourable variance to plan of £2.52m 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 efficiencies of just over £82m have been delivered for the two months which is £4.65m behind plan. In addition, recurrent efficiencies are £9.3m behind plan for the two months, across a number of organisations contributing to pressures on the underlying financial position.

ICB running costs:

- The ICB is reporting a year-to-date underspend on running cost budgets of £0.9m reflecting current vacancies within the ICB. A breakeven position is currently forecast against running cost budgets.

ICB Revenue:

- As at 31 March 2025 the ICB is reporting a year-to-date surplus of £2.97m compared to a plan of £1.97m, a favourable variance of £1m which largely reflects underspends on staffing costs due to vacancies.

ICS Capital:

- The ICS capital spending forecasts are currently underspending by £15.86m

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 Chair informed the Committee that the Chief Executive, County Durham and Darlington Foundation Trust has written to all foundation trust chairs to reiterate it is their accountability to deliver on their plans and there is significant risk around the delivery of these plans. All Chief Executive Officers of the foundation trusts have been formally notified that the ICB will not consider any further requests for additional funding, as all available resources have already been allocated within the system.

The Chief Medical Officer informed the Committee that a discussion has taken place with the mental health lead regarding access to ADHD services and an upcoming workshop scheduled for this week, which will involve mental health providers. It was suggested that we review our access criteria for assessment to better identify cases that have a greater impact. For example, consideration could be given to individuals who report positive functioning despite conditions such as ADHD.

Additionally, it was proposed that an online questionnaire may facilitate the process. There is an ongoing need to determine how best to proceed, including whether to suspend referrals temporarily, since this may prevent further increases to the waiting list. It was agreed that developing clear criteria for referrals is necessary, which can then inform the work of the larger working group.

Of the 30,000 people currently on the waiting list, it may be helpful to retrospectively apply any new criteria to evaluate whether some individuals could be removed from the list. The team is working on developing these options. Suspending referrals except for those individuals assessed to be at highest risk could be a considered strategy while we review our

commissioning policy, as this may help manage current resource constraints.

The Committee agreed that given the financial risks observed by the second month, it is imperative that we take prompt action to address the situation and we must focus on improving our pathways. It was proposed that the Mental Health, Learning Disability, Neurodiversity and Wider Determinants team to undertake a review of these issues and present viable options to the Committee at the next meeting.

ACTION:

The Chief Delivery Officer to liaise with the Director of Mental Health, Learning Disability, Neurodiversity and Wider Determinants to undertake a review of the issues and present viable options to the Committee at the next meeting

RESOLVED:

- 1) The Committee NOTED the draft outturn financial position for 2025/26**
- 2) The Committee NOTED the position on 2025/26 financial plans and the ICB efficiency programme for 2025/26**

EC/2025-26/104 Agenda Item 12.1 - Integrated Delivery Report

The Director of System Resilience 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 79.6% remains above the national average of 75%. Ranking fifth out of 42 ICBs
- Category two ambulance response times were at 19 minutes 49 seconds, ranking first nationally
- 4.2% of patients are waiting over 12 hours in Accident and Emergency
- For elective care, 70% of patients are seen within 18 weeks, and just 1.2% wait over 52 weeks - both better than national averages
- Dementia diagnosis prevalence is 69.2%, consistently meeting targets
- Dental access for unique adult patients stands at 41%, just below monthly plans
- 75.9% of patients receive a faster cancer diagnosis, and 70.8% are treated within 62 days
- 68.9% of patients experience reliable improvement in talking therapies, with a 47.6% reliable recovery rate

The Director of System Resilience invited reflections and feedback from members on the new format of the report.

The Committee agreed the format was more accessible, more detailed narrative is required on the metrics we are off target for and the dental metrics do not pick up the nuances.

The members were invited to review the report in further detail and submit any feedback/suggestions to the Director of System Resilience.

RESOLVED:

The Committee RECEIVED the report for information and assurance

EC/2025-26/105 Agenda Item 13 – Commissioning

No update for this item.

EC/2025-26/106 Agenda Item 14.1 – Procurement Strategy

At 11:55am the Strategic Head of Procurement attended the meeting to present the report.

The Chief Contracting and Procurement Officer introduced the report which provided the Committee with the proposed Procurement Strategy for the ICB.

The strategy focuses on utilising procurement processes and continuous lessons learned:

- To improve population health, delivering the best quality for patients and ensuring providers work to the same ethos as the ICB
- To reduce inequalities and support the local economy
- to focus on prevention and supporting the wider objectives of the ICB
- To drive efficiencies where appropriate specifically for non-healthcare procurements

Key changes include forming a team focused on category management strategies that align with our thematic approach to services and localities, ensuring effective management of population health data and intelligence for model development.

The team is actively building on the early stages of the strategy, exploring the impact and integration of artificial intelligence (AI), specifically the use of Co-pilot and AI demonstrations, to reduce administrative burden for staff.

The Chief Corporate Services Officer emphasised the need to embed social value in procurement and contract management in the organisation's culture and operations.

The Chief Delivery Officer noted the importance of consistency across regional NHS teams. The Strategic Head of Procurement assured the Committee the team was linked nationally.

The Strategic Head of Procurement noted that there is an expectation that everybody should have standardised commissioning skills and that some staff will have more advanced skills.

The Chair requested that a board development session be scheduled in order to gather broader perspectives on this matter.

ACTION:

The Chief Corporate Services Officer to schedule a board development session on the Procurement Strategy

RESOLVED:

The Committee RECOMMENDED the approval of the Procurement Strategy to Board

At 12:07pm the Strategic Head of Procurement left the meeting.

EC/2025-26/107

Agenda Item 14.2 – Foundation Trust Provider Collaborative Agreement 2025/26

The Director of System Resilience introduced the report which provided the Committee with the 2025/26 Responsibility Agreement between the ICB and Provider Collaborative.

The Director of System Resilience informed the Committee that the agreement covers the financial year 2025/26 and builds on versions agreed in 2023/24 and 2024/25.

In particular, the Responsibility Agreement sets out a number of specific work programmes that have been agreed between the ICB and the Collaborative, for which the Collaborative will be responsible for delivery, which includes working on System Recovery priorities that delivery financial efficiency savings.

It was noted that there is a reduction in funding and as 2025/26 progresses, the agreement will need to be reviewed in light of the Model ICB Blueprint and associated implications.

The Chief Delivery Officer noted that community/neighbourhood health is not included within the plan. It was agreed that the Chief Delivery Officer would develop wording to be included within the agreement relating to community/neighbourhood health.

The Director of Corporate Governance and Board Secretary indicated that the governance arrangements will need to be reviewed in response to the newly approved transitional governance framework by the Board.

The Chair observed that, given the forthcoming ICB restructure, it will be necessary to consider whether continued investment in this area aligns with the ICB's future objectives.

The Chair requested that Chief Clinical Information Officer to review the digital aspect of the agreement and noted that the Primary Care Collaborative Agreement is expected to be presented to the Committee at a forthcoming meeting.

ACTION:

- 1) **The Chief Delivery Officer develop wording to be included within the agreement relating to community/neighbourhood health**
- 2) **The Director of Corporate Governance and Board Secretary to review the governance arrangements**
- 3) **The Chief Clinical Information Officer to review the digital aspect of the agreement**
- 4) **The Primary Care Collaborative Agreement to be presented to the Committee at a forthcoming meeting**

RESOLVED:

- 1) **The Committee noted the content of the report**
- 2) **The Committee approves the Responsibility Agreement and resourcing with the caveat that the Chief Delivery Officer develop wording to be included within the agreement relating to community/neighbourhood health**

EC/2025-26/108 Agenda Item 14.3 – Health and Growth Accelerator Financial Plan

At 11:58am the Director of Policy, Involvement and Stakeholder Affairs attended the meeting to present the report.

The Director of Policy, Involvement and Stakeholder Affairs introduced the report which provided the Committee with the detailed financial plan for the Health and Growth Accelerator programme.

This report provides an overview of each of the proposed lines of expenditure, the rationale for its selection and evidence base including £1.4m for digital technology and £6m devolved to local delivery teams to commission locally delivered services through GP referrals.

The plan includes specifically commissioned therapy services, such as physiotherapy and psychological support, for participants in the Health and Growth Accelerator programme, aiming to reduce NHS waiting times.

The Director of Policy, Involvement and Stakeholder Affairs emphasised that this plan would require resource to deliver.

The programme is based on a patient-centred biopsychosocial model and aims to address economic inactivity and seeks to help up to one in three working-age adults in certain areas.

The Committee is asked to approve the financial plan to proceed with delivery and oversight.

The Chief Medical Officer noted the delivery of the plan will be overseen by the Healthier and Fairer programme.

The Chief Corporate Services Officer acknowledged the significant contributions of the Director of Policy, Involvement and Stakeholder Affairs and Head of Programmes, Health and Growth Accelerator in consolidating efforts and fostering strong engagement across system partners within a short timeframe. It was noted that resourcing this programme is a key priority.

The Chief Delivery Officer discussed resource constraints, particularly regarding staff capacity, funding mechanisms, and the need to ensure sufficient support for local delivery teams.

The Director of Finance (Corporate) raised concerns about aligning new staff costs and resource to the £18.76 budget and proposed this should be raised to NHS England as an exception.

The Chief People Officer noted the increase in staff sickness and the need to drive innovation to support staff differently.

The Chair reported that the ICB requested national feedback on the plan but did not receive any response; as a result, the ICB will consider this initiative a national pilot. This programme is one of three at the national level, and all funding is specifically allocated for the Health and Growth Accelerator to be used solely for delivery. The Committee agreed to proceed with the programme as a national pilot, allocate all provided funding to delivery, and modify future plans if necessary.

The Committee agreed the Director of Policy, Involvement and Stakeholder Affairs is to provide quarterly reporting, ongoing evaluation, and provided overall approval to proceed with the outlined programme.

ACTION:

The Director of Policy, Involvement and Stakeholder Affairs to provide quarterly progress reports to the Committee

RESOLVED:

- 1) The Committee NOTED the content of the report and the overall proposed financial plan for the Health and Growth Accelerator**

- 2) The Committee **APPROVED** the allocation of the funding as outlined in the table at section 1.5 of the report
- 3) The Committee **APPROVED** the business and investment cases as outlined within the report

At 12:25pm the Director of Policy, Involvement and Stakeholder Affairs left the meeting.

EC/2025-26/109 Agenda Item 15.1 – ICBP057 - Fit and Proper Person Test Policy

The Committee is asked to approve the Fit and Proper Person Test Policy.

RESOLVED:

The Committee APPROVED the ICBP057 - Fit and Proper Person Test Policy

EC/2025-26/110 Agenda Item 15.2.1 – HR01 - Equality, Diversity and Inclusion Policy

The Committee is asked to approve the updated Equality, Diversity and Inclusion Policy.

RESOLVED:

The Committee APPROVED the HR01 - Equality, Diversity and Inclusion Policy

EC/2025-26/111 Agenda Item 15.2.2 – HR06G - Statutory Neonatal Care Leave Policy

The Committee is asked to approve the new Statutory Neonatal Care Leave Policy for use across the ICB.

RESOLVED:

The Committee APPROVED the HR06G - Statutory Neonatal Care Leave Policy

EC/2025-26/112 Agenda Item 15.2.3 – HR06H - Fertility Policy

The Committee is asked to approve the new Fertility Policy for use across the ICB.

The Committee proposed a title change for the policy to Staff Fertility Policy.

ACTION:

The Chief People Officer to change the name of the policy to Staff Fertility Policy

RESOLVED:

The Committee APPROVED the HR06H – Staff Fertility Policy

EC/2025-26/113 Agenda Item 16.1 – Any Other Business

Gender Dysphoria Local Incentive Scheme (LIS)

The Chief Medical Officer reported to the Committee that after the approval of the Gender Dysphoria LIS, GP Practices have requested clarification on whether demonstrating delivery of the Gender Dysphoria work would allow payments to be backdated to April 2025.

The Committee discussed the gender dysphoria pathway and agreed that the implementation of the financial conversation with general practise will start from the beginning of April 2025 for those practises that can demonstrate delivery.

RESOLVED:

The Committee AGREED that practices demonstrating delivery of the Gender Dysphoria LIS since April 2025 may backdate claims

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

EC/2025-26/114 Agenda Item 16.2 - New Risks to add to the Risk Register

No new risks were identified.

EC/2025-26/115 Agenda Item 17 - CLOSE

The meeting was closed at 12:44hrs.

Date and Time of Next Meeting

Tuesday 12 August 10:30am.



**Samantha Allen
Executive Committee Chair
12 August 2025**