NHS
North East and North Cumbria

North East and North Cumbria Integrated Care Board
Leadership Committee (Public)

Minutes of the meeting held on Tuesday 12 May 2026, 13:37hrs in the Tom Cowie Suite, Pemberton House, Colima Avenue, Sunderland

Present:

Sam Allen, Chief Executive (Chair)
Levi Buckley, Deputy Chief Operating Officer
David Chandler, Chief Finance Officer
Michelle Evans, Interim Director of Workforce
Hilary Lloyd, Chief Nursing Officer
Jacqueline Myers, Chief Operating Officer
Dr Neil O'Brien, Chief Medical Officer (Vice Chair)
Rachel Mitcheson, Director of Commissioning (Neighbourhood North & North Cumbria)
Martin Short, Director of Commissioning (Neighbourhood Newcastle Gateshead & GPOD)
Karen Hawkins, Director of Commissioning (Neighbourhood South)
Lynn Wilson, Director of Commissioning (Neighbourhood Central)
Craig Blair, Director of Commissioning (Secondary Care Central & South Alliance)
Peter Rooney, Director of Commissioning (Mental Health and Learning Disabilities (MHLD))
Paul Turner, Director of Commissioning (Secondary Care Northern Alliance)
Marc Hopkinson, Director of System Resilience
Ben Anderson, Director of Population Health Management
Ewan Maule, Director of Medicines and Pharmacy
Robin Hudson, Medical Director
Alex Kent, Medical Director
Mike Smith, Medical Director
Louise Mason-Lodge, Director of Nursing (Quality and Secondary Care)
Richard Scott, Director of Nursing (Safeguarding and Neighbourhood Health)
Kate O'Brien, Director of Nursing (All Age Continuing Care (AACC), Mental Health, Learning Disabilities and Neurodiversity (MHLDND))
Richard Henderson, Director of Finance (Corporate and Insights)
Phil Argent, Director of Finance (Secondary Care)
Lynne Walton, Director of Finance (Neighbourhood Health and GPOD)
Mark Dornan, Chief Clinical Information Officer
Dan Jackson, Director of Policy and Stakeholder Affairs
Sam Allen, Chief Executive (Chair)
Levi Buckley, Deputy Chief Operating Officer
David Chandler, Chief Finance Officer
Michelle Evans, Interim Director of Workforce

In attendance: Rebecca Herron, Corporate Governance Officer (Committee Secretary)

LC/2026-27/1 Agenda Item 1 - Welcome and introductions

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

LC/2026-27/2 Agenda Item 2 - Apologies for absence

Apologies for absence were received from Nicola Hutchinson, Chief Executive, Health Innovation NENC (HI NENC), Claire Riley, Chief Corporate Officer, Deb Cornell, Director of Corporate Governance, Communications and Involvement (Board Secretary), Katharine Peterson, Medical Director, Kate Hudson-Halliday, Director of Finance (MHLD and AACC)

No further apologies for absence were received.

LC/2026-27/3 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.

LC/2026-27/4 Agenda Item 4 - Minutes of the previous meeting held on 14 April 2026

RESOLVED:
The Committee AGREED that the minutes of the meeting held on 14 April 2026, were a true and accurate record.

LC/2026-27/5 Agenda Item 5 - Matters arising from the minutes and action log

The Chair observed that the actions listed in the action log were transferred over from the Executive Committee's action log.

Minute reference LC/2025-26/299 Manchester Arena Inquiry Update
The Chief Operating Officer informed the Committee this action is now complete.

The Chair emphasised the importance of maintaining an accurate and up to date action log, particularly during the transition from Executive Committee to Leadership Committee arrangements. Members were asked to notify the Committee Secretary promptly when actions were completed to ensure clear audit trails and timely updates.

LC/2026-27/6 Agenda Item 6 - Notification of urgent items of any other business

The Chief Nursing Officer requested an item on Quality Update to be included under any other business.

The Chair requested an item on Week One Staff Feedback to be included under any other business.

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

LC/2026-27/7 Agenda Item 7 – Governance and Risk Management

No update for this item.

LC/2026-27/8 Agenda Item 8.1.1 – Healthier and Fairer Advisory Subcommittee Minutes

The Chief Medical Officer introduced the report which provided the Committee with the Healthier and Fairer Advisory Subcommittee minutes.

RESOLVED:
The Committee RECEIVED the minutes for assurance

LC/2026-27/9 Agenda Item 8.1.2 – Specialised Subcommittee Highlight Report and Minutes

The Deputy Chief Operating Officer introduced the report which provided the Committee with the Specialised Subcommittee Highlight Report and Minutes.

The Deputy Chief Operating Officer highlighted key issues arising from the report.

It was reported that investment in medical thrombectomy had been agreed, representing a disproportionately positive impact for the ICB compared with neighbouring systems. This investment would enable Newcastle to move to a 24/7 service. Members were advised that further work was required on the Teesside offer and associated timelines, and that the issue continued to attract ministerial interest. The Committee were assured that Communications colleagues were being kept sighted to ensure clarity and consistency in messaging.

An update was provided on patient transport services, with ongoing gap analysis addressing concerns about overlap and potential gaps between providers. Members acknowledged that this work was necessary to respond to questions being raised locally.

The Committee discussed the Integrated Stroke Delivery Network (ISDN), noting that it was no longer funded by NHS England. Members recognised

the historical value of the network in supporting mechanical thrombectomy rollout and clinical collaboration. The loss of funding was identified as a risk, and discussions with the Provider Collaborative were ongoing to explore interim support options, including voluntary arrangements.

Broader discussion followed regarding the standing down of clinical networks across specialised services. Members expressed concern that this created a vacuum in clinical leadership and coordination. A potential solution was discussed, including the development of an annual effectiveness summit, bringing clinicians together under an effectiveness banner to maintain collaboration.

The Chair emphasised the ICB's emerging role in hosting the Office of Pan-ICB Commissioning for specialised services and noted that this necessitated clearer thinking about governance, accountability, and the future role of networks. The Chair requested that the Deputy Chief Operating Officer bring a due diligence paper to the June Leadership Committee.

ACTION:
The Deputy Chief Operating Officer to bring a due diligence paper on proposed hosting specialised commissioning to the June meeting

RESOLVED:
The Committee RECEIVED the report and minutes for assurance

LC/2026-27/10 Agenda Item 8.2 - Place Subcommittee Minutes

South Tyneside - noted for information and assurance only
Sunderland - noted for information and assurance only
Darlington - noted for information and assurance only
South Tees - 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

LC/2026-27/11 Agenda Item 9.1 – Neighbourhood Health Centres Verbal Update

The Chief Operating Officer presented verbal update to the Committee.

Members were advised that national guidance had recently been published, with a tight submission deadline for proposals. This work was running in parallel with wider neighbourhood health planning and engagement with local authorities.

It was noted that:

- Only up to 20% of centres would receive public capital funding

- The remaining 80% would require alternative funding routes
- Delivery would require a left shift of resources from secondary care to community settings

The ambition was one centre per 50,000 population, anchored around GP practices and integrated neighbourhood teams. A task and finish group had been established, bringing together estates, digital, finance, and clinical colleagues.

Members discussed the financial risks of new builds, particularly where private finance mechanisms were involved, and reflected on learning from previous developments that had become underutilised. There was strong consensus that the priority should be re-use and refurbishment of existing estate wherever possible.

The Committee noted that NHS England was increasingly using AI tools to interrogate publicly available board papers to assess system maturity. Members recognised the importance of clear, accurate public reporting and the implications this had for how system progress was articulated.

ACTION:
The Chief Operating Officer to continue development of NHC proposals, prioritising refurbishment and optimal use of existing estate

RESOLVED:
1) **The Committee NOTED the update provided**
2) **The Committee AGREED that ongoing oversight would be provided through the Neighbourhood Health Subcommittee**

LC/2026-27/12 Agenda Item 9.2 – Freedom to Speak Up (FTSU) Quarter Four Report

The Interim Director of Workforce introduced the report which provided the Committee with an update on activity, emerging themes, and key developments from the Freedom to Speak Up Guardian service for Quarter Four 2025/26.

It was reported that nine confidential concerns had been raised during the quarter, all of which had been resolved. Themes related primarily to behaviours and workplace culture, particularly within nursing teams. Members were informed that an external cultural review was underway within All Age Continuing Care, supported by NHS England, alongside targeted psychological safety training.

The Interim Director of Workforce emphasised the importance of visible leadership and reported progress in recruiting Freedom to Speak Up champions across localities to ensure accessibility and reduce reliance on a single individual.

Members reflected on how leadership presence influenced workplace behaviours and reinforced the need for consistent, visible commitment to speaking up culture.

RESOLVED:

1) **The Committee NOTED the report and emerging themes from Quarter Four 2026/27**
2) **The Committee SUPPORTED the development of a regional Primary Care FTSU Guardian support group and ongoing staff engagement activities**

LC/2026-27/13 Agenda Item 9.3 – Sir Jim Mackie Letter

The Chief Operating Officer introduced the report which provided the Committee with the current draft response to the letter received from Sir Jim Mackey, NHS England Chief Executive, dated 1 April 2026 regarding the next steps on planning and priorities for 2026/27.

Members reviewed the draft Strategic Commissioning Narrative and noted the tight timescales for submission. It was agreed that authority be delegated to the Chief Executive and Chief Operating Officer to approve final amendments prior to submission to NHS England.

Members discussed the importance of presenting a clear, concise narrative that articulated system ambition while remaining realistic and deliverable.

RESOLVED:

1) **The Committee NOTED the content of the NHS England letter dated 1 April 2026**
2) **The Committee REVIEWED the current draft Strategic Commissioning Narrative**
3) **The Committee SUPPORTED continued engagement with system partners ahead of final submission to NHS England by 15 May 2026**
4) **The Committee DELEGATED authority to the Chief Executive and Chief Operating Officer to approve final amendments prior to submission**

LC/2026-27/14 Agenda Item 10.1 - NENC ICB and ICS Finance Update Month Twelve

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 twelve months to 31 March 2026.

As at 31 March 2026 the ICS reported an outturn surplus of £1.07m, excluding additional deficit support funding of £34.4m received in month twelve.

ICB Running Costs:

- The ICB is reporting a final underspend on running cost budgets of £7.9m. This largely reflects the impact of vacancies held during the year with the underspend helping to offset an overspend on programme budgets related to expected redundancy costs

ICB Revenue:

- As at 31 March 2026 the ICB reported an outturn surplus of £34.86m, in line with the forecast position reported last month. This position is an improvement to plan of £23m which was agreed to offset pressures elsewhere within provider positions
- There continues to be four main pressure areas to highlight within the ICB position at month twelve:
  1) Risk around growth in elective activity
  2) Significant growth in Right to Choose Attention Deficit Hyper Activity Disorder / Autism Spectrum Disorder (ADHD/ASD) assessments with non-NHS providers
  3) Pressure on all-age continuing care (AACC) budgets particularly relating to the challenging efficiency targets
  4) Growth in prescribing costs over budget

ICS Capital:

- The ICS is reporting an outturn underspend of £5.61m against capital largely due to Return to Constitutional Standards funding and general slippage across a number of providers.
- The ICB is reporting a £1.05m underspend against GPIT and estates schemes.

The Chief Finance Officer explained that the system level achievement triggered the release of an additional £25m cash allocation to provider trusts. Members were reminded that this benefit was contingent on system performance and not evenly distributed, as one provider trust had ended the year £24m off plan, requiring mitigation through collective system action involving both the ICB and the ambulance service.

The Chief Finance Officer described the year as highly turbulent, noting significant volatility across demand, workforce, and provider positions. Despite this, the system had met its statutory financial duties.

The Committee was informed that the accounts were progressing through external audit, with no significant issues raised at that stage. In relation to capital, an underspend was reported, largely linked to estates programmes, and it was noted that additional capital funding had become available across the system.

Members discussed the increasing reliance on AI enabled tools to support decision making, forecasting, and demand modelling, including use within statutory decision support tools.

The Chair reinforced that the financial position required a collective system response, stressing that all funding represented public money. The Chair emphasised the importance of early escalation, transparency, and shared accountability, noting that future years would not allow the same degree of mitigation through non recurrent measures.

RESOLVED:

1) **The Committee NOTED the draft outturn financial position for 2025/26**
2) **The Committee NOTED the finance session for members occurred on 30th April and was recorded on Teams**

LC/2026-27/15 Agenda Item 11.1 - Integrated Delivery Report

The Chief Operating 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 80.6% Ranking seventh out of 42 ICBs
- Category two ambulance response times were at 20 minutes 9 seconds, ranking second nationally
- 3.8% of patients are waiting over 12 hours in Accident and Emergency
- For elective care, 69.9% of patients are seen within 18 weeks, and just 1% wait over 52 weeks - both better than national averages
- Dementia diagnosis prevalence is 68.8%, consistently meeting targets
- Dental access for unique adult patients stands at 40.5%, now at national target
- 76.1% of patients receive a faster cancer diagnosis, and 69.8% are treated within 62 days
- 67.3% of patients experience reliable improvement in talking therapies, with a 46.1% reliable recovery rate

Discussion turned to community waiting lists, with waits exceeding 52 weeks highlighted as a significant concern. It was clarified that these waits related primarily to Foundation Trust community services. Members queried how recently allocated community investment funding was being used and whether recovery plans were in place.
The Chair challenged the Committee to move beyond passive receipt of performance data, stating that Leadership Committee members should take explicit ownership of indicators, rather than viewing the report as solely for assurance.

Sickness absence rates were identified as an area requiring a clear improvement plan, and members agreed that future iterations of the report should demonstrate specific actions and trajectories, rather than simply noting performance variance.

RESOLVED:
The Committee RECEIVED the report for information and assurance

LC/2026-27/16 Agenda Item 12 - Commissioning

No update for this item.

LC/2026-27/17 Agenda Item 13.1 – Commitment to Carers

The Director of Policy and Stakeholder Affairs introduced report which provided the Committee with the proposal for the ICB to sign up to the Commitment to Unpaid Carers Pledge, outlining its origins, intent, and proposed implications.

Members were advised that the pledge had been revised following feedback, particularly to moderate expectations around funding and delivery. A gap analysis and draft action plan were presented, setting out proposed actions for the ICB both as an employer and a commissioner.

The Committee discussed significant variation in carer funding across localities, with concerns raised about committing to actions that could not be delivered equitably. Members highlighted the challenge of developing system wide carers' policies, such as carers' leave, which would require agreement across multiple independent organisations.

There was strong recognition that unpaid carers often experience poor physical and mental health outcomes, and that preventative investment could deliver long term system benefits. However, members acknowledged the difficulty of quantifying impact, given under identification of carers and limited data.

The Chair summarised that there was clear support in principle for the pledge, but emphasised the importance of:

- Establishing a baseline assessment of current activity and spend
- Being explicit about accountability and deliverability
- Working closely with local authorities, who play a central role in carer support

ACTION:

1) **The Director of Policy and Stakeholder Affairs to develop revised wording clarifying deliverable commitments**
2) **The Director of Policy and Stakeholder Affairs Undertake a baseline assessment of current carer support and investment**

RESOLVED:

1) **The Committee NOTED the content of the report**
2) **The Committee SUPPORTED the progress of operational oversight through the Neighbourhood Subcommittee**

LC/2026-27/18 Agenda Item 13.2 – Foundation Trusts Provider Collaborative Agreement

The Chief Operating Officer introduced report which provided the Committee with the proposed 2026/27 Responsibility Agreement between the ICB and Foundation Trusts Provider Collaborative.

Members welcomed the agreement but raised concerns that unplanned and emergency care was not sufficiently prominent. It was also noted that population health management and inequalities required stronger articulation within the document.

Further discussion highlighted the need to strengthen digital collaboration, particularly beyond diagnostics, and to clarify expectations around workforce wellbeing hubs. Members queried the sustainability of the agreement beyond the current financial year.

The Chair stressed the importance of maintaining a golden thread linking the agreement to system priorities, including inequalities, urgent care, and workforce resilience.

ACTION:

1) **The Chief Operating Officer and the Director of Population Health Management to strengthen the agreement to explicitly reference health inequalities and urgent care**
2) **The Chief Operating Officer to clarify digital and workforce wellbeing commitments**
3) **The Chief Operating Officer to confirm sustainability of collaborative arrangements beyond year end**

RESOLVED:

The Committee APPROVED the Foundation Trust Provider Collaborative Responsibility Agreement with the caveat that the agreement is strengthened to explicitly reference health inequalities, urgent care and clarify digital and workforce wellbeing commitments

LC/2026-27/19 Agenda Item 14 – Policy Management

No update for this item.

LC/2026-27/20 Agenda Item 15 – Any Other Business

Agenda Item 15.1 - Integrated Health Organisation Update

The Chief Operating Officer provided a brief update regarding exploratory work with a Foundation Trust partner regarding Integrated Health Organisation development. Primary care engagement was described as cautious, and an internal working group had been established. Further detail would be brought through Neighbourhood Subcommittee governance.

Agenda Item 15.2 – Week One Staff Feedback

The Chair reflected on early staff feedback following organisational change. Feedback was broadly positive, particularly regarding support and equipment, but members agreed further engagement was needed. Plans were confirmed to gather real-time feedback via QR codes and to review findings at the end of May.

Agenda Item 15.3 – Quality Update

The Chief Medical Officer and the Chief Nursing Officer provided a Quality Update presentation to members.

The Committee received an overview of the proposed Quality Management Framework (QMF), which supports the ICB's statutory duty to secure continuous improvement in the quality of commissioned services. The framework establishes a single, system-wide approach to quality assurance, governance, escalation and continuous improvement, aligned to the ICB Quality Strategy and relevant national policy.

Clear governance arrangements were outlined, with overall accountability resting with the ICB Board and oversight provided through established quality committees and escalation routes. The framework also includes the development of a unified quality dashboard, bringing together performance metrics, patient feedback and early warning intelligence to support proactive oversight.

Key priorities for 2026/27 focus on embedding the QMF across the system, strengthening provider oversight, and advancing improvement activity through initiatives such as the Patient Safety Centre.

The Committee noted the next steps, including final approval of the QMF and implementation of the supporting governance, monitoring and reporting arrangements.

ACTION:
The Chief Medical Officer and the Chief Nurse to bring the Quality Management Framework back to the Committee for full discussion

LC/2026-27/21 Agenda Item 16 - New Risks to add to the Risk Register

No new risks were identified.

LC/2026-27/22 Agenda Item 17 - CLOSE

The meeting was closed at 15:15pm.

Samantha Allen
Leadership Committee Chair
09 June 2026