

North East and North Cumbria Integrated Care Board

Finance, Performance and Investment Committee

**Minutes of the meeting held on Thursday 6 March at 10:00hrs
Via MS teams**

Present: Jon Rush, Independent Non-Executive Director and Chair
Levi Buckley, Chief Delivery Officer/ SRO for Mental Health, Learning Disability and Autism
David Chandler, Chief Finance Officer
Eileen Kaner (Independent Non-Executive Director)
Jen Lawson, Head of Corporate Governance
Jacqueline Myers, Chief Strategy Officer
Rajesh Nadkarni (Executive Medical Director, Cumbria Northumberland Tyne and Wear NHS FT),
Neil O'Brien, Chief Medical Officer
Dr Mike Smith, Primary Medical Services Partner Member and Vice-Chair

In attendance: Phil Argent, Director of Finance, North
Lis Dunning, Director of Finance, System Medium Term Financial Planning and Recovery
Emma Ottignon-Harris, Executive Assistant (minutes)
David Stout, Independent Non-Executive Member

FPI/2024-25/123 Welcome and introductions

The Chair welcomed all those present to the meeting, introductions were made and it was confirmed that the meeting was quorate.

It was agreed that the meeting would be recorded for the purpose of minutes.

FPI/2024-25/124 Apologies for absence

Ken Bremner, Chief Executive South Tyneside & Sunderland NHS FT and Richard Henderson, Director of Finance, Corporate

FPI/2024-25/125 Declarations of interest

The Chair asked to note the discussions that would take place regarding financial allocations but it was deemed appropriate to include Provider Trust committee members as no decisions would be made at the meeting and their teams were aware of the progress to date so far.

FPI/2024-25/126 Minutes of the previous meeting held on 6 February 2025

RESOLVED:

The FPI Committee **AGREED** that the minutes of the meeting held on 6 February 2025 were a true and accurate record, apart from a slight amendment to remove a duplicate paragraph at the end of page 2.

FPI/2024-25/127 Matters arising from the minutes

FPI/2024-25/116: A further updated on weight loss drugs was provided. Funding had been confirmed by NHSE for a three year period and is expected to be delivered through tier 3 weight management specialist services due to the eligibility criteria of a BMI in excess of 40 plus 4 other associated medical conditions, excluding diabetes. Further work is required regarding NENC delivery model, and risks related to unregulated prescribing and private sector remain. The Committee will continue to be updated as work progresses.

FPI/2024-25/128 Action Log

FPI/2024-25/115/01 ICB financial update: An update was provided regarding investment panel business case 112. The funding request that went to panel was for a longstanding pressure within Gateshead, where the LDT had worked with the nursing directorate to try to find a solution within LDT budgets. Position is different across each place/LDT reflecting historical funding arrangements. There may be pressures in other areas but this was a specific Gateshead issue. **Close action**

FPI/2024-25/120/01 Risk register update: NENC090 is aligned to weight loss drug financial risks. **Close action**

FPI/2024-25/129 Notification of urgent items of any other business
None received.

FPI/2024-25/130 ICB performance update

The Chief Strategy Officer introduced the integrated delivery report which provided an ICS overview of quality and performance using data covering December 2024 for most metrics and January 2025 for others, unless otherwise specified. The finance data was for January 2025 (Month 10) and key points were highlighted.

MHLDA:

- The number of patients with learning disabilities and autism in in-patient care being discharged remained static at 170 although a good news story was shared with regard to a long-term in-patient who had recently been discharged to a community care home.
- Due to the significant progress made with the transforming care programme, NHSE have reduced the frequency of oversight meetings to a quarterly basis and will showcase NENC work with the national team. Work will continue to focus on long-term inpatient stays.

Cancer and Diagnostics:

- NHSE have escalated South Tees NHS FT into tier 2 escalation / support for Cancer and Newcastle upon Tyne Hospitals NHS FT (NUTH) for Cancer and Diagnostics. It is anticipated that this will be a short-term arrangement for NuTH due to a significant improvement in diagnostic performance over the past 3 months.
- The percentage of diagnostics tests being delivered within 6 weeks had increased and although the national ambition had not been achieved, this was an improving position.

Primary Care:

- The number of appointments in general practice had dropped below plan in December 2024 which was noted as a shorter working month due to Christmas, and it was highlighted that an improved GP contract offer is in place for 2025-26, subject to the appropriate approval process.

Urgent and Emergency Care:

- A&E 4-hour waits had improved in January to 74.9% which was above the national average of 73%. The unvalidated position for February had indicated a further improvement at 76.9%.
- There had been an increase in community health service activity with 2-hour urgent community response and use of virtual wards which had contributed to managing winter pressures. The challenge for NENC is to sustain use of these services to manage ongoing system pressures.
- Category 2 ambulance response time had improved in January to 27 mins 51 seconds which meant that NEAS was top in the national ranking for year-to-date position.

Elective Care:

- NENC had returned to the position as best performing ICB in December 2024 for RTT performance with 69% of people on the waiting list for elective treatment waiting less than 18 weeks.
- The 104 week wait list was below 5 but due to some issues related to corneal transplants, complex spines, and foot and ankle NENC was not expected to eliminate the 65 and 78 week waitlist by end of March 2025. The 52 week wait list position had improved and was at its lowest point post COVID-19.

Cancer:

- Cancer 62-day performance had continued to improve in December although caution was aired for the next update as completion targets were often lower in December due to seasonality.

Mental Health, Learning Disability and Autism (MHLDA):

- Due to the sheer growth in volume of referrals, pressures continued within adult and children and young people waiting times. An all-age ADHD and Autism pathway transformation group had been established to focus on

capacity and demand. An explanation of ongoing work with local authorities and provider trusts was given which included education modelling for SEND, waiting list initiatives and waiting well offers. The committee were reminded that ADHD targets and funding stream information had not been included in 2025-26 national planning guidance.

- Performance had improved with the dementia diagnosis rate and people with SMI receiving full physical health checks in Primary Care, which are not expected to be within future GP contracts so interim arrangements and risks will need to be managed along with a number of quality and outcomes framework (QOF) issues.
- Annual health check and plan for people with a learning disability and autistic people is well below target although is expected to improve over the next quarter.

Continuing Healthcare (CHC):

- The IDR report had included data for continuing healthcare for 2 consecutive months which will include further dashboard supporting data going forward.

There was an opportunity for comments and questions:

- Due to the worsening data which showed that NENC was below the national performance average, there was a discussion regarding the range of metrics used for measuring GP practice appointments within two weeks, same or next day and the inconsistency of robust data collection across general practice due to clinical pressures. A deep dive had recently been carried out which had highlighted some activity that was not counted such as online triaging and consultation and that NENC had in fact offered more face-to-face GP appointments in comparison to other areas in the country. This led to a further discussion on the balance of appropriate timeliness for patient appointments. Similar questions had also been raised at Executive Committee therefore further narrative had been requested at Primary Care Strategy and Delivery Committee which could be shared to include in future integrated delivery reports.

ACTION: Chief Delivery Officer to share narrative on GP appointment waiting times with performance and planning colleagues to include in future integrated delivery reports which had also been requested at Primary Care Strategy and Delivery Committee.

RESOLVED:

The Finance, Performance and Investment Committee **RECEIVED** the content of the report and concluded it had received the required assurance in relation to performance, noting the areas where further information was requested.

FPI/2024-25/131 Performance deep dive: A&E 4-hour wait

Following a request from the FPI Committee to receive more in-depth information in specific pathways and performance areas, the Chief of Strategy provided a deep dive update on A&E 4-hour waits as part of a wider performance update.

The presentation, which had also been circulated in the meeting papers, provided data from the period April 2024 to January 2025. NENC ranked third highest A&E 4-hour wait performance overall at 76.9% against the national target of 78.9%. A&E performance data was included for Type 1, Type 3, activity, arrival mode, provider trusts, patient time spent in department, admission to treat time and ambulance handovers.

It was explained that Type 2 attendances were similar to Type 1 and included single speciality injuries such as an eye casualty and Type 3 was broader which included the use of urgent treatment centres, minor injury units and nurse led activity.

There was an opportunity for questions and comments:

- It was confirmed that peer review and site visits had been undertaken with Northumbria Healthcare NHS FT (NHCFT) to share learnings and expertise due to its lowest average wait times in NENC.
- In response to a query raised regarding waits in excess of 12 hours and the Type 1 activity metric, assurance of the monitoring arrangements were given which included the annual plan focus with improvement trajectories, oversight meetings, daily system coordination centre monitoring with step up system calls, 24-hour metric monitoring, and the broader system transformation programmes via the UEC Network Board and Living and Ageing Well Board.
- The performance data in this deep dive had also been shared with Provider Trust business intelligence colleagues.
- There was a discussion regarding the comparison in data across NENC for Type 1 and Type 3 activity, and the variation in Type 3 environment capacity such as urgent treatment centres which will alleviate A&E department pressures. Improving Type 3 and same day emergency care (SDEC) capacity forms part of the NENC strategy and it is important to focus on both Types and reduce excessive long waits in A&E due to the impact of poor patient experience and health outcomes.

FPI/2024-25/132 ICB financial update

The Director of Finance introduced the finance report for the ten months to 31 January 2025 which included the month 10 position. The investment oversight and vacancy control panel schedule for January 2025 was also included in the report.

As there had been a recent in-depth discussion at Board, only key points and risks were highlighted:

- The ICB is now reporting a year-to-date surplus of £8.0m compared to a plan of £3.0m and at month 10 there had been an agreed reduction in the ICB planned surplus of £50m with a corresponding improvement in provider positions.
- ICS capital spending forecasts are now back in line with latest confirmed capital allocation.
- There continues to be a significant under-delivery amounting to £49.3m recurrent efficiencies across ICS provider trusts; work is ongoing with finance colleagues to improve the position.
- Agency spend had improved although WTE is flat.
- Productivity had increased by c. 2.5%.
- Main priority work focus is on 2025-26 financial planning.

RESOLVED:

The Finance, Performance and Investment Committee:

NOTED the latest year to date and forecast financial position for 2024/25.

NOTED there are a number of financial risks across the system still to be managed.

NOTED the schedule of Investment Oversight Panel decisions for January 2025 for assurance purposes.

FPI/2024-25/133 MTFP 2025-26 and system recovery group update

The Director of Finance, System Medium Term Financial Planning and Recovery, introduced the MTFP scenario planning update report. Key points were highlighted since the last report in December 2024:

- The ICS position had deteriorated by over £100m. Despite an improvement in productivity, cost pressures had increased and the WTE workforce position had not reduced.
- A revised CIP target for 25/26 of an average 8% turnover had been identified which is far more than previous years. This is due to a combination of pressures against planning assumptions, non-delivery of recurrent CIP in 24/25 and activity growth in prescribing and CHC, which were not previously accounted for in the model. A process is underway to

review individual trust cost improvement plans and therefore a minimum recurrent savings level has not yet been set.

- The model currently suggests the ICS would need to achieve a 7-8% level of efficiency in 2025-26 reducing to 3.5%/2% in later years respectively.
- 'Difficult decision conversations' have been undertaken with provider trusts and service reform work has reviewed potential services that are not considered essential.
- The paper highlighted key areas such as workforce, procurement, repatriation of elective activity to reduce reliance on the independent sector and pathway service reform.

The system recovery board assurance and escalation report provided in-depth information and outputs of the difficult decisions session such as reduction in service, workforce, potential site closures, maternity services and increase in productivity. It was confirmed that system consistency is vital and the financial challenges to come were emphasised.

It was confirmed that clinical engagement regarding workforce decisions had been variable to date, but further service reform and staffing model work will be led by clinicians.

Assurance was provided that currently there are sufficient governance arrangements in place to monitor the position although the time required and appropriateness of meetings might be considered at a later stage. Due to a recommendation within the PWC report, provider trust quarterly \cip achievement plans will be reviewed.

RESOLVED:

The Finance, Performance and Investment Committee:

CONSIDERED the updated MTFP and the implications for each member of the ICS.

NOTED the aim of a reducing UDL and deficit each year.

NOTED that the assumptions are based on pre-budget information.

NOTED that the MTFP will need to be updated when the financial planning guidance is issued and if / when material assumptions in the plan need updating.

NOTED the required levels of efficiency to achieve the financial strategy of the ICS.

ASKED to support the outputs of the model and the basis on which it has been built and that it is continued to be updated for medium term planning purposes in 25/26.

Received **ASSURANCE** of the ongoing system recovery board work.

FPI/2024-25/134 Finance and performance 2025-26 operational planning update

The Director of Finance (North) provided a presentation to update on 2025/26 operational planning. A headline financial, operational and workforce plan had been submitted at the end of February. National full plan submissions are required on 27 March 2025.

The presentation included information regarding plan submission requirements, ICS planning governance infrastructure, key milestones and headline submissions.

NENC 25/26 draft plan success metrics for reducing the time people wait for elective care are reliant on an additional £50m of elective recovery funding. Provider Trusts have been asked to provide plans for the next flash return if additional funding is not received and therefore the system level position might be revised.

It was highlighted that although there was a red cross against the success measure to improve Category 2 ambulance response times to an average of 30 minutes across 2025-26, NEAS have confirmed that this will be achieved and a stretch plan is in place if additional funding is received.

Although the workforce system overview slide highlighted a reduction in staff-in-post percentage change, it was evident that the current workforce is unaffordable and will be addressed within difficult decisions work as highlighted earlier in the meeting.

The finance headline submission slide explained that the headline finance plan template required a breakeven plan for submission and a total CIP requirement of £739m to achieve the assumed position. Details of achievable levels of CIP and gaps were also given. Work is ongoing to improve the position and individual trust peer reviews are underway.

In response to a query regarding reasonable levels of CIP for organisations in a deficit position, it was clarified that the minimum achievement should be at 2024-25 levels, and there will be a significant focus on stretching and risk appetite on business-as-usual adjustments. It is expected that positions for organisations in a deficit position will improve.

RESOLVED:

The Finance, Performance and Investment Committee were **ASSURED** of the operating planning process within the timeframes.

FPI/2024-25/135 Specialised commissioning

The Chief Finance Officer provided an update on the draft specialised commissioning delegation ICB risk share agreement between the 4 North East and North Yorkshire ICBs ahead of the formal delegation of specialised services from 1 April 2025.

The risk share agreement will support the management of financial risk for each of the 4 ICBs during 2025-26. It was confirmed that this will be presented to Exec Committee and Board in March 2025 for final recommendations and approval.

A query was raised regarding the legal implications of a 1 April 2025 delegation approval deadline therefore the Head of Governance was asked to clarify approval dates.

ACTION: Head of Governance to check deadline dates for final delegation approval and agreement.

RESOLVED:

The Finance, Performance and Investment Committee **CONSIDERED** the content of the draft agreement and **PROVIDED** feedback were appropriate.

FPI/2024-24/136 Committee annual review and effectiveness survey results

Due to a limited number of responses this item was deferred and the survey link would be resent via email. A reminder was given that this feedback will form part of the annual report narrative.

FPI/2024-25/137 Any other business

The Chair provided a brief update on the NENC Infrastructure Strategy. Following feedback from the original submission to NHSE in July 2024 a revised version had been resubmitted in February 2025 with amendments predominantly regarding governance and core estates. The Chair of the Infrastructure Board will shortly be providing the Provider Leadership Board with a further update on the project programme position.

A performance deep dive will not be scheduled for the committee meeting in April, but a presentation will be provided on Learning Disability and Autism wait lists.

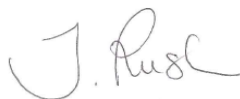
Items suggested for the forward plan included:

- Voluntary and community sector contract provision and services
- MHLDA transformation programme
- Mental health investment standard
- Workforce

FPI/2024-25/138 Meeting review and date of next meeting

The next meeting is scheduled to take place on Thursday 3 April 2025 at 10.00hrs via MS teams.

Signed:



Position:

Chair

Date:

3 April 2025