

Our Reference North East and North Cumbria ICB\
FOI ICB 26–123

North East and North Cumbria ICB
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By Email

8 July 2026

Dear Applicant

Freedom of Information Act 2000 – Request for Information – NHS North East and North Cumbria Integrated Care Board (NENC ICB)

Thank you for your request received on 10 June 2026 for information held by NHS North East and North Cumbria Integrated Care Board (the ICB) under the provisions of the Freedom of Information Act 2000. The ICB covers the areas of County Durham, Newcastle Gateshead, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland, and Tees Valley.

Please find the information you requested on behalf of the ICB as follows.

Your Request

This is a request made under the Freedom of Information Act 2000. We are requesting this information to better understand how Continuing Healthcare (CHC) / All-Age Continuing Care (AACC) services are currently managed across ICBs, including systems, processes and resourcing models.

Please find our questions below.

1. What case management system or systems does the ICB currently use for CHC / AACC? Please provide supplier, system name, contract start date, contract end date, extension options, and whether each system is used ICB-wide or by place/locality.
2. Does the ICB have any recorded plans to procure a new CHC / AACC system? If yes, please provide the expected procurement date, and whether the intention is to procure a single ICB-wide system.
3. What was the ICB's total annual spend on CHC / AACC in the most recent completed financial year?
4. Who is the senior person responsible for CHC / AACC at the ICB? Please provide name, job title and email address. If responsibility is split by place/locality, please provide a breakdown.

5. Does the ICB use a DPS, framework, brokerage platform, e-brokerage system, or other digital tool to source CHC-funded packages? If yes, please provide supplier/system name, scope of use and contract end date.
6. Does the ICB pay CHC providers based on commissioned package values, actual care delivered, actual visit/delivery data, or another payment model? Please provide any recorded policy or description of the approach used.
7. On average how many CHC / AACC provider invoices were processed in the most recent completed financial year, and what system or process is used to validate them?
8. Does the ICB collect actual care delivery data for CHC-funded packages? If yes, please state what data is collected, which system is used, and whether it is used for payment, quality monitoring, contract management or forecasting.
9. How many manual reports relating to CHC are produced per month and how long do these reports take to produce?
10. Does the ICB use digital dictation, speech recognition, AI transcription or any transcription tool to support CHC DSTs, assessments, reviews or case notes? If yes, please provide supplier, system name, contract end date and annual spend.
11. Has NHS England or the ICB set any recorded CHC savings, efficiency or cost-reduction target? If yes, please provide the value, deadline/financial year, and any relevant programme or board paper where this is recorded.
12. Does the ICB have any recorded requirements, strategies, procurement documents or board papers stating that its CHC system should integrate with Trust or Local Authority systems? If yes, please provide copies or extracts.
13. Does the ICB hold any recorded issues, improvement requirements, lessons learned, audit findings, risk-register entries, or service-improvement plans relating to its CHC / AACC system? If yes, please provide copies or extracts.
14. Does the ICB currently have a CHC / AACC transformation, improvement, efficiency, recovery, or digital programme in place? If yes, please provide the programme name, lead officer, objectives, expected savings, and relevant board papers or programme documents where held.

Where possible, we would appreciate responses in a structured format (e.g. table or bullet points). We understand the statutory response timeframe is 20 working days. Please let me know if you require any clarification on the request.

Our Response

We can confirm, as per Section 1(1) of the Freedom of Information Act 2000, the ICB does hold the information requested.

1. Broadcare is the AACC digital Case Management System. The ICB uses Broadcare as the AACC Digital Case Management System for all places except Northumberland. The current contract started on 01/07/2025 and ends on 30/06/2026. A 12-month extension has been agreed.
2. Please refer to the response to question 1.
3. NENC ICB's total annual spend on Continuing Healthcare / All-Age Continuing Care in 2025/26 was £607,438,013.
4. Hilary Lloyd, Chief Nurse holds overall responsibility for CHC / All-Age Continuing Care at NENC ICB. Please email Hilary Lloyd at nencicb-sun.chairceooffice@nhs.net with all emails clearly marked for her attention.
5. The ICB is currently reviewing commissioning options as there are different arrangements in place depending on the locality. The ICB has arrangements with local authorities who

commission on behalf of the ICB using their relevant local authority frameworks. Where the ICB commissions directly, this is on a spot purchase basis based on patient need.

6. All payments are validated against the commissioned package value. Automated schedule payments are made using package details recorded on our AACC system. Payments made via receipt of a proforma/invoice are based on actual hours/visits provided – up to the level of the agreed commissioned package.
7. NENC ICB does not usually make payments by invoice. Most payments are made by monthly schedule payments to providers or via Local Authority recharges.
8. The only care deliver data used by the finance team is to support payment, e.g. number of hours, number of visits.
9. There are 8 manual reports produced monthly.
10. The ICB does not use digital dictation, speech recognition, AI transcription or any transcription tool to support CHC DSTs, assessments, reviews or case notes.
11. The AACC efficiency target for 2026/27 has been set at £18.5m.
12. No, NENC ICB does not have any recorded requirements, strategies, procurement documents or board papers stating that its CHC system should integrate with Trust or Local Authority system.
13. The ICB holds risk registers. Lessons learned is identified through complaints where 7-minute briefings are produced to ensure ongoing improvement. Involvement from the wider ICB, including governance, supports the development and ongoing improvement of CHC.
14. Yes, the ICB has an improvement plan and Nicki Trewhitt, Assistant Director for AACC is the lead officer. Please direct all queries to Nicki Trewhitt using the mailbox nencicb-sun.chairceooffice@nhs.net, marked for her attention. Improvement plan savings will be dependent on the efficiency work progressed; the anticipated saving is £13m.

In accordance with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log. Therefore, a version of our response which will protect your anonymity will be posted on the NHS ICB website <https://northeastnorthcumbria.nhs.uk/>.

If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me on the above telephone number or at the above address.

If you are unhappy with the service you have received in relation to your request and wish to request a review of our decision, you should write to the Information Governance Manager using the contact details at the top of this letter quoting the appropriate reference number.

If you are not content with the outcome your review, you do have the right of complaint to the Information Commissioner as established by section 50 of the Freedom of Information Act 2000. Generally, the Information Commissioner cannot make a decision unless you have exhausted the ICB's complaints procedure.

The Information Commissioner can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or www.ico.org.uk.

Any information we provide following your request under the Freedom of Information Act will not confer an automatic right for you to re-use that information, for example to publish it. If you wish to re-use the information that we provide and you do not specify this in your initial application for information then you must make a further request for its re-use as per the Re-Use of Public Sector Information Regulations 2015 www.legislation.gov.uk. This will not affect your initial information request.

Yours faithfully

Information Governance Support Officer

**Information Governance Support Officer
North East and North Cumbria Integrated Care Board**