

**North East and North Cumbria Integrated Care Board
Finance, Performance and Investment Committee**

**Minutes of the meeting held on Thursday 4 September at 10:00hrs
Via MS teams**

Present: Levi Buckley, Chief Delivery Officer/ SRO for Mental Health, Learning Disability and Autism
Richard Henderson, Director of Finance, Corporate
Eileen Kaner, Independent Non-Executive Director
Jen Lawson, Head of Corporate Governance
Jacqueline Myers, Chief Strategy Officer
Dr Neil O'Brien, Chief Medical Officer
Dr Mike Smith, Primary Medical Services Partner Member and Chair

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

FPI/2025-26/016 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/2025-26/017 Apologies for absence

Rajesh Nadkarni (Executive Medical Director, Cumbria Northumberland Tyne and Wear NHS FT), Ken Bremner (Chief Executive South Tyneside & Sunderland NHS FT), David Chandler (Chief Finance Officer).

FPI/2025-26/018 Declarations of interest

There were no declarations of interest raised.

FPI/2025-26/019 Minutes of the previous meeting held on 3 April 2025

RESOLVED:

The Minutes of the FPI Committee held on 3 April 2025 had been **RATIFIED** via email as the meetings since then had been stood down.

FPI/2025-26/020 Matters arising from the minutes

None received.

FPI/2025-26/021 Action Log

No outstanding actions.

FPI/2025-26/022 Notification of urgent items of any other business

None received.

FPI/2025-26/023 ICB M4 financial performance update

The Director of Finance (Corporate) introduced the month 4 (M4) finance report for the four months to 31 July 2025.

Key points for 2024/25 and risks were highlighted:

- As at 31 July 2025, the ICS had reported a year-to-date deficit of £24.99m compared to a planned deficit of £28.19m. The favourable variance to plan of £3.2m was a worsened position from the previous month and continued to include a one-off benefit related to a land sale in one provider trust, without which the ICS position would be behind plan.
- Pressures are being seen across a number of providers, in particular at Newcastle upon Tyne Hospitals NHS FT (NUTH) due to under-delivery of efficiencies and the impact of costs covering industrial action. Assurances would be sought via the ICB System Recovery Board as these pressures are expected to intensify in the second half of the financial year.
- At month 4, ICS total risk had reduced to £288m with an unmitigated net risk of £169m, compared to a net risk of £211m at month 3.
- The ICB position at month 4 was £1.4m ahead of plan which was mainly linked to vacancy underspends. Three major risks were identified: growth in ADHD and ASD assessments which were forecast to rise to £24m, elective activity growth and all-age continuing care costs. Prescribing for weight management drugs was also on the radar as an additional risk.
- An update on the ICB underlying position was provided, which was estimated at a £24.6m deficit at month 4, a slight deterioration from plan. In order to improve consistency, organisations will need to refresh their underlying position numbers for month 5 with new principles agreed with NHS England (NHSE).
- Given the level of financial risk that will need to be managed to the end of the financial year, an ICS financial planning event has been scheduled on 6 October 2025.
- An update on planning guidance highlighted the requirement for five-year medium-term financial plans, with final plans due in December. Further detail can be provided once guidance and allocations are received.

- It was anticipated that most growth funding would be absorbed by pre-commitments and current pressures, making efficiency and potential disinvestment the focus.
- ISFE 2, the new national financial ledger system, will launch in October 2025 and NHSE assurance reports would be shared with NENC ICB Audit and Executive Committee.

There was an opportunity for comments and questions:

- The complexity of addressing ADHD pressures, impact of running cost reductions on team capacity and need for clarity in planning guidance regarding the ICB's role was highlighted.
- Assurance was given that there is confidence in the system to deliver plan but it was noted that there are bigger challenges in some provider organisations and that there is an expectation from NHSE to achieve a 3% recurrent surplus.

RESOLVED:

The Finance, Performance and Investment Committee:

NOTED the latest year to date and forecast financial position for 2025/26.

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

NOTED the latest ICB underlying position.

FPI/2025-26/024 Finance sustainability group highlight report

The Director of Finance (Corporate) provided a brief overview of the financial sustainability group (FSG) efficiency assurance report.

- There had been a slight over-delivery on ICB efficiencies, with more recurrent efficiencies identified than planned. The main risk remained the all-age continuing care savings target (£30 million) and capacity constraints in the team. Investment proposals were being progressed to clear the backlog of CHC reviews.
- Benchmarking data suggested that NENC had the highest percentage of spend on CHC, prompting further investigation into coding and opportunities for improvement.
- It was explained that there were a number of reasons for NENC being an outlier which included wider deprivation and disease burden, provider market challenges, and historical variations in cost-sharing with local authorities. Work was ongoing to standardise approaches and address workforce capacity for timely reviews.

RESOLVED:

The Finance, Performance and Investment Committee were **ASSURED** of the robust process in place to provide assurance to NHSE that ICB FSG are working collectively to achieve breakeven for 2025-26.

FPI/2025-26/025 System recovery board highlight report

The Director of Finance, System Medium Term Financial Planning and Recovery, provided an update on progress and assurance on the System Recovery programme of work which covers four areas of work: workforce, procurement, service reform and elective programmes.

- There had been challenges in measuring financial impact due to the integration of interventions into trust plans.
- The workforce programme was addressing redeployment and optimisation, with a pilot for digital infrastructure in development.
- Service reform, particularly in Long COVID and decommissioning, was progressing, with confidence in delivering the service reform target.
- Concerns remained about delivering workforce savings, as plans often exceeded actual delivery.
- Although total efficiency forecast under-delivery, year-to-date had improved position from month 2, but the CIP position had worsened. It was clarified that this would be monitored and supported by system groups and monthly reporting, and issues would be escalated as appropriate.

RESOLVED:

The Finance, Performance and Investment Committee **NOTED** the assurance report from the System Recovery Board in July 2025 and the progress made within the latest reporting period.

FPI/2025-26/026 Performance deep dive: Community waiting lists

The Chief Strategy Officer provided a presentation which contained detailed analysis of community services waiting times, highlighting data quality issues and the complexity of interpreting the national dataset.

The dataset included only NHS providers and was affected by reporting completeness, with recent increases in waiting lists partly due to improved reporting rather than increased demand.

An overview of community health services data source was provided which included:

- Community datasets and reporting is not as mature as secondary care datasets.
- CHSWL is a provider submission and not population based.
- Connect Health as a national entity is included within the NENC position due to its headquarters being in the North East. Connect Health accounts for around one-fifth of the NENC waiting list and has contributed to recent growth.
- Data quality is variable due to a lack of oversight of submissions and technical guidance.

- The presentation provided infographics and data for the percentage of community waits by provider trust, waits by service, under 18 weeks to 52+ week waits, planned trajectories for CYP, waits by service and the risks impacting on performance.
- Actions being taken to improve performance included participation in the GIRFT MSK programme, targeted improvement plans for over 52-week waits, and investment in backlog clearance.
- The importance of linking work on ADHD and autism transformation to community pathways was highlighted.
- The benefit of improved visibility and accountability for community waits at FT board level, and the importance of understanding causal factors and mitigations was emphasised which would require further work, and the challenges of patients on more than one pathway was noted. It was also noted that there had been recent Business Intelligence (BI) team capacity constraints and additional support offered to the all-age continuing care programme, but there was an opportunity to match multiple data sets which could be pursued as the neighbourhood health model is developed.
- A request was made for more granular data on the number of patients who were referred and treated within 18 weeks, particularly for MSK services

ACTION: Chief Strategy Officer to request more granular data on waiting list profiles by trust and time band.

FPI/2025-26/027 ICB performance update

The Director of Strategy, Planning and Performance introduced the first edition of a bi-annual version of the newly formatted NENC integrated delivery report (IDR) for 2025-26 which incorporates a full suite of metrics (including quarterly and annual metrics). The report used published performance and quality data largely covering June and July 2025 for the monthly metrics. Finance data was for July 2025 (month 4). A summary of key highlight areas relevant to the FPI Committee were:

Elective Care:

- Referral to treat (RTT) remained amongst the best nationally for 18 week performance but had stalled and was struggling to meet the ambitious improvement target of 74%.
- NENC had also set an ambitious plan to achieve a target of 0.5% for the number of patients waiting more than 52 weeks for treatment by the end of March which had not reduced as quickly as planned, so weekly meetings are in place to understand the details with a focus on the two large territory providers; Newcastle upon Tyne Hospitals NHS FT and South Tees Hospitals NHS FT.
- Further work is required regarding elective income and activity which would be reported back on at a later date.

Cancer:

- Cancer 62 day and faster diagnosis standards were off track from target despite a previous strong performance. Reasons could be due to seasonal impacts such as skin, but there had been significant performance issues with breast service quality issues at County Durham and Darlington NHS FT. Some NENC Trusts had taken on additional cases to support this.
- An escalation meeting had been scheduled with North Cumbria Integrated Care (NCIC) NHS FT due to an ongoing deterioration in performance across an array of pathways. It was explained that there had been a reliance of non-recurrent funding which had been replaced by transformation projects.

Other Performance Concerns:

- Despite additional commissioning resource, urgent dental appointment access remained consistently off target to date.
- Virtual ward occupancy rate was also reported as consistently off target but it was suspected that data had not been seasonably adjusted.
- Talking Therapies showed variable reliable recovery rates, with additional commissioning resource investment expected to improve efficiency.

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/2025-26/028 AOB

There was no further business to discuss, and committee members were advised that the next meeting scheduled on 2 October 2025 would proceed as planned.

Signed:



Dr Michael Smith

Position:

Chair

Date:

9/10/25