Item: 11.1
Appendix 2

NHS
North East and North Cumbria

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

Minutes of the meeting held on Tuesday 12 August 2025, 11:10hrs in the Joseph Swan Suite, Pemberton House, Colima Avenue, Sunderland

Present:
Sam Allen, Chief Executive (Chair)
Levi Buckley, Chief Delivery Officer
David Chandler, Chief Finance Officer
Michelle Evans, Director of Workforce deputising for Kelly Angus, Chief People Officer
Dave Gallagher, Chief Contracting and Procurement Officer
Hilary Lloyd, Chief Nurse and AHP Officer
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)
Dr Mark Dornan, Chief Clinical Information Officer

EC/2025-26/116 Agenda Item 1 - Welcome and introductions

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

EC/2025-26/117 Agenda Item 2 - Apologies for absence

Apologies for absence were received from Nicola Hutchinson, Chief Executive, Health Innovation North East and North Cumbria (HI NENC), Kelly Angus, Chief People Officer.

No further apologies for absence were received.

EC/2025-26/118 Agenda Item 3 - Declarations of interest

Members had submitted their declarations prior to the meeting which had been made available in the public domain.

A number of the Chief Officers declared an interest on item 11.1.

The Chair noted the conflicts and that all Chief Officers will receive the papers and take part in the decision making, the conflicts are minimal as the allocations have been set out by NHSE and no Foundation Trusts are being favoured over others.

There were no additional declarations of interest made at this point in the meeting.

EC/2025-26/119 Agenda Item 4 - Minutes of the previous meeting held on 8 July 2025

RESOLVED:
The Executive Committee AGREED that the minutes of the meeting held on 8 July 2025, were a true and accurate record

EC/2025-26/120 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/2025-26/21 Procurement Act 2023 Mandatory Requirements Updates
The Chief Contracting and Procurement Officer confirmed this action is complete.

Minute reference EC/2025-26/95 Primary Care Subcommittee Minutes
The Chief Contracting and Procurement Officer confirmed this action is complete.

Minute reference EC/2025-26/98 Urgent and Emergency Care Winter Planning Update
The Chief Contracting and Procurement Officer confirmed this action is complete.

Minute reference EC/2025-26/88 Board Assurance Framework and Risk Register
The Chief Delivery Officer informed the Committee work is continuing to review the Children's and Young People's risks noted on the risk register. Action ongoing.

Minute reference EC/2025-26/20 Integrated Delivery Report (IDR) The Chief Strategy Officer confirmed this action is complete.

Minute reference EC/2025-26/21 Procurement Act 2023Mandatory Requirements Updates
The Chief Contracting and Procurement Officer informed the Committee that work was progressing on the mitigation of the risks and issues outlined within the procurement update report. Action ongoing.

Minute reference EC/2025-26/98 Urgent and Emergency Care Winter Planning Update
The Chief Delivery Officer confirmed the Better Care Fund metrics would be available to be included in the Chief Executive Report at Board. Action complete.

Minute reference EC/2025-26/101 Mental Health Assertive and Intensive Community Action Plans
The Chief Delivery Officer confirmed this action is complete.

Minute reference EC/2025-26/102 Northern Cancer Alliance Workplan and Financial Plan 2025/26
The Chief Strategy Officer confirmed this action is complete.

Minute reference EC/2025-26/98 Urgent and Emergency Care Winter Planning Update
The Chief Corporate Services Officer informed the Committee that the surgeon would charge the ICB to promote staff vaccinations. Action complete.

Minute reference EC/2025-26/106 Procurement Strategy
The Chief Corporate Services Officer informed the Committee the Procurement Strategy is scheduled on the forward plan for a board development session.

Minute reference EC/2025-26/107 Foundation Trust Provider Collaborative Agreement 2025/26
The Chief Delivery Officer confirmed this action is complete

Minute reference EC/2025-26/107 Foundation Trust Provider Collaborative Agreement 2025/26
The Chief Clinical Information Officer confirmed this action is complete.

EC/2025-26/121 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/2025-26/122 Agenda Item 7 – Governance and Risk Management

No update for this item.

EC/2025-26/123 Agenda Item 8.1.1 – All Ages Continuing Care Taskforce Highlight Report

The Chief Nurse and AHP Officer introduced the report which provided the Committee with the All Ages Continuing Care Taskforce Highlight Report.

RESOLVED:
The Committee RECEIVED the report for assurance

EC/2025-26/124 Agenda Item 8.1.2 – Financial Sustainability Group Highlight Report

The Chief Finance Officer introduced the report which provided the Committee with the Financial Sustainability Group Highlight Report.

RESOLVED:
The Committee RECEIVED the report for assurance

EC/2025-26/125 Agenda Item 8.1.2 – Long Term Conditions Group Highlight Report

The Chief Medical Officer introduced the report which provided the Committee with the Long Term Conditions Group Highlight Report.

RESOLVED:
The Committee RECEIVED the report for assurance

EC/2025-26/126 Agenda Item 8.2 – Place Subcommittee Minutes

County Durham - noted for information and assurance only.
South Tyneside - noted for information and assurance only.
Sunderland - noted for information and assurance only North Tyneside - noted for information and assurance only.

RESOLVED:
The Committee RECEIVED the Subcommittee minutes as listed above for assurance.

EC/2025-26/127 Agenda Item 8.3 – Contracting Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:
The Committee RECEIVED the Contracting Subcommittee Minutes for assurance

EC/2025-26/128 Agenda Item 8.4 – Pharmaceutical Services Regulatory Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:
The Committee RECEIVED the Pharmaceutical Services Regulatory Subcommittee Minutes for assurance

EC/2025-26/129 Agenda Item 8.5 – Specialised Commissioning Subcommittee Minutes

The Chief Contracting and Procurement Officer noted a report on Neonatal Critical Care will be presented to the Private Committee in September 2025.
Noted for information and assurance only.

RESOLVED:
The Committee RECEIVED the Specialised Commissioning Subcommittee Minutes for assurance

EC/2025-26/130 Agenda Item 9.1 – Chief Delivery Officer Report August

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
  - Local Enhanced Service (LES) Specifications were sent to practices for signature with a deadline date of March 2026. It is intended to align the future LES work with the wider NENC locally commissioned service review for 2025/26
- South Tyneside and Sunderland
  - The Primary Care Team have been implementing the new Primary Care Quality Variation and Assurance Standard Operating Procedure (SOP) which was recently approved by the Executive Team. A new group has been convened to assess multiple sources of data with a recommendation for those initial practices identified for a deep dive
- Tees Valley
  - General Practice list closures continue to present challenges

The Chief Medical Officer expressed concern about the current underperformance in vasectomy services, which has resulted in prolonged waiting lists for patients in Tees Valley. It was recommended to engage with GP practices to identify those interested in offering this service. An additional concern was noted regarding the closure of patient registration at West Quay Medical Centre, along with an inquiry about the identity of the current contract holder, given that all partners have departed from the practice. The Chief Delivery Officer confirmed this requires clarification.

Members raised concerns regarding the Children's Health Network structure, tone of communications, and integration into commissioning. An action was agreed to review the structure and culture, with focus on strategic oversight and reporting within the new transitional governance arrangements.

The Chief Delivery Officer informed the Committee that the 136 suite in Newcastle, operated by Cumbria, Northumberland, Tyne and Wear Foundation Trust (CNTW), will be closed for refurbishment. CNTW provided a verbal update at the July 2025, Mental Health, Learning Disabilities and Autism Subcommittee meeting; it was requested that they present a formal briefing on the plan to the Mental Health, Learning Disabilities and Autism Subcommittee on 15 August 2025.

Last week, the Police and Crime Commissioner raised concerns regarding capacity within the 136 suite should the Newcastle site become unavailable. The alternatives, such as Sunderland or Carlisle, would require increased travel distances for service users.

It appears that due process has not been fully observed, which could result in significant gaps in service provision. A proposal is currently being developed and a detailed report will be submitted. An update is expected today.

The Committee agreed that CNTW have not followed the appropriate procedures regarding service changes. This issue should be formally flagged with the trust, and a letter should be drafted and sent.

The Chair noted the good work around the Neighbourhood Health applications and that the ICB had submitted nine plans. The applications were of a high standard and outcomes are expected around the 5 September.

ACTION:

1) **The Chief Corporate Service Officer and Chief Strategy Officer review the Children's Health Network structure and culture, with focus on strategic oversight and reporting within the new transitional governance arrangements**
2) **The Chief Contracting and Procurement Officer to draft a letter to CNTW regarding the failure to follow the appropriate procedures regarding service changes**

RESOLVED:

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

EC/2025-26/131 Agenda Item 10.1 – Women's Health Implementation Plan

The Chief Corporate Services Officer introduced the report which provided the Committee with an update on the Women's Health Programme and the proposed Women's Health Implementation Plan.

The Committee were informed that the plan was shaped by feedback from women across the region, as well as insights from the “Big Conversation” and other engagement exercises. The plan aims to address the priorities identified by women themselves, ensuring that services were responsive to their needs and aspirations.
The Chief Corporate Services Officer emphasised that as neighbourhood models of care developed, much of the women’s health work would need to be integrated into these models. It was noted that while some regional projects were progressing, such as a sexual health initiative launching around HIV week and work on contraception, there is a need to ensure that these efforts were joined up with local delivery.

The Chief Corporate Services Officer acknowledged that while some hubs had demonstrated significant impact, the current funding arrangements were uncertain. It is important to develop an exit strategy for the hubs and exploring options to maintain funding for successful initiatives, while also ensuring fairness across all areas.

The Chair questioning whether place teams could support ongoing funding for the hubs as an opportunity cost, given the positive outcomes achieved. The Chief Delivery Officer responded that any decisions on funding would need to be balanced against other priorities and considered as part of a phased approach.

The Chief Medical Officer raised the importance of using data to influence service development, suggesting that data should be segmented by ethnicity, deprivation, and other factors to better understand and address women’s health needs. The Chief Strategy Officer supported this approach and proposed further work to identify current funding streams and investment in women’s health services, to inform future commissioning decisions.

The Committee discussed the need for robust data analysis, sustainable funding, and integration of women’s health into neighbourhood models. The plan was approved, with the expectation that it would evolve as neighbourhood health models mature.

ACTION:
The Chief Corporate Services Officer and Chief Strategy Officer to review data segmentation and funding streams for women’s health services

RESOLVED:

1) **The Committee NOTED the contents of the update**

2) **The Committee APPROVED the Women's Health Implementation Plan**

EC/2025-26/132 Agenda Item 11.1 - NENC ICB and ICS Finance Update Month Three

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 three months to 30 June 2025.

As at 30 June 2025 the ICS is reporting a year-to-date deficit of £21.88m compared to a planned deficit of £28.06m. The favourable variance to plan of £6.2m 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 for the three months are behind plan by £3m which is a slight improvement on the month 2 position, however particular challenges are being seen in the delivery of recurrent efficiencies which are £12.2m behind plan after three months.

ICB running costs:

- The ICB is reporting a year-to-date underspend on running cost budgets of £1.5m reflecting current vacancies within the ICB. A breakeven position is currently forecast against running cost budgets.

ICB Revenue:

- As at 30 June 2025 the ICB is reporting a year-to-date surplus of £3.96m compared to a plan of £2.96m, a favourable variance of £1m which largely reflects underspends on staffing costs due to vacancies.

ICS Capital:

- The ICS capital spending forecasts are currently in line with the confirmed capital allocation

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 Chief Finance Officer flagged significant pressures in mental health commissioning, particularly around Attention-Deficit/Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) assessments.

The Chair raised concerns about the lack of invoice validation for private providers delivering ADHD assessments. The question was raised whether

the ICB truly had £15 million worth of referrals and highlighted the absence of diagnostic data and specifications. The Chief Strategy Officer supported this view, noting that the waiting list size made the service vulnerable to overcharging and potential fraud.

The Chief Finance Officer informed the Committee that the ICB was considering commissioning KPMG to conduct a review of ADHD commissioning and spend.

The Committee discussed the strategic implications of the financial position, including the need to rebase all contracts, price up elective and non-elective activity, and bring outputs to the Executive Committee for review.

The Chair emphasised that the plans were fixed and that there was no additional funding available; any activity above plan would need to be stopped.

The Chief Strategy Officer and Chief Finance Officer were tasked with working together on a planning exercise to determine whether activity should be reprofiled, particularly for the winter period.

The Committee approved the payment of Low Volume Activity contracts confirmed by NHS England and the application of the uplifted Cost Uplift Factor (CUF) to relevant NHS provider trust contracts, as set out in Table 1 of the report.

It was agreed that the Chief Finance Officer was to capture activity and associated risks on the risk register.

ACTION:

1) **The Chief Strategy Officer and Chief Finance Officer to conduct a planning exercise to determine whether activity should be reprofiled, particularly for the winter period**
2) **The Chief Finance Officer to capture activity and associated risks on the risk register**

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/2025-26/133 Agenda Item 12.1 - Integrated Delivery Report

The Chief Strategy 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 78.8% remains above the national average of 75%. Ranking seventh out of 42 ICBs
- Category two ambulance response times were at 21 minutes 27 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 1.3% wait over 52 weeks - both better than national averages
- Dementia diagnosis prevalence is 68.9%, consistently meeting targets
- Dental access for unique adult patients stands at 40.8%, just below monthly plans
- 74.7% of patients receive a faster cancer diagnosis, and 67.2% are treated within 62 days
- 70.5% of patients experience reliable improvement in talking therapies, with a 51.5% reliable recovery rate

The Chief Strategy Officer highlighted several areas of concern:

- Urgent dental appointments are underperforming, with all ICBs expected to be rated red. The Chief Contracting and Procurement Officer was asked to add explanatory notes to the report
- Virtual ward usage has declined, potentially due to seasonal factors
- Community services had over 52-week waits, which has prompted a request for recovery plans from Local Delivery Teams (LDTs)
- Out-of-area placements had reduced to zero in May, a significant improvement from previous months
- Talking therapies has moved from red to amber, indicating progress
- North East Ambulance Service performance remained strong, ranking first nationally in all four categories.
- The general 52-week wait target was not being met, although the overall waiting list size is lower than planned

The Chair raised concerns about the substantial increase in community waiting lists and requested a briefing from the Chief Delivery Officer. The Chief Medical Officer asked for clarity on which services were contributing to the long waits.

The Chief Delivery Officer confirmed that the issue was spread across multiple small waiting lists, making it difficult to assess the overall risk of harm. A briefing has been developed and will be shared with members.

The Chair emphasised the need to understand the potential risk and harm associated with these delays and suggested a deep dive at Board level. The Chief Strategy Officer agreed and proposed working with HealthWatch to identify five key metrics that matter most to patients.

The Committee discussed the importance of publishing data in a way that drives improvement. The Chair questioned whether the current metrics aligned with what mattered most to patients and suggested exploring alternative reporting formats. The Chief Corporate Services Officer confirmed that HealthWatch was already working on this and that a mocked-up report on Infection Prevention and Control (IPC) would be brought to the Committee in September.

The Chief Nurse and AHP Officer noted that IPC data was readily available but nuanced, and that zero infections was not a realistic target. The Committee agreed that publishing IPC league tables could be beneficial if done sensitively.

ACTION:

1) **The Chief Contracting and Procurement Officer to add explanatory notes on urgent dental appointment metrics**
2) **The Chief Delivery Officer to circulate a briefing on community waiting lists and identify contributing services.**
3) **The Chief Strategy Officer to coordinate a deep dive on community waiting times and associated risks.**
4) **The Chief Nurse and AHP Officer to bring a mocked-up IPC report to the Committee in September/October 2025**

RESOLVED:
The Committee RECEIVED the report for information and assurance

EC/2025-26/134 Agenda Item 13 – Commissioning

No update for this item.

EC/2025-26/135 Agenda Item 14 – Strategic Plans and Partnerships

No update for this item.

EC/2025-26/136 Agenda Item 15 – Policy Management

No update for this item.

EC/2025-26/137 Agenda Item 16.1 – Any Other Business

There were no items of any other business for consideration.

EC/2025-26/138 Agenda Item 16.2 - New Risks to add to the Risk Register

No new risks were identified.

EC/2025-26/139 Agenda Item 17 - CLOSE

The meeting was closed at 12:04hrs.

Date and Time of Next Meeting

Tuesday 9 September 10:30am.

12.8.25

Dr Neil O'Brien
Chief Medical Director
North East and North Cumbria ICB