

North East and North Cumbria Integrated Care Board

Finance, Performance and Investment Committee

**Minutes of the meeting held on Thursday 3 April at 10:00hrs
Via MS teams**

Present: Ken Bremner, Chief Executive South Tyneside & Sunderland NHS FT
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
Neil O'Brien, Chief Medical Officer

In attendance: Craig Blair, Director of Strategy, Planning and Performance
James Duncan, Chair NENC Infrastructure Board
Emma Ottignon-Harris, Executive Assistant (minutes)
Peter Rooney, Director of Transformation, Mental Health, Learning Disability, Neurodiversity and Wider Determinants

FPI/2025-26/001 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/2025-26/002 Apologies for absence

Rajesh Nadkarni (Executive Medical Director, Cumbria Northumberland Tyne and Wear NHS FT), Mike Smith (Primary Medical Services Partner Member and Vice-Chair), Jacqueline Myers (Chief Strategy Officer, David Stout (non-executive Director) and Richard Henderson (Director of Finance Corporate).

FPI/2025-26/003 Declarations of interest

The Chair asked to note the discussions that would take place regarding strategic commissioning but it was deemed appropriate to include Provider Trust committee members as no decisions would be made at the meeting.

FPI/2025-26/004 Minutes of the previous meeting held on 6 March 2025

RESOLVED:

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

FPI/2025-26/005 Matters arising from the minutes

None received.

FPI/2025-26/006 Action Log

FPI/2024-25/130/01 ICB performance update: A deep dive on GP appointment waiting time metrics was presented at the Quality and Safety Committee in March 2025 and will be included in the next Board report. A new GP data pack is due to be issued which will incorporate local support and triangulation. This action has been picked up at Quality and Safety Committee. Assurance to committee members will see enhanced narrative in the monthly integrated delivery report. **Close action**

FPI/2024-25/135/01 Specialised commissioning: It was confirmed that Spec Comm was approved at Board on 25/3/25 and ready for 01/04/25 deadline. **Close action**

FPI/2025-26/007 Notification of urgent items of any other business

FPIC Terms of Reference and publication of letter from Sir James Mackey, CEO, NHSE.

FPI/2025-26/008 Infrastructure strategy update

The Chair of the NENC Infrastructure Board provided a presentation which detailed an update on the delivery of the NENC infrastructure and Capital / CDEL position to date.

- Positive feedback had been received from NHSE following submission of the infrastructure strategy on 31 July 2024. There were a small number of actions to support further developments with the Strategy.
- Governance surrounding infrastructure and PMO updates were listed, focus on investments is key within current financial constraints and cost reductions. An updated document is available to share. The Chief Finance Officer confirmed that formal ratification will be included in the financial budget setting paper for approval at Board, which will be subject to further estates changes. PMO support is currently in place through the Provider Leadership Board but proposals in the strategy document will be subject to running cost reductions, although PMO had been identified as a priority area.
- ICS capital position for 2024-25 had been identified as at risk therefore

brokerage to the sum of £30m had been agreed. The current position had improved to deliver capital plan and forecasted a variance to capital allocation, excluding IFRS 16.

- The CDEL and IFRS 16 provider position at month 11 was listed in table format.
- Core capital allocations for 2025-26 were more complex due to a 16% reduction on 2024-25 levels and reduction for brokerage repayment, other funds, constitutional standards and national allocations.
- A prioritisation process was agreed via a set of principles. It was highlighted that bids must reflect capital requirements already identified in capital plans / infrastructure strategy.
- A summary allocation table was shown which highlighted that the total NENC ICS final CDEL allocation was £232,852,038.
- Next steps for constitutional standards, estates safety and funding were listed and national allocations are yet to be approved.

There was an opportunity for comments and questions:

- Concern was raised to the very short timeframes given to allow for clinical input and the overall work required.
- It is anticipated that high performing providers (criteria to be confirmed) will be given additional flexibility and autonomy around capital resources which will need to be managed through the Provider Collaborative Leadership Board.
- A further update will be scheduled and the remarkable collaborative work to date was acknowledged.

RESOLVED:

The Finance, Performance and Investment Committee were **ASSURED** of the process to deliver the NENC infrastructure and Capital / CDEL position.

The Chair of the NENC Infrastructure Board left the meeting.

FPI/2025-26/009 ICB financial update

The Director of Finance introduced the 2024-25 closedown finance report for the eleven months to 28 February 2025 which included the month 11 position.

Key points for 2024/25 and risks were highlighted:

- The full year ICS financial plan is now a breakeven position following receipt of £50m deficit funding. A risk had recently been identified related to a legal case regarding VAT on car parking. Potential impacts are being worked through whilst awaiting the court outcome.
- The ICB is now reporting a year-to-date surplus of £10.0m compared to a plan of £3.3m and a forecast surplus of £12.2m compared with a revised full year plan surplus of £3.6m.
- The ICB is reporting an underspend position against running cost budgets

of £2.26m year to date and forecast underspend of £6.4 which will help to mitigate pressures of programme budgets. The committee were reminded that this was due to vacancies, a 30% running cost reduction in 2024-25 and offset staff programme costs.

- There had been a reduction in the independent sector overspend elective activity recovery.
- ICB continuing care overspend forecast position was £16.5 which reflected the additional cost pressures linked to growth, inflation and increasing number of high-cost packages.
- The reported position for prescribing is showing a pressure of £21.0m but it was noted that this benchmarked well against national metrics.
- ICB Primary Care delegated services spend is offset by programme spend and the difference in accounting formulas was mentioned.
- The forecast outturn includes the £12.6m protected for Dental services which will need to be returned.
- ICB efficiencies are on track however there is an issue with the ICS position due to recurrent CIP.
- WTE workforce spend was in excess of plan and will be monitored closely in 2025-26, although bank and agency spend had decreased.

There was an opportunity for questions and comments:

A detailed explanation and examples were provided in response to a query regarding CHC savings. Not all reviews had been completed within the 12-month deadline and by then some may be deemed as no longer required. It had been acknowledged that there are opportunities to benchmark costs against CYP services in other parts of the country and there is further work to do regarding fair prices. The implications and risks of further reduction to CHC programme staff capacity was highlighted which had been raised with NHSE related to the ICB cost reduction requirements. A suggestion was made to bring back a deep dive on CHC costs to a future meeting.

RESOLVED:

The Finance, Performance and Investment Committee:

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

NOTED there are some financial risks across the system still to be managed although there is confidence the planned position can be delivered for 2024/25.

FPI/2025-26/010 Finance sustainability group highlight report

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

Amber ratings for continuing healthcare (CHC) was highlighted and all age CHC reform plans had been identified as a key priority area for 2025-26 PMO support, as well as other areas such as prescribing and LDTs.

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 2024-25.

FPI/2025-26/011 ICB performance update

The Director of Strategy, Planning and Performance introduced the integrated delivery report which provided an ICS overview of quality and performance using data covering January 2025 for most metrics and February 2025 for others, unless otherwise specified. The finance data was for February 2025 (Month 11). Key changes from the previous report and areas to highlight were:

CHC:

- Additional narrative had been included from March 2025 to support the data in relation to CHC on page 69 of the integrated delivery report.

MHLDA:

- There had been a significant rise in the number of people who had been discharged having received at least 2 talking therapies appointments.
- Although below end of Q4 plan, there had been an improvement in the number of patients with a learning disability and / or who are autistic in inpatient care with 167 at the end of February 2025.

Primary Care:

- In January 2025 there had been a significant increase in the number of appointments in general practice, and despite remaining below plan an improvement is expected in the following months as work continues on the rollout of modern general practice access and utilisation of digital tools.

UEC:

- February 2025 A&E performance for 4-hour waits was at 76.6%, above the national average, and unvalidated data for the end of the month had indicated a position in excess of 78%. Recognition was given to South Tyneside & Sunderland NHS FT due to significant improved performance.
- The Category 2 ambulance response time position is expected around 28 minutes versus a 30 minute target and NEAS continue to be the best performing ambulance trust in the country across all four categories.

Elective Care:

- The number of long wait patients had reduced with no more than 17 waiting in excess of 78 weeks and 140 for 65 weeks. The system will work together to reduce the backlog related to corneal transplants when tissue supply becomes available, it was noted that if there had not been an ongoing national tissue shortage some trusts would have achieved longer wait time targets.

Cancer:

- There had been a significant improvement in the Cancer 62-day standard position at North Cumbria Integrated Care (NCIC) NHS FT with support

from the ICB, mutual aid and additional NHSE non-recurrent funding.

Diagnostics:

- NuTH had been placed in Tier 2 escalation / support for cancer and diagnostics but had since greatly improved in audiology and MRI diagnostics.
- Diagnostics centres are due to open in Cumbria and Tees Valley later in the year. £10.2m of capital funding had been approved to expand the Community Diagnostic Centre at the Metrocentre Gateshead which will widen services across the region. The impact of all this additional capacity will not be visible until 2026-27 and the challenges of financial setup costs were raised due to a variance in funding expectations.

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/2025-26/012 Learning disability performance update

The Director of Transformation, Mental Health, Learning Disability, Neurodiversity and Wider Determinants provided a presentation. This formed part of a series of deep dives which focussed on specific areas of performance challenge.

- There had been a key focus to reduce the number of patients with long lengths of stay in inpatient settings or long-term segregation. Independent advocates and care packages are in place for concerns with family engagement and community living arrangements.
- NHSE had recently agreed to reduce the frequency of performance monitoring due to the ICB and partner organisation co-production work.
- An overview provided details of the definition of a learning disability, prevalence, co-occurring needs and people outcomes.
- Programme delivery trajectories for end of Q4 were listed. At that point in time there were 6 CYP inpatients, which is 2 below the target and the estimated position by the end of Q4 remains at 6.
- The number of adults is much greater. As of 7 February 2025, there were a combined total of 171 inpatients with a learning disability or a learning disability and autism, or autism, which is 1 above target.
- NENC still have some of the highest national rates of people in hospital. Areas of challenge to note for 2025-26 include specialised commissioning, people with eating disorders and people on complex and secure pathways.
- A fortnightly executive transformation care group has been set up as an escalation and decision-making forum.
- The importance of the national assuring transformation data base tool was highlighted, which is used for tracking inpatient and out of area placements. NENC position for out of area placements is close to zero and had been recognised for its monitoring process.

- Following a query regarding sustainability of the improved trajectory it was explained that the data was a net target and allowed for new admissions, people who are diagnosed with autism whilst in a hospital setting and that the biggest risk is reliance of social care and suitable and complex housing provision.
- It was clarified that this cohort met the threshold for government health funded support and were not expected to be impacted by the current change in PPI allowance, but implications are expected with the reform of the Mental Health Act.

RESOLVED:

The Finance, Performance and Investment Committee were **ASSURED** of the process and work underway to deliver the NENC transforming care programme.

FPI/2025-26/013 Committee effectiveness review

The Head of Corporate Governance introduced the 2024-25 FPIC effectiveness survey report. Nine responses had been received and four improvement opportunities were identified.

- It was clarified that the 'investment' aspect in terms of reference would be for oversight purposes and should remain as there had and would be occasions for recommendations to be made by FPI Committee for Board approval such as elective recovery funding.
- A number of performance and delivery deep dives had been scheduled and presented.
- It was agreed that by holding the meetings via ms teams it had enabled greater quoracy, however it would be beneficial to hold one or two meetings per year in person with advance diary planning.

RESOLVED:

The Finance, Performance and Investment Committee were **ASSURED** that the FPI Committee's effectiveness had been in line with good governance during 2024-25.

FPI/2025-26/014 Any other business

The Chair asked to ensure that approval for financial schemes of delegation and capital funding in excess of £5m were reflected in the latest FPI Committee terms of reference.

ACTION: Head of Corporate Governance and Director of Finance Corporate to check and update FPI Committee terms of reference to reflect approval for financial schemes of delegation and capital funding in excess of £5m.

The Chief Finance Officer provided an overview of a letter that had recently been published from Sir James Mackey, NHSE CEO, regarding detailed plans

of working together in 2025-26 to lay the foundations for reform, 2025-26 planning and the future central plans of integrated care boards.

In Appendix 1 (2025-26 financial plan summary) as at 31 March 2025 it was highlighted that NE&Y will receive £233m deficit support funding and had a balance plan position.

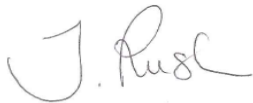
National ICB 2025-26 financial plan submissions were listed and NENC distance from target including spec comm position was at (1.87%).

NENC Directors of Finance were awaiting a response to a query that had been raised regarding the current funding formula and adjustments.

FPI/2025-26/015 Meeting review and date of next meeting

- It was confirmed that the meeting scheduled on 1 May 2025 would be down due to a clash with the all staff conference, therefore finance and performance reports would be circulated to committee members via email.
- The next meeting was confirmed to take place on 5 June 2025 via ms teams.
- A CHC task force group had recently been established by the Chief Nurse and outputs could be incorporated into a future deep dive.

Signed:



Position:

Chair