Item: 11.1



REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

BOARD  25 NOVEMBER 2025		
Report Title:	Executive Committee Highlight Report and Confirmed Minutes	

#### **Purpose of report**

To provide the Board with an overview of the decisions agreed at the Executive Committee meetings in August, September and October 2025 and the confirmed minutes from these meetings.

## **Key points**

The Executive Committee met on 12 August, 9 September and 14 October 2025.

The key points to bring to the Board's attention from each meeting are detailed in accompanying decision logs (Appendix 1). The confirmed minutes from each meeting are also attached for assurance (Appendix 2).

#### 12 August 2025

The following items were submitted to the meeting of the Committee and details are contained within the attached decision log and confirmed minutes:

• Women's Health Implementation Plan

## 9 September 2025

The following items were submitted to the meeting of the Committee and details are contained within the attached decision log and confirmed minutes:

- Strategic Approach to Clinical Services Framework
- 2026/27 ICB Medium Term Planning
- All Age Continuing Care (AACC) Client Record System Challenges and Recommendations August 2025
- Strategic Principles for AI in Health

#### 14 October 2025

The following items were submitted to the meeting of the Committee and details are contained within the attached decision log and confirmed minutes:

- Women's Health Accelerator Plan
- NENC Green Plan Refresh
- Future Arrangements for Provider Oversight Meetings
- Palliative and End of Life Care (PEOL) Proposal

The confirmed minutes from the Executive Committee meeting held on 12 August, 9 September and 14 October 2025 are attached as appendix 2, respectively.

#### Risks and issues

The Committee noted the reported risks and mitigating actions being put in place as detailed in the report appendices.

## **Assurances and supporting documentation**

The Committee also received several items for assurance, and these included:

- Chief Delivery Officer report an information and assurance summary report of business within the respective place areas.
- Assurance via a number of subcommittee minutes.
- Finance reports
- Integrated Delivery Report
- Board Assurance Framework and Risk Register
- Breast Cancer Services Performance and Service Redesign
- Primary Care Access Recovery Plan

# Recommendation/action required

The Board is asked to:

- Receive the highlight report and decision logs for the Executive Committee meetings held on 12 August, 9 September and 14 October 2025 for information and assurance (Appendix 1).
- Receive the confirmed minutes for the meetings held on 12 August, 9 September and 14 October 2025 (Appendix 2).

# Acronyms and abbreviations explained

NENC - North	East an	d North	Cumbria
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ICS - Integrated Care System

ICB - Integrated Care Board

IDR - Integrated Delivery Report

LDT - Local Delivery Teams

PSR - Provider Selection Regime

AI - Artificial Intelligence

Al – Artificial Intelligence					AI – Artificial Intelligence			
Sponsor/Approving Executive Director	S Allen, Chief Executive							
Date approved by Executive Director	18 November 202	5						
Report author	R Herron, Corporate Committees Officer							
Link to ICP strategy prior	rities							
Longer and Healthier Lives						✓		
Fairer Outcomes for All					✓			
Better Health and Care Sei	Better Health and Care Services   ✓							
Giving Children and Young People the Best Start in Life ✓				✓				
Relevant legal/statutory issues								
Note any relevant Acts, regulations, national guidelines etc								
Any potential/actual conflicts of interest associated with the paper?  No ✓ N/A								
N/A								
Equality analysis comple	ted Yes		No		N/A	✓		

If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?	Yes		No		N/A	✓
Essential considerations						
Financial implications and considerations	Identified as par	Identified as part of the committee minutes.				
Contracting and Procurement	Not applicable as highlight report only.					
Local Delivery Team	Not applicable as highlight report only.					
Digital implications	Not applicable as highlight report only.					
Clinical involvement	Yes, as part of the Executive Committee membership.					
Health inequalities	Not applicable as highlight report only.					
Patient and public involvement	Not applicable as highlight report only.					
Partner and/or other stakeholder engagement	Not applicable as highlight report only.					
Other resources	Not applicable as highlight report only.					



# Appendix 1 - Decisions Log - Public Executive Committee - August 2025

Agenda Item	Description	Decision/action
Women's Health Implementation Plan	The report provided the Committee with an update on the Women's Health Programme and the proposed Women's Health Implementation Plan.	The Committee approved the Women's Health Implementation Plan.
	The report outlined 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.	

Appendix 1 - Decisions Log – Public Executive Committee – September 2025

Agenda Item	Description	Decision/action
Strategic Approach to Clinical Services (SACS) Framework	The report provided the Committee with the draft Strategic Approach to Clinical Services Framework.	The Committee rejected the draft SACS framework for approval by NENC ICB Board and we will be brought to a future meeting.
	The framework aims to provide a system-wide approach to developing sustainable acute, secondary, and tertiary clinical services over the next decade, aligned with the NHS 10-Year Plan and the NENC Better Health and Wellbeing for All Strategy.	
	The Committee agreed that while the framework was directionally sound, it required further development before Board approval. A development session was proposed to engage the Board and primary care stakeholders more fully.	
2026/27 ICB Medium Term Planning (MTP)	The report provided the Committee with an update regarding the national expectations for the NHS to develop five-year mediumterm plans and set out a high-level approach to the development of the ICB's five-year strategic commissioning plan for 2026/27 to 2030/31.	The Committee supported the proposed high-level approach to the development and production of the plan
	The report sets out that the MTP process was being initiated earlier than in previous years to align with national expectations and to allow for more robust engagement and co-production. The planning round would run in parallel with the implementation of strategic commissioning changes and would be informed by the NHS 10-Year Plan, the NENC Integrated Care Strategy, and the Clinical Conditions Strategic Plan.	
All Age Continuing Care (AACC) Client Record System Challenges and	This report provided the Committee with an update on the current state around the operability and outputs of the current AACC Client Record System.	The Committee approved the system investment and staffing support to initiate the merger project at a non-recurrent cost of £139,722.
Recommendations August 2025	The report outlined that the Broadcare system, currently operates in three separate instances across the ICB, with	

Agenda Item	Description	Decision/action
	Northumberland using an alternative system (Azeus). This fragmentation has led to inconsistent data recording, inefficiencies in contract identification, and financial reporting challenges.	
	The benefits of a unified system include improved consistency, enhanced provider management, better financial accuracy, and support for strategic decision-making.	
Strategic Principles for AI in Health	This report provided the Committee with the Strategic Principles for Artificial Intelligence (AI) in Health, developed as a formal framework for the North East and North Cumbria Integrated Care System (NENC ICS).	The Committee approved the Strategic Principles for AI in Health as the formal ICS-wide framework
	The framework comprises ten principles designed to guide the safe, ethical, and effective implementation of AI technologies across commissioned providers. The principles aim to ensure consistency, mitigate risks, and support innovation while maintaining public trust.	

Appendix 1 - Decisions Log - Public Executive Committee - October 2025

Agenda Item	Description	Decision/action
Women's Health Accelerator Plan	The report provided the Committee with the proposed funding the delivery of mega-clinics using a "one-stop-shop" model across NENC's Foundation Trusts to reduce the waiting times, improve patient experience, and generate valuable insights for future service planning as we transition from acute to community delivery as stated in the NHS Long Term Plan.  The report sets ambitions that with funding of £430k, NENC providers have agreed to see between 2,247 women currently awaiting their first gynaecology appointment by the end of May 2026.	The Committee approved the contract variation to allow the allocation of funding to the eight involved Foundation Trust's from the Health and Growth Accelerator Budget.
NENC Green Plan Refresh	The report provided the Committee with refreshed NENC ICB Green Plan 2025–2028.  The report outlined strategic objectives, governance, and an implementation framework to deliver a sustainable, resilient, and equitable healthcare system.	The Committee approved:  • The refreshed NENC ICB Green Plan 2025–2028  • The governance structure and monitoring arrangements
Breast Cancer Services Performance and Service Redesign	The report provided the Committee with an update of the performance and redesign of breast cancer services across the system.  The report outlined the redesign was not only a response to current performance issues but also part of a broader system-wide reconfiguration of breast cancer pathways.	The Committee supported the system-wide leadership and collaboration through deployment of Northern Cancer Alliance senior support for the redesign of breast services and the redistribution of Elective Recovery Fund (ERF) resources linked to this activity.
Future Arrangements for Provider Oversight Meetings	This report provided the Committee with the proposed plan to transition existing oversight arrangements to a new approach in light of the new NHS Oversight Framework 2025/25 and NHS system changes.	The Committee approved the new model for provider oversight meetings as outlined within the report

Agenda Item	Description	Decision/action
	The report outlined the plans to transition from the legacy oversight format to a contract focused approach, led by ICB directors, with a clear emphasis on performance, quality, and financial accountability. The proposed new model mirrors existing arrangements with NEAS, involving regular contract meetings chaired by an ICB director and attended by senior provider representatives. The meetings will focus on contractual compliance, performance metrics, and quality assurance.	
Palliative and End of Life Care (PEOL) Proposal	This report provided the Committee with the summary overview of commissioned services across the NENC footprint, position statements in relation to some key areas of PEOL provision and proposed next steps.	The Committee deferred the establishment of a NENC Palliative and End of Life Care Steering Group
	The assessment revealed disparities in workforce capacity, data recording, care settings, and patient experience. Notably, many patients were not receiving care in their preferred place of death, and some were not registered for palliative care, resulting in avoidable hospital admissions and increased costs.	
	The proposal recommended the establishment of a steering group to develop a five-year strategy for palliative and end-of-life care. This group would include external partners and focus on commissioning intentions, alignment with national frameworks, and improving out-of-hospital support.	