

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

**Minutes of the meeting held on Tuesday 10 February 2026, 10:40hrs in the
Tom Cowie 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
Hilary Lloyd, Chief Nurse and AHP Officer
Jacqueline Myers, Chief Strategy Officer
Dr Neil O'Brien, Chief Medical Officer (Vice Chair)
Anya Paradis, Director of Contracting (North) deputising for Dave
Gallagher, Chief Contracting and Procurement Officer
Claire Riley, Chief Corporate Services Officer

In attendance: Rebecca Herron, Corporate Committees Manager (Committee Secretary)
Dr Mark Dornan, Chief Clinical Information Officer
Deb Cornell, Director of Corporate Governance and Board Secretary
Nicola Hutchinson, Chief Executive, Health Innovation, NENC (HI NENC)
Professor Julia Newton, Healthy Heart Checks Programme Clinical Lead /
Academic Partner
Mark Henderson, Innovation Programme Lead (Healthy Heart Checks), HI
NENC
Vlad Gubala, Co-founder, PocDoc
Kenny Lawton, NHS Implementation Lead, PocDoc

EC/2025-26/251 Agenda Item 1 - Welcome and introductions

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

EC/2025-26/252 Agenda Item 2 - Apologies for absence

Apologies for absence were received from Dave Gallagher, Chief Contracting and Procurement Officer.

No further apologies for absence were received.

EC/2025-26/253 Agenda Item 3 - Declarations of interest

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

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

EC/2025-26/254 Agenda Item 4 - Minutes of the previous meeting held on 13 January 2026

RESOLVED:

The Committee AGREED that the minutes of the meeting held on 13 January 2026, were a true and accurate record.

EC/2025-26/255 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/2025-26/232 All Ages Continuing Care Strategic Transformation Group Highlight Report

The Chief Nurse and AHP Officer confirmed that the Broadcare system business case had been chased and was expected to have progressed through the relevant investment routes; assurance was provided that this would be confirmed back to the Committee outside the meeting. Action complete.

Minute reference EC/2025-26/150 Strategic Approach to Clinical Services Framework

The Chief Clinical Information Officer informed the Committee that this action was now complete.

EC/2025-26/256 Agenda Item 5.1 - Digital Update and Ambient Voice Technology (AVT) Overview

The Chief Clinical Information Officer introduced the item which provided the Committee with an overview of Artificial Intelligence (AI)-enabled ambient scribing products in health and care settings.

The Chief Clinical Information Officer provided a detailed presentation on the current and future digital governance structure in the region and the implementation of AVT and wider AI tools in primary care.

The Chief Clinical Information Officer described the existing digital architecture across the North East and North Cumbria, covering foundation trusts, primary care, universities and system wide programmes. A series of slides illustrated a complex network of digital forums, programmes and networks. Many of these, particularly those previously funded and led by the ICB, were now at risk of being stood down because of organisational change, with functions likely to move into foundation trusts or other regional structures.

The presentation highlighted three broad groupings in a proposed future state:

- Left hand (primary care) governance: a general practice digital technology group that must be retained to enable the GP IT specification to function. This is currently an operational forum, not a formal decision making body; decisions flow up through the digital directorate and, by exception, to the Executive Team
- Middle (provider) governance: functions expected to sit with the Provider Leadership Board, which has recently met and published terms of reference. The level of ambition was reported as being narrower than anticipated, focusing primarily on digital diagnostics rather than broader innovation and transformation
- Right hand (regional and national) governance: ongoing uncertainty around which responsibilities will sit with the new regional structures versus those retained by ICBs. A weekly meeting is scheduled with other ICBs and the regional team to clarify roles

The Chief Clinical Information Officer stressed risks to innovation, digital inclusion, population health analytics, and personalisation (e.g. remote monitoring) if key cross system forums and networks – such as the clinical safety officers' network, the CIO network, and the digital skills development network – were not appropriately maintained or relocated. Some activities, such as digital inclusion projects, might be absorbed by partners like Health Innovation NENC, but this was not guaranteed.

The Chief Corporate Services Officer emphasised the need to simplify the governance while not losing strategic capability, and to ensure that digital priorities were clearly embedded into contracts and commissioning documentation. They cautioned against transferring critical assets or responsibilities to individual parts of the system without adequate contractual levers or clarity on what was required in return.

The Director of Contracting (North) noted that the emerging arrangements risked creating three disconnected systems – primary care, providers and regional – and stressed the importance of a coherent mechanism to ensure that primary care digital needs and provider digital leadership remain aligned.

The Chief Executive, HI NENC reiterated concerns about providers' ambitions, citing the Great North Care Record (GNCR) and Secure Data Environment (SDE) as strategic must haves for integrated care. They reported that some alliance trusts had not signed SDE documentation and that Newcastle Hospitals Foundation Trust, as current custodians of GNCR, had expressed limited support, which posed a material risk to the region's digital maturity.

The Chief Strategy Officer supported using hosting arrangements and funding as levers to challenge anti-collaborative behaviours and to ensure that hosting organisations aligned with system wide digital objectives.

The Chief Clinical Information Officer briefed the Committee on AVT, referencing national guidance issued in April 2025 which set out requirements for safe implementation of AI based ambient scribing products. Each practice using AVT is expected to have a Clinical Safety Officer, complete defined clinical safety documentation, and undertake regular auditing and incident review.

It was noted that:

- Many practices have historically assumed that GP system suppliers covered all digital clinical safety responsibilities
- For ICB-procured solutions (such as certain prescribing and IFR support tools), national expectations are that the ICB produces and supplies the safety documentation to practices. Some practices, such as those in Northumberland, were challenging use of certain tools pending receipt of ICB-issued documentation
- There are capacity risks in producing and maintaining this documentation at a time when digital and clinical safety staffing levels were under pressure due to reorganisation
- Most AVT products are currently being offered free as a loss leader, but providers planned to move to paid models, meaning GP practices would need to invest directly

The Chief Medical Officer cited a figure of around £25k for some related digital tools at practice level was not insignificant, but potential benefits included improved quality of consultation, better documentation, consistency of coding and enhanced patient engagement, with time savings as a secondary benefit.

The Chair queried whether there would be a national call off or whether individual practices and providers would be left to procure AVT separately, and whether an AI accelerator model should be explored to support general practice and neighbourhoods. The Chief Clinical Information Officer considered that AVT was already widely adopted in parts of the system and that the bigger question was how to reduce barriers – including regulatory documentation and cost – rather than whether to stimulate adoption.

The Chair concluded that, given this was the final year of the existing digital strategy, the Committee should treat the update as a prompt to refresh the ICB's digital strategy and clarify roles, responsibilities and strategic priorities, particularly around GNCR, SDE and AI/AVT.

ACTION:

- 1) **The Chief Clinical Information Officer to convene a digital strategy refresh session, bringing together HI NENC, the digital team and key stakeholders to define system wide digital priorities and engagement arrangements**

- 2) **The Chief Clinical Information Officer and Committee Secretary to update digital governance diagrams to reflect the new leadership structures and bring revised proposals back through the governance route**
- 3) **The Chief Corporate Services Officer to issue letters to Provider Chief Executives clarifying expectations regarding GNCR hosting and SDE participation, addressing misconceptions and highlighting strategic risk**

RESOLVED:

- 1) **The Committee APPROVED the cautious adoption of AI-enabled ambient scribing products, subject to assurance on clinical safety, data protection and regulatory compliance**
- 2) **The Committee SUPPORTED a phased implementation with appropriate training, patient engagement and ongoing monitoring of safety, quality and impact.**
- 3) **The Committee APPROVED the participation in evaluation and evidence-gathering activity to inform future scaling and best practice**

EC/2025-26/257 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/2025-26/258 Agenda Item 7.1 – Attention Deficit Hyperactivity Disorder (ADHD) and Autism Task and Finish Group Terms of Reference

The Chair introduced the report which provided the Committee with the Attention Deficit Hyperactivity Disorder Task and Finish Group Terms of Reference.

The Director of Corporate Governance and Board Secretary presented the Terms of Reference (ToR) for the ADHD and Autism Task and Finish Group, which had been established under the Committee to provide focused leadership on ADHD and autism pathway issues, including waiting times, service models and interface with education and social care.

The ToR set out the group's purpose, membership (drawing on clinical, commissioning, public health and lived experience perspectives), reporting lines to the Committee, and its time limited nature. Key responsibilities included:

- Providing system oversight of ADHD and autism pathways for children, young people and adults
- Recommending prioritised improvement actions to tackle long waits and unmet need
- Ensuring alignment with wider neurodevelopmental transformation work and Special Educational Needs and Disabilities (SEND) responsibilities

- Making clear recommendations back to the Committee and Board where strategic decisions or investment were required

Members had no substantive comments or concerns about the ToR. The Chair sought confirmation of the review date, and it was agreed that the ToR would be reviewed after six months, reflecting the pace and complexity of ADHD and autism work and the broader system change context.

RESOLVED:

The Committee APPROVED the ADHD and Autism Task and Finish Group Terms of Reference, with a six month review point

EC/2025-26/259 Agenda Item 8.1.1 – All Ages Continuing Care Strategic Transformation Group Highlight Report

The Chief Nurse and AHP Officer introduced the report which provided the Committee with the All Ages Continuing Care (AACC) Strategic Transformation Group Highlight Report.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2025-26/260 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/2025-26/261 Agenda Item 8.2 - Place Subcommittee Minutes

County Durham - noted for information and assurance only
 South Tyneside - noted for information and assurance only
 Hartlepool - noted for information and assurance only
 Tees Valley Subcommittee in Common - noted for information and assurance only
 Gateshead - noted for information and assurance only
 Newcastle - noted for information and assurance only
 North Cumbria - noted for information and assurance only
 Northumberland - noted for information and assurance only

RESOLVED:

The Committee RECEIVED the Subcommittee minutes as listed above for assurance

EC/2025-26/262 Agenda Item 8.3 - Primary Care Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Primary Care Subcommittee Minutes for assurance

EC/2025-26/263 Agenda Item 8.4 - Specialised Commissioning Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Specialised Commissioning Subcommittee Minutes for assurance

EC/2025-26/264 Agenda Item 9.1 – Chief Delivery Officer Report February

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
 - A new provider is now in place for the Sexual Health Service; the same provider is operating successfully in other parts of the region. It was noted that public health colleagues were far more comfortable with the new arrangements
- North Tyneside and Northumberland
 - A SEND inspection commenced in Northumberland in January 2026. Early feedback to the Chief Nurse and AHP Officer and Chief Delivery Officer indicated positive progress, though some data discrepancies between local authority and health reporting had been revealed, requiring learning for future preparedness

The Chief Finance Officer remarked on the national position whereby local authorities' SEND deficits were being moved onto central balance sheets, with significant variation in local approaches and potential implications for future SEND funding allocations. Members agreed this posed an area of uncertainty that would need to be monitored in terms of impact on local services.

- South Tyneside and Sunderland
 - Sunderland's SEND preparation and delivery has reflected strong joint working between the ICB and the local authority

The Committee noted a high volume of commissioning and decommissioning decisions aligned with cost improvement programmes and service redesign. This was consistent with expectations as the ICB sought to rationalise and modernise certain services while protecting quality and equity.

The Chair reiterated that these updates painted a generally positive picture of SEND improvement, while acknowledging emerging funding and data quality risks that would require continued focus.

RESOLVED:

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

EC/2025-26/265 Agenda Item 10.1 - Freedom to Speak Up (FTSU) Report

The Chief Nurse and AHP Officer introduced the report which provided the Committee with an update on activity, emerging themes, and key developments from the Freedom to Speak Up Guardian service for Quarter Three 2025/26

The Chief Nurse and AHP Officer noted that this was the first time the new FTSU Guardian's report had come to the Executive Committee.

The Committee heard that:

- A new FTSU Guardian had been appointed during the year and had made a strong start, completing required national training, building networks across the system and linking into provider FTSU Guardians
- In Quarter Three there has been 12 confidential concerns, all of which were closed by the end of the quarter. The vast majority had been raised by nurses and largely from the Tees Valley area, which was understood to reflect the Guardian's current physical presence in those teams rather than a lack of issues elsewhere.
- Emerging themes are around relationships and behaviours in teams under pressure, particularly in all age continuing care, as well as a small number of safeguarding related concerns.

The Chief Nurse and AHP Officer emphasised that, while uncomfortable, this pattern should be seen as positive evidence that staff now felt able to speak up.

The Director of Workforce explained that the FTSU Guardian was increasingly linking with the People and OD team and was involved in the sexual safety charter work and the use of an FTSU reflection tool, helping to triangulate culture and behaviour data from different sources.

The Committee noted concerns about training compliance for senior managers as reported in ESR. The Chief Nurse and AHP Officer and Director of Workforce believed this to be a data glitch, as multiple executives had completed training more than once. The Director of Workforce committed to work with the ESR team to correct the data and ensure accurate reporting.

Members discussed how to extend FTSU reach into primary care. The Chief Delivery Officer advised that contractual levers to mandate FTSU arrangements in practices were limited under national contracts, but communications had gone out to all practices signposting the FTSU Guardian as a source of advice and support, with plans for the primary care collaborative to offer some oversight and reinforcement of responsibilities.

The Chair asked what the FTSU Guardian would likely want the Committee to focus on, noting the linkages with staff survey results and wider culture work. The Chief Nurse and AHP Officer suggested that ensuring adequate support for all age continuing care teams, continuing to raise awareness of FTSU, and promoting open, non-punitive feedback approaches such as the “Vanderbilt coffee” idea, where colleagues informally highlight concerning behaviours are key.

The Committee recognised the need to openly share FTSU information across the organisation and to encourage every team to consider inviting the FTSU Guardian to a team meeting.

RESOLVED:

- 1) **The Committee NOTED the work underway to support staff and increase compliance with the sexual safety assurance framework**
- 2) **The Committee NOTED the ICB's submission for the national sexual safety audit (2 February 2026)**
- 3) **The Committee AGREED that the Executive Team will complete the national 'sexual misconduct in the workplace' online training by 31 March 2026**
- 4) **The Committee APPROVED the inclusion of compliance with the sexual safety assurance framework in the ICB's internal audit programme**

EC/2025-26/266 Agenda Item 10.2 – Sexual Safety Update

The Director of Workforce introduced the report which provided the Committee with the progress made to meet the standards set out in the NHS Sexual Safety Charter; and the implementation of the ICB Sexual Misconduct Policy.

The Director of Workforce informed the Committee of the key points from the report:

- A task and finish group has been established, including colleagues from HR, safeguarding, FTSU and other disciplines, to drive delivery of the sexual safety action plan
- The ICB has submitted its national sexual safety audit return on 2 February 2026 and is working towards full compliance with the

national sexual safety charter within six months. Early indications were that an increasing number of charter principles were being met

- A new screensaver has been introduced across the organisation to raise awareness of sexual safety, and anonymous reporting mechanisms via the FTSU Guardian had been established
- Staff survey data is suggesting that experiences and perceptions of sexual safety required ongoing attention but that awareness was improving. This work was being integrated with other culture and behaviour initiatives, including FTSU

The Director of Workforce requested that Executives and Board members complete the national sexual misconduct in the workplace e-learning. Some members reported difficulty locating the training in ESR and requested that the link be re circulated.

Members discussed the target date for completion. While the original paper referenced end of February, it was suggested an outer limit of 31 March 2026 to reflect access and transition issues. The Committee agreed that all executives and Board members should complete the training by 31 March 2026, with strong encouragement to do so earlier where possible.

In relation to primary care, the Director of Workforce confirmed that additional information had been circulated to practices on how the ICB would support them, but that NHS England would now contact practices directly to invite them to sign up to the charter. The ICB would ensure arrangements were in place to offer support and advice as needed.

The Chair requested an update in three months.

RESOLVED:

- 1) The Committee NOTED the work underway to support staff and increase compliance with the sexual safety assurance framework**
- 2) The Committee NOTED the ICB's submission for the national sexual safety audit**
- 3) The Committee AGREED that the Executive Team will complete the national 'sexual misconduct in the workplace' online training by 31 March 2026**
- 4) The Committee APPROVED the inclusion of compliance with the sexual safety assurance framework in the ICB's internal audit programme**

EC/2025-26/267 Agenda Item 11.1 - NENC ICB and ICS Finance Update Month Nine

The Chief Finance Officer 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 nine months to 31 December 2025.

As at 31 December 2025 the ICS is reporting a year-to-date deficit of £18.5m compared to a planned deficit of £20.4m. The favourable variance to plan of £1.9m is a deterioration from the previous month largely reflecting a worsening position in one provider trust.

Across the ICS, total year to date efficiencies continue to be behind plan (£10.7m overall) although the forecast remains on track overall.

ICB running costs:

- The ICB is reporting a year-to-date underspend on running cost budgets of £5m reflecting current vacancies within the ICB. A breakeven position is currently forecast against running cost budgets.

ICB Revenue:

- As at 31 December 2025 the ICB is reporting a year-to-date surplus of £14.8m compared to a plan of £8.9m, a favourable variance of £5.9m which largely reflects underspends on staffing costs due to vacancies.
- There continues to be four main pressure areas to highlight within the ICB position at month nine:
 - 1) Risk around growth in elective activity
 - 2) Significant growth in Right to Choose Attention Deficit Hyper Activity Disorder / Autism Spectrum Disorder (ADHD/ASD) assessments with non-NHS providers
 - 3) Pressure on all-age continuing care (AACC) budgets particularly relating to the challenging efficiency targets
 - 4) Growth in prescribing costs over budget

ICS Capital:

- The ICS capital spending forecasts are £0.6m above 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. At month nine, ICS risk has reduced overall with a net unmitigated risk reported of £63m, compared to £83m last month.

The Chief Finance Officer informed the Committee that County Durham and Darlington Foundation Trust are now forecasted to be on plan, with earlier concerns more evident at Newcastle Hospitals Foundation Trust partly due to the removal and replacement of Limited Liability Partnership funding.

A range of additional allocations had been received late in the year, including:

- Industrial action (strike impact) funding of £13.6m, distributed based on sit rep returns;
- Private Finance Initiative related support of around £12.2m, linked to complex national treatment of PFI costs;
- Winter surge funding of £26m,
- Funding to support inquiry costs for Tees, Esk and Wear Valley Foundation Trust

It was noted that some organisations had approached the ICB for additional support to reach year-end balance. The Chief Finance Officer and Chair agreed to review requests individually and requested the Committee delegate authority to the Chair and Chief Finance Officer to take necessary decisions on year-end adjustments within agreed thresholds.

RESOLVED:

- 1) **The Committee NOTED the draft outturn financial position for 2025/26**
- 2) **The Committee NOTED there are a number of financial risks across the system still to be managed**
- 3) **The Committee NOTED the latest ICB underlying position**
- 4) **The Committee APPROVED the delegation of authority to the Chair and Chief Finance Officer to take necessary decisions on year-end adjustments within agreed thresholds**

EC/2025-26/268 Agenda Item 11.1 – System Recovery Board Update

The Chief Finance Officer introduced the report which provided the Committee with a System Recovery Board Update.

The Chief Finance Officer presented a brief System Recovery Board assurance update, noting that the latest report showed continued work on recovery trajectories and that no additional issues required escalation to the Committee beyond those already captured in the integrated delivery and planning items.

RESOLVED:

The Committee NOTED the update

EC/2025-26/269 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 77% and remains above the national average of 75%. Ranking eighth out of 42 ICBs

- Category two ambulance response times were at 25 minutes 03 seconds, ranking first nationally
- 6.4% of patients are waiting over 12 hours in Accident and Emergency
- For elective care, 70.5% of patients are seen within 18 weeks, and just 1.2% wait over 52 weeks - both better than national averages
- Dementia diagnosis prevalence is 69.8%, consistently meeting targets
- Dental access for unique adult patients stands at 40.2%, now at national target
- 71.9% of patients receive a faster cancer diagnosis, and 70.1% are treated within 62 days
- 69% of patients experience reliable improvement in talking therapies, with a 46.2% reliable recovery rate

Concerns were noted regarding cancer performance, being around three percentage points off the required position, with six week diagnostics and faster diagnosis standards the furthest from target. While there was usually some improvement in February and March, the Committee recognised the pressure in achieving the target of 75% by year end.

The Chief Strategy Officer noted that there had been a small but unwelcome uptake in out of area placements after a period of good performance. The Chief Medical Officer queried whether recent out of area placements were linked to specific service changes (e.g. unit closures). The Chief Delivery Officer clarified that the increase was not driven by the Yewdale closure but by issues at other sites, and that NHS England had been asked to intervene where placements were outside the ICB footprint.

On community waiting lists, the Committee recognised a significant backlog, including patients waiting over 52 weeks, and discussed the need for local sprints and stronger Commissioner scrutiny, potentially including performance notices in some areas.

The Chair emphasised the importance of harm reviews for long waits and asked that learning from urgent and emergency care recovery (e.g. sprint methods) be applied to community backlogs.

RESOLVED:

The Committee RECEIVED the report for information and assurance

EC/2025-26/270

Agenda Item 12.2 – NHS Medium Term Financial Planning Update

The Chief Finance Officer introduced the report which provided the Committee with an NHS Medium Term Financial Planning (MTFP) Update.

The ICB has developed a compliant financial plan, which had been through the Finance, Performance and Investment Committee (FPIC) and the

Board. Cost improvement targets are significant, and there are competing pressures from unexpected investments and performance shortfalls.

The Chief Finance Officer informed the Committee that while the next two years contained some uncertainty, there was investment signalled for left shift and community based models.

The Chief Strategy Officer informed the Committee that performance compliance remained challenging: aside from the four hour standard in some sites and ambulance standards, there was a gap in diagnostic and Referral to Treatment (RTT) targets, and nothing in the financial plan fully offset this level of underperformance.

The Chair emphasised that providers had been funded to deliver RTT targets and that there is an expectation of delivery.

The Committee noted the MTFP update and acknowledged that a third round of planning submissions was anticipated.

RESOLVED:

The Committee RECEIVED the update for assurance

EC/2025-26/271 Agenda Item 13.1 - NENC Five Year Strategic Commissioning Plan

The Chief Strategy Officer introduced the report which provided the Committee with the proposed NENC Five Year Strategic Commissioning Plan.

The draft NENC ICB Five Year Strategic Commissioning Plan, is a substantial refresh of the previous joint forward plan to reflect current guidance, 2026/27 commissioning intentions and system changes.

Members were reminded that the plan had been shared with executive colleagues in draft, and that the version presented contained a significant volume of highlighted (yellow) text indicating areas of change and addition. The Chief Strategy Officer thanked the commissioning and planning teams for their work in a context of considerable organisational change.

The Chief Executive, HI NENC proposed that the plan should more explicitly weave in the role of health innovation and the ICB/HI NENC relationship as a core driver of the fourth statutory ICB purpose (driving innovation and research). The Chief Executive, HI NENC, proposed drafting extra wording and sharing it with the Chief Strategy Officer.

The Director of Contracting (North) welcomed the inclusion of optometry and other primary care sectors and emphasised the need to continue strengthening out of hospital models.

The Chief Corporate Services Officer noted that the plan would need to be reviewed alongside the digital strategy refresh, so that digital ambition and data platforms (GNCR, SDE) were properly represented.

The Committee supported the direction of travel in the draft plan and agreed that:

- Further comments from members should be submitted to the Chief Strategy Officer;
- The plan would proceed to the ICB Board on 12 February 2026 for further consideration and approval, acknowledging that it should be treated as a living document

ACTION:

- 1) **The Chief Executive, HI NENC to draft additional wording regarding the ICB/HI NENC relationship and share it with the Chief Strategy Officer**
- 2) **The Chief Strategy Officer to incorporate further executive feedback, including enhanced wording on innovation and digital, before presenting the five year plan to the ICB Board**

RESOLVED:

The Committee SUPPORTED the draft NENC ICB Five Year Strategic Commissioning Plan be submitted to Board for approval.

At 12:20pm the Chief Clinical Information Officer left the meeting.

EC/2025-26/272 Agenda Item 14.1 - Healthy Heart Checks and working with PocDoc

At 12:30pm the Healthy Heart Checks Programme Clinical Lead / Academic Partner, Innovation Programme Lead (Healthy Heart Checks), Co-founder, PocDoc and the NHS Implementation Lead, PocDoc attended the meeting to present the report.

The Chief Executive, HI NENC introduced a comprehensive innovation update focusing on the Healthy Heart Checks programme and partnership with PocDoc, highlighting this as an example of the maturity of the local innovation ecosystem.

Key points from the presentation were:

- NHS Health Checks are designed to assess cardiovascular risk, but historically only around 27% of eligible people took up the offer in the region, with marked variation and generally lower uptake than the national average
- The Healthy Heart Checks initiative set out to take checks into communities, particularly underserved populations, using behavioural insights and co design. Outreach included working with community buses, community pharmacies, fishermen, and high risk groups identified through data (e.g. Index of Multiple Deprivation 1 & 2 searches via the Clinical Digital Resource Collaborative)

- The programme, delivered in partnership with the ICB CVD team, had delivered over 2,000 Healthy Heart Checks, identifying 324 people with a QRISK3 score over 10%. Around 60% of participants received lifestyle advice and 33% were advised to see a GP
- PocDoc provides a digital point of care platform enabling finger prick cholesterol and HbA1c testing without venous blood, making screening easier in community settings
- The partnership has attracted external investment, generated academic outputs, and was seen as an example of how the region could be a destination of choice for innovators

The Chief Medical Officer strongly supported the approach, praising point of care testing in the community as a way to move beyond traditional models. They stressed the need to close the loop so that high risk individuals were followed through to treatment and ongoing management, not just risk identification.

The Committee were informed that data on outcomes showed a 450% increase in statin prescribing in the pilot area, suggesting improved treatment rates, although the team acknowledged some challenges in tracking whether all referred patients ultimately attended GP appointments and commenced therapy.

The Chief Corporate Services Officer and Director of Workforce welcomed the innovation as a strong story for Board and staff, noting that the Integrated Care System's own workforce of approximately 90,000 represented a potential target population and advocacy network.

Members discussed:

- The potential to scale the programme across the region and into workplace settings;
- How best to connect patients back to practices and ensure data flows and coding worked smoothly;
- The role of Directors of Public Health and different local commissioning arrangements;
- Future additions, such as including HbA1c in 2026 and creatinine in 2027, to broaden the scope of community based testing

The Committee noted and celebrated the successes of the Healthy Heart Checks programme and the ICB / HI NENC partnership and recognised the initiative as a model for working with industry partners and building a repeatable blueprint for innovation. It was recommended that the insights gained from the learning process be leveraged to advance the fourth ICB objective related to innovation and integrated into the five-year strategic plan.

RESOLVED:

The Committee NOTED the update provided in relation to the successes of the ICB / HI NENC relationship and the maturity of our innovation ecosystem compared with other regions

At 13:02pm the Healthy Heart Checks Programme Clinical Lead / Academic Partner, Innovation Programme Lead (Healthy Heart Checks), Co-founder, PocDoc and the NHS Implementation Lead, PocDoc left the meeting.

EC/2025-26/273 Agenda Item 15.1 – ICBP009 Counter Fraud, Bribery and Corruption Policy

The Chief Finance Officer presented proposed amendments to policy ICBP009 – Counter Fraud, Bribery and Corruption Policy, explaining that updates were required to reflect recent legal changes and revised national guidance.

The Committee are asked to approve the amendments to the Counter Fraud Policy.

RESOLVED:

The Committee APPROVED the ICBP009 – Counter Fraud, Bribery and Corruption Policy

EC/2025-26/274 Agenda Item 16.1 – Any Other Business

There were no items of any other business for consideration.

EC/2025-26/275 Agenda Item 16.2 - New Risks to add to the Risk Register

No new risks were identified.

EC/2025-26/276 Agenda Item 17 - CLOSE

The meeting was closed at 13:06pm.

Date and Time of Next Meeting

Tuesday 10 March 2026 10:30am.



**Samantha Allen
Executive Committee Chair
10 March 2026**