NHS
North East and North Cumbria

Item: 8

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

BOARD 28 JANUARY 2025	
Report Title:	**Chief Executive Report**

Purpose of report

The purpose of this report is to provide an overview of recent activity carried out by the ICB team, as well as some key national policy updates.

Key points

The report includes items on:

- 10 Year Plan / NHS Change Workshop
- GP Collective Action
- Health Growth Accelerator
- Alliances Development
- Women's Health Hubs
- Real Living Wage

Risks and issues

This report highlights ongoing areas for action linked to financial pressures, the delivery of the ICB running cost reduction, quality of services and other broader issues that impact on services.

Assurances

This report provides an overview for the Board on key national and local areas of interest and highlights any new risks.

Recommendation/action required

The Board is asked to receive the report for assurance and ask any questions of the Chief Executive.

Acronyms and abbreviations explained

BMA - British Medical Association
CSP - Child Safeguarding Partnership
DSP - Delegated Safeguarding Partners
ENIC - Employers National Insurance Contributions
ICB - Integrated Care Board

ICP - Integrated Care Partnership
ICS - Integrated Care System
LMC - Local Medical Committee
LSP - Lead Safeguarding Partners
MASA - Multiagency Safeguarding Arrangement
NECS - North of England Commissioning Support Unit
NENC - North East and North Cumbria
NHSE - National Health Service England
SIS - Severely Immune Supressed
SRB - System Recovery Board

Sponsor/approving executive director	Professor Sir Liam Donaldson, Chair
Report author	Samantha Allen, Chief Executive

Link to ICP strategy priorities (please tick all that apply)	
Longer and Healthier Lives	✓
Fairer Outcomes for All	✓
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? (please tick)	**Yes**		**No**	✓	**N/A**	
If yes, please specify						
Equality analysis completed (please tick)	**Yes**		**No**		**N/A**	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	**Yes**		**No**		**N/A**	✓

Key considerations	
Financial implications and considerations	Not applicable – for information and assurance only.
Digital implications	Not applicable – for information and assurance only.
Clinical involvement	Not applicable – for information and assurance only.
Health inequalities	Not applicable – for information and assurance only.
Patient and public involvement	Not applicable – for information and assurance only.
Partner and/or other stakeholder engagement	The ICB continues to engage with all stakeholders on a wide range of subjects.
Other resources	None noted.

NHS
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North Cumbria

Chief Executive Report

1. Introduction

The purpose of this report is to provide an overview of work across the Integrated Care Board (ICB) and key national policy updates and reports.

2. National

2.1 NHS Change – 10 Year Plan Update

Work continues nationally with the development of the 10 year plan designed to make the NHS fit for the future. Many organisations across the region have made submissions directly to the Change NHS portal as have Health and Well Being Boards.

Across the next few months workshops have been planned with staff and stakeholders across England. Utilising the 'workshop in a box' we have planned an event for the region to ensure stakeholders have the opportunity to further feedback their views. This event is planned for 10 February with feedback requiring submission on 14 February.

We expect the 10 Year Plan to be published around springtime and we will use this to refresh our Better Health and Well Being for All strategy as required.

3. ICB Development

3.1 North East Commissioning Support Unit In-Housing

Work continues to progress the in-housing of services and staff from the North of England Commissioning Support Unit (NECS) in line with our business case which was supported by NHS England on the 24th October 2024.

Following business case approval, we have continued to work collaboratively with NECS in establishing joint programme infrastructure comprising of a Programme Steering Group with executive oversight provided through a Programme Board including ICB Chief Officer representation (Chief Strategy Officer). We have detailed plans in place which are being delivered to support the transition of staff and services, including HR and OD plans along with the identification and mitigation of risks, all of which is being overseen through these arrangements.

On the 16th January NECS formally launched the consultation with their staff regarding the transfer, this event was supported by ICB colleagues (Chief People Officer and our Director of Strategy, Planning and Performance). The consultation has now progressed to service level engagement sessions which each aligned ICB Director is supporting. There is also the offer for 1:1 meetings for impacted staff with both NECS and proposed ICB Directors and Heads of Service also available to support.

As we move through the next few weeks, we are very much looking forward to welcoming NECS colleagues on board with the ICB, to this end work is underway to ensure appropriate on-boarding plans and information are in place and available to both existing ICB staff and NECS colleagues

who will be transferring.

Since the ICB inception we have brought together staff from eight clinical commissioning groups, had staff transfer from various teams in NHS England as responsibilities are delegated. This year, building on the work we have undertaken to date, we will undertake further organisational development to develop and embed our culture and ways of working.

4. North East and North Cumbria

4.1 Financial Position

As noted within the finance report, at month 8 the Integrated Care System (ICS) is still forecasting delivery of the planned financial position, which is now breakeven following receipt of deficit support funding.

The year to date position as at month 8 was a slight improvement to plan but nonetheless was a deficit of almost £19m in total across the ICS, which will need to be recovered over the remainder of the year. This was expected and reflects the phasing of efficiency plans but will continue to be extremely challenging to deliver.

In addition to that increased efficiency delivery assumed in plans for the second half of the year, there are still a number of other potential financial risks to be managed across the system, including risks to prescribing budgets and risk around potential backdated pay regrading claims. Work is also continuing to understand the impact of the 2024/25 pay award across the system.

Work to identify further potential mitigations and actions that could be taken to help manage the financial position continues.

As previously highlighted, we commissioned an independent review of financial grip and control measures across the ICS to support delivery. Final reports are currently being reviewed and related action plans, both for individual organisations and the ICS, are being developed.

Our work continues to update the medium term financial plan and develop draft financial plans for 2025/26. Despite the welcome increases in revenue and capital funding for the NHS announced in the 2024 Autumn budget, we expect 2025/26 to be an especially challenging year financially.

The 2024 Autumn budget included an increase in Employers National Insurance Contributions (ENICs) which will take effect from 1 April 2025. Whilst additional funding is expected to cover the impact of this for NHS bodies, the increase in ENICs will present a significant cost pressure to the wide range of non-NHS bodies that provide critical NHS services and support, many of which are already financially challenged. This includes the Voluntary, Community and Social Enterprise sector, hospices and other independent sector providers. It also includes GP practices, which are privately owned businesses and for which additional ENIC funding is not expected, although further details are awaited of any proposed increase in GP contracts for 2025/26. Once further details of planning guidance and ICB funding allocations for 2025/26 are received, the ICB will consider the implications of national insurance contribution increases and potential risks to NHS services as part of the development of plans for 2025/26.

4.2 System Recovery Board

The System Recovery Board met on 19 December and in that session the draft 25/26 plans for workforce and electives were discussed (the January meeting will discuss procurement and service reform).

For workforce the key areas to deliver in 25/26 are further bank and agency reductions and sickness reductions.

For electives the key areas of delivery remain outpatient transformation with opportunity values to be worked up, pathway changes where single point of access should enable a reduction in demand and technical work on coding. The initiatives for electives must be looked at alongside the guidance that the level of elective recovery funding for 25/26 is to be fixed in totality. Further work will be required to understand how we can incentivise the right activity to be prioritised and how this will enable a cost reduction, through an increase in productivity, rather than an increase in elective recovery income.

To sequence with the annual planning round, it was agreed that an all-system meeting should be set for early 2025 so that each workstream can take all organisations' executive teams through their plans for 2025/26. The session, in February, will provide organisations with information on work happening at a system level but also to share difficult actions/decisions that organisations will need to individually take to achieve their annual plan targets for 2025/26. This is against the context of a revised underlying deficit of £584m, as reported end of December, hence the need to deliver both system savings but also to activate the difficult actions.

In addition to the reliance on system workstream delivery in 2025/26, the System Recovery Board (SRB) recognised the recommendation that SRB can strengthen it's assurance role with organisational cost improvement plan. As such, changes have been made to the use of SRB meetings so that each quarter one SRB is now to be dedicated to cost improvement plan delivery to support organisations with their targets and to share best practice across the system.

4.3 Planning Guidance and Allocations

At time of writing, the NHS England Operational Planning Guidance for 2025/26 had not been published and the associated financial allocations for Integrated Care Systems had not yet been confirmed. It is understood that 2025/26 will be a challenging year financially with the ICB needing to work closely with partners to lead the system through a planning round that has extremely limited scope for new investment and therefore needs to centre on redesigning services, using workforce and technology differently and identifying opportunities for greater efficiency and productivity.

4.4 Winter Quality and Safety

The ICB has developed an approach to monitor quality and safety within urgent and emergency departments over the winter period with joint working between the quality team and system resilience team. The approach has been developed to understand and maintain regular oversight of the pressures and quality risks within urgent and emergency care services across the NENC ICS, and to ensure prompt action is taken in response to patient safety risks.

Dedicated staff have been identified from the quality team to monitor patient safety incidents and attend system calls to understand the pressures from within the region. The process and prompts have been aligned to the temporary escalation guidance from NHSE, the fundamental standards of care and managing risk guidance across the system.

The ICB has shared the process across the NENC system and wider with other Trust's and ICB's in Yorkshire and Humber at the request of NHSE. Additionally, NHSE has asked the other ICB's to implement a similar process to the NENC process across their systems.

4.5 General Practice Collective Action

As previously reported, general practice continues to review its approach to collective action following the BMA ballot in 2024. Participation rates and the types of action vary nationally, regionally, and across individual ICB levels. Locally, place-based functions are coordinated via Local Medical Committees (LMC).

Our local delivery teams are working collaboratively to manage GP collective action implications, supported by system-wide work addressing service mitigations and clinical pathway impacts. This review will extend into the new financial year.

The potential for escalated action increased following the England LMCs conference in November 2024. The conference endorsed additional potential actions while also supporting an overarching ballot for industrial action.

In December 2024, the Secretary of State for Health issued initial guidance for the 2025/26 GP contract. While the proposal included a 7.2% cash growth uplift (estimated at 4.8% real terms growth), further discussions with the British Medical Association (BMA) are required. Encouragingly, links are emerging with recent elective reform guidance, which proposes payments for advice and guidance, diagnostic pathway reviews, and alignment with NHS England planning guidance.

The BMA's spring 2025 conference is expected to provide clarity on the sector's response to the contractual proposals and outline the implications of further action. Locally, the NENC ICB continues to explore enhancements to Local Enhanced Services and Local Incentive Schemes.

4.6 Seasonal Vaccinations

The autumn winter campaign concluded on the 20 December 2024 with 583,467 (42.6%) seasonal boosters administered and 2,626 primary courses to newly severely immune supressed (SIS) patients. The seasonal campaign concludes on the 31 January 2025 with the inter seasonal network prepared to cover newly SIS with 31 providers. At time of reporting, overall uptake is 18% down on last winter when comparing the same cohorts.

The Joint Committee on Vaccination and Immunisation have advised on eligible cohorts for 2025 and the 2026 spring campaigns being patients 75 and over, older adult care homes and immunosuppressed patients 6 months and over within the at risk group of Green Book tables 3 and 4. This advice has been agreed by the Department of Health and Social Care and confirmed in a system letter by NHS England.

All stage 1 procurement for the new 18 month contract has been completed and stage 2 outreach and Primary Care Network's delivering outside of core settings is underway. Once the outreach procurement has been concluded, the ICB will have 4 providers delivering to under served communities.

Programme costs for 2025/26 have been agreed in principle by North East and Yorkshire NHS England colleagues but the treasury is still to sign off the business case for Access and Inequalities funding for the next financial year.

SARS-CoV-2 case rates are below last season's levels and show the success of the vaccination programme in preventing additional winter pressures.

4.7 Neighbourhood Health

The ICB has established the Living and Ageing Well Partnership as a key strategic vehicle to define our approach to neighbourhood health. This initiative focuses on out-of-hospital and community services and builds on our previous work with integrated neighbourhood teams.

Key elements of this work include:

- A ‘left shift’ focus, transitioning from analogue to digital, treatment to prevention, and hospital to community.
- Identifying patient cohorts and clinical pathways with the potential for greatest local impact.

Initial efforts centre on frailty, proactive and anticipatory care, supported by strategic and financial enablers to accelerate progress. The broad strategic approach will be finalised in the coming weeks and shared with ICS partners for local engagement. A robust governance framework will underpin the involvement of partners at local levels in the design and implementation process.

While this work is expected to alleviate hospital pressures, the primary driver remains improving clinical and experiential outcomes for patients while maximising the use of collective resources to address local needs.

4.8 Assertive Outreach and Intensive Community Treatment

Ensuring that mental health services are responsive and flexible for individuals who need assertive and intensive community care is a priority. We know that some individuals experiencing severe mental illness can find core services hard to reach, which can make access to evidence-based care and treatment challenging. There is an expectation that processes are robust for the care, treatment, and risk management of this group, with the necessary oversight and scrutiny in our system governance to escalate any concerns and embed lesson learned. Following a review of the services who deliver assertive and intensive care in the NENC the ICB have been convening the system leads to consider and build an action plan that focuses on getting care and treatment right for this community of individuals.

The action planning process so far has involved collating our review information and consulting the system leads who will collaboratively drive and lead this work moving forward, alongside the ICB. On the 21 January 2025 there will be focussed time with system colleagues to outline the future work programme and clarify priorities. This assertive and intensive work is clearly aligned and interdependent with other work programmes such as, but not limited to, the inpatient quality transformation programme and the community mental health transformation programme. The ICB is building a clear governance structure to ensure mental health transformation workstreams are complimentary, aligned and taking the system in a direction where care and treatment is accessible and effective. At the March 2025 Board, the iterative action plan will be shared in summary form to highlight key themes, emerging milestones and the developing system collaborative transformation process that will deliver this programme of work, as aligned to the national expectations and priorities moving into 2025/2026.

4.9 Safeguarding

In February 2024 the UK Government published an update to the Working Together to Safeguarding Children guidance which included some substantive changes to strengthen how local multi-agency safeguarding arrangements (local authorities, integrated care boards and the police) work to safeguard and protect children locally, including with relevant agencies.

These changes included clarifying the roles and responsibilities of safeguarding partners, distinguishing between Lead Safeguarding Partners (LSPs) and Delegated Safeguarding Partners

(DSPs), and stated that the three safeguarding partners have a joint and equal duty to make arrangements to:

- Work together as a team to safeguard and promote the welfare of all children in a local area.
- Include and develop the role of wider local organisations and agencies in the process.
- It also required every local authority, ICB and constabulary in England to be covered by a multiagency safeguarding arrangement (MASA).

Work has been undertaken with the relevant LSPs, Executives and Child Safeguarding Partnerships (CSPs) across the ICB footprint to reinforce the ICBs full commitment to meeting the required guidance, navigating the complex geography, and keeping a focus on the opportunities available that such engagement and collaboration can bring.

As a result, the ICB has been able to agree and endorse each partnerships multiagency safeguarding arrangement which were all able to be published by the end of the December deadline. These agreements confirm myself as the ICB Lead Safeguarding Partner and the respective Directors of Nursing as the Designated Safeguarding Partner. I will continue to work closely with the ICB Executive Chief Nurse and AHP Officer designated accountable for statutory functions in the ICB including safeguarding, to ensure effective delivery of these arrangements.

The commitment in support of the new MASA arrangements is that through the LSP arrangements each CSP partnership will work to ensure fair shares/proportionate partnership contributions for 2025/26. As the LSP I have met with LSPs across the 14 Local Authority and Police Force Areas in our ICS to discuss and agree the safeguarding arrangements in the last two months.

4.10 <u>Developing Alliances and Groups across the Region</u>

In recognition of the growing trend for partnership arrangements to be established between provider trusts, in November 2024, the NHS Confederation published a report authored by Paul Roberts, entitled 'Greater than the sum of its parts? – sharing board leadership between trusts'. The report notes that the last decade has witnessed the biggest shift in the architecture of the NHS provider sector since the creation of NHS trusts, noting that this has included a shift towards much larger trusts and a dramatic rise in the number of trusts sharing board-level leadership.

There are arrangements of this ilk now in place in a third of English NHS trusts. The report concludes that these arrangements have developed organically, with very little in the way of central intervention or guidance. It also notes that there is little evaluation of the efficacy of such arrangements published to date. The report recognises that the transition to these arrangements can sometimes be disruptive but on a smaller scale than a merger, and that they provide an opportunity for a level of strategic alignment and joint enterprise, with the ability to control the scope and ambition of the collaboration as well as the pace. The report does find some evidence of positive impact reported by the trusts but recommends that NHS England could benefit from developing standard governance models which are compliant with a revised NHS Code of Governance, to reduce the cost and complexity of developing local arrangements. This would strengthen and simplify governance and ensure common approaches between participating trusts as quickly as possible. NHS England has been developing a good practice guide and assurance process for such arrangements over the course of 2024/25 and is due to launch this in February 2025. The ICB Chief Strategy Officer was part of the stakeholder group for the development of the framework and the ICB will be piloting it with the Great North HealthCare Alliance.

North East and North Cumbria has a well-established Provider Collaborative whose membership comprises all 11 provider trusts within our geographical footprint. In addition, over the last 18 months there have been 2 significant developments in the partnership arrangements between providers. In Teesside there is now a group structure in place: University Hospitals Teesside, which incorporates North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals

NHS Foundation Trust. The Group Chair and Group Chief Executive have been in place for a year and there is now a full Group Executive Team in post.

In the north of our patch, the Great North Healthcare Alliance has been created. It comprises of four provider trusts: Gateshead Health NHS Foundation Trust, Newcastle Upon Tyne Hospitals NHS Trust, North Cumbria Integrated Care NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust. The Alliance has formed a joint committee and is working though its next stage governance and its workplan for the next 3 years.

In the group and alliances, there is a focus on working together across organisational boundaries to improve service sustainability and thus patient experience and outcomes, better attraction, retention, and deployment of workforce and returning to financial health. In addition, partnership with universities to expand research opportunities and with local partners to strengthen community services is being prioritised.

Our two mental health, learning disabilities and neurodevelopmental services trusts have a longstanding collaboration and continue to work closely together on common challenges and improvement priorities.

Sunderland and South Tyneside and County Durham and Darlington NHS Foundation Trusts are working together on a set of prioritised pathways and exploring collaboration opportunities.

4.11 Collaboration with Local Authorities

The ICB continues its collaborative efforts with Directors of Adult Social Care and Directors of Children's Services through a focused work programme. This includes:

- Workforce development strategies.
- Collective approaches to complex case management and continuing healthcare.
- Support for neurodevelopmental conditions in children and young people, aligning closely with findings from recent SEND inspections.

Over the past 12 months, insights from SEND and Adult Social Care inspections have provided valuable learnings to enhance partnership working. These insights will inform preparations for the forthcoming ICS assessment process.

4.12 Health Growth Accelerator

I am delighted to confirm that we have been confirmed as one of only three Health and Growth Accelerator sites in the country – alongside West Yorkshire and South Yorkshire ICBs. Economic inactivity is a significant and growing challenge in our area and is often driven by unmet needs. As an Accelerator, this means that NENC will receive £18M of government funding in 2025/26 to deliver a programme of activity focused on improving population health outcomes and increasing economic growth by reducing health-related labour market inactivity.

In line with the government's priority of shifting from treating sickness to prevention, each accelerator will work on preventing diseases that lead to people dropping out of work, test digital tools to support mental health and manage musculoskeletal pain, as well as potentially placing employment advisors into clinical pathways and in GP settings. Accelerators are also asked to consider the development of occupational health services that local employers to keep more people happy and healthy at work.

If the Accelerators demonstrate an impact in in supporting more people to stay in work, they could be rolled out to all 42 ICBs across the country – and this will be considered as part of the government's Comprehensive Spending Review in 2025.

Alongside our Accelerator, which is focused on supporting those in work but who may be struggling with issues that make them at risk of economic activity, our two Combined Authorities (North East and Tees Valley) have each been designated as 'Economic Activity' and 'Youth Guarantee' Trailblazers which will focus on supporting those out of work. The expectation is that Accelerators and Trailblazers work closely together and coordinate their programmes of work to reduce overall economic inactivity.

The expectation is that we will get our Accelerator programme under way from 1 April this year, so we are working closely with ICB local delivery teams, and our wider partners, on the detailed planning we need to do to rapidly mobilise a programme of work in every part of the North East and North Cumbria that can demonstrate impact on reducing economic inactivity.

4.13 Devolution White Paper

Last month Government published the English Devolution White Paper which sets the direction of travel for devolution. This white paper aims to ‘provide places with the tools they need to deliver the government’s ambitious Plan for Change’.

- Mayors free to set the priorities for funding that suit their areas the best through Integrated Settlements for Established Mayoral Strategic Authorities, meaning that for the first time Mayors are not bound by strict Westminster rules over how to spend money locally.
- Strategic Authorities’ leadership of their area’s growth hardwired through Local Growth Plans, the Council of Nations and Regions, and the Mayoral Council.
- Easier commutes because Strategic Authorities are better able to join up transport networks through: faster bus franchising; joined-up transport funding; a statutory role for Mayors in governing, managing, planning, and developing the rail network; option for Mayors to control local rail stations; and the right to request rail devolution for Established Mayoral Strategic Authorities.
- Skills and employment provision that is more relevant to local jobs because Strategic Authorities will have joint ownership of the Local Skills Improvement Plan model (alongside Employers Representative Bodies), have devolved control of non-apprenticeship adult skills funding, ensuring there are clear pathways of progression from education into further education or higher education and employment for 16-19 year olds in their areas, devolution of supported employment funding for the first time in England, and a commitment for Mayoral Strategic Authorities to co-design the future landscape of non-Jobcentre Plus employment support more widely.
- More houses, served by the necessary infrastructure, and more social housing with Mayors becoming responsible for strategically planning for housing growth, backed by devolved funding, a Homes England that is more responsive to the Mayors, and for Mayors of Established Strategic Authorities, the ability to set the strategic direction of any future affordable homes programme.
- More investment in local areas through fuller devolution of business support, a clearer role for Strategic Authorities in innovation, and focused on domestic growth, exports and investment, and collaborative partnerships with the Department for Culture, Media and Sport’s Arm’s Length Bodies.
- Strategic Authorities at the heart of making Britain a Clean Energy Superpower, with a strategic role in the delivery of the Local Power and Warm Homes Plans, devolution of retrofit funding by 2028 to Established Mayoral Strategic Authorities, and clear roles in the wider energy system (e.g. on Heat Zoning).
- Action to deliver greater public service boundary alignment in the long term, making more Mayors responsible for fire, police, and engaged in Integrated Care Partnerships, and supporting the mayoral convening role in public services, so Mayors and Strategic Authorities

can support partners in driving public service reform. This includes clearer expectations for Mayors' roles in local health systems and in improving population health.

Whilst this white paper still needs to go through Government approval mechanisms this provides an understanding on how this work is developing.

We continue to meet regularly with officials across our Local Government and Combined Authorities and are working positively to ensure we are connecting to the Integrated Care Partnership. This includes the work on Health and Growth Accelerator and the changes that align the Area ICP boundaries to that of the Combined Authorities. We are also finalising arrangements that ensure our collective representation at a number of meetings across the region.

4.14 Real Living Wage

Following an excellent presentation at our Board in 2024 from the North East Child Poverty Commission it was made clear that the Real Living Wage will have a considerable positive impact on poverty across the region.

We are currently reviewing this position not only within the ICB but also the region, recognising that at least one of our NHS organisations has already become a Real Living Wage employer.

However, it is important to note that this will require not only the commitment to the Real Living Wage but also to other interventions linked to ensuring contractors, sub contractors etc., also pay at this level.

Work continues with the Directors of Finance and Directors of People and this will be considered further by system partners over the coming months.

4.15 Women's Health Hubs

I am pleased to report the NENC has three live women's health hubs operating in Sunderland, Gateshead and North Cumbria, each offering core services including menopause assessment, menstrual problems assessment and treatment, contraceptive counselling and cervical screening as outlined within the women's health hub core specification.

To support the evaluation of the women's health hub pilots, an activity reporting template has been developed and each of the hubs are submitting activity against the core service delivery on a quarterly basis. This activity will provide the ICB with assurance of delivery to-date, and highlight any barriers/constraints which, along with each of their independent evaluations, will inform commissioning decisions for women's health hubs in the future.

The Women's Health Group is a sub-group of the NENC ICB Executive Committee with robust governance parameters.

As part of the group work we are currently reviewing and assessing all of the investment that actually goes into women's health overall with a view that we will review this data to assess what services can be provided out of hospital and in the community.

The women's health implementation plan is coming to Board in March 2025.

4.16 Visit to Silverdale Family Practice

I was delighted to have the opportunity to visit Silverdale Family Practice and meet with partners and staff. I was interested to hear their plans to work closer with County Durham and Darlington

NHS Foundation Trust and benefits this will bring to patients and staff at both the practice and Trust.

5. Recommendations

The Board is asked to receive the report and ask any questions of the Chief Executive.

Name of Author: Samantha Allen
Name of Sponsoring Director: Professor Sir Liam Donaldson
Date: 21 January 2025

Appendix 1

Between 20 November 2024 – 10 January 2025 the NENC Executive Team have undertaken the following visits:

NENC Organisations	Number Of Visits
NHS Foundation Trust / Providers	30
Local Authority	13
Place (including community and voluntary sector)	17
Community and primary care (including general practice)	10