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25 July 2025

Dear Sir Liam

## **2024/25 NHS North East and North Cumbria Integrated Care Board annual assessment**

NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. This assessment is in line with the Section 14Z59 of the NHS Act 2006 (hereafter referred to as "*the Act*"), as amended by the Health and Care Act 2022.

In making the assessment we have considered evidence from your annual report and accounts, available data and feedback from stakeholders alongside the discussions that we have had with you and your colleagues throughout the year.

This letter sets out the 2024/25 assessment (see Annex A) of the ICB's performance against the objectives set by NHS England and the Secretary of State for Health and Social Care, the statutory duties (as defined in the Act) and its wider role within your Integrated Care System (ICS) across the 2024/25 financial year.

We have structured the assessment to consider your role in providing leadership and good governance within your system as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of the assessment, we have summarised those areas in which we believe your ICB is displaying good or outstanding practice and could act as a peer or an exemplar to others. We have also included any areas in which we feel further progress is required and any support or assistance being supplied by NHS England to facilitate improvement.

This has been a challenging year in many respects and in making the assessment of your performance we have sought to fairly balance the evaluation of how successfully you have delivered against the complex operating landscape in which we are working.

We have also sought to take into account how you have delivered against your local strategic ambitions as detailed in your Joint Forward Plan which you have reviewed and re-baselined. A key element of the success of ICSs will be the ability to balance national and



local priorities together and we have aimed to highlight where we feel you have achieved this and where further specific work is required.

We are keen to continue to see progress towards a maturing system of integrated care structured around placing health and care decisions as close as possible to those people impacted by them.

I ask that you share the assessment with your leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligation.

I would like to take this opportunity to thank you and your team for all of your work over this financial year in what remain challenging times for the health and care sector. My team and I look forward to continuing to work with you in the year ahead.

Please let me know if there is anything in this letter that you would like to follow up on.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Fiona Edwards', with a long, flowing horizontal stroke extending to the right.

**Fiona Edwards**  
**Regional Director – North East & Yorkshire Region**

**Copy:** Sam Allen, Chief Executive, NHS North East and North Cumbria Integrated Care Board

## **Annex A**

### **1. System leadership and management**

In 2024/25 North East and North Cumbria ICB demonstrated that it is providing leadership across all of the duties of the organisation considered as part of this assessment. The ICB has developed a clear set of local priorities which have been developed with its partners and through a process of public and patient engagement. It has put the necessary leadership arrangements and governance infrastructure in place to ensure that these priorities continued to be delivered in 2024/25. This is within the context of another challenging year, as the health and care system in North East and North Cumbria has experienced significant pressures.

The ICB continues to work closely with their partners to ensure their governance and partnership arrangements are fit for purpose to improve health and care outcomes for their population. They have engaged with their partners throughout their development journey, regularly briefing and working with Health and Wellbeing Boards, Overview and Scrutiny Committees, Healthwatch organisations and patients' groups, and their Voluntary Community Social Enterprise (VCSE) partnership programme.

The North East and North Cumbria system continues to be a strong performer across key operational deliverables including ambulance response and elective recovery.

The ICB participated in the national pilot for assessing ICB capability, and we would like to thank colleagues for their valuable feedback and acknowledge the additional work undertaken to support this exercise.

The ICB has had a number of wider challenges to meet during 2024/25 including extensive industrial action and collective action by NHS staff and GPs respectively, both of which were resolved in the second half of the year. In addition, North East and North Cumbria also concluded its own reduction of running costs.

It has been a challenging year financially. The ICB generated a surplus of £12.9m against a revised planned surplus of £3.6m. The original planned ICS surplus was £53.6m, however in January 2025 the ICB board approved a reduction to the ICB surplus of £50m to support specific financial pressures within several provider trusts within the ICS, with a corresponding improvement in provider deficit position agreed, ensuring no net impact on the overall ICS position. This resulted in a revised ICB planned surplus of £3.6m. The improvement in the ICBs actual surplus position compared to plan was agreed to offset a deterioration in the overall provider position within the ICS.

For the ICS as a whole, an overall deficit financial plan of £49.95m was agreed with NHS England at the start of the year. An additional funding allocation of £49.95m was subsequently received from NHS England during the year which has allowed the ICS to report an overall break-even position for the year. The final outturn position for the ICS (subject to audit) was a slight surplus of £0.38m in total. The ICB acknowledges there is significant further work to be undertaken with NHS partners to fulfil the commitment to become a financially sustainable health system whilst delivering services and maintaining quality and safety standards.

The North East and North Cumbria Integrated Care Partnership (ICP) published its strategy, Better Health and Wellbeing for All, in December 2022. It continues to be organised around four key goals:

- Longer, healthier lives: reducing the gap between how long people live in the North East and North Cumbria compared to the rest of England.
- Fairer outcomes: everyone does not have the same opportunities for good health, because of where they live, their income, education, and employment.
- Best start in life: enabling children and young people to thrive, have great futures and improve lives for generations to come.
- Better health and care services: high quality services no matter where you live and who you are.

Delivery of the ICP strategy is supported by the ICB and wider NHS, and partners in local authorities, other public sector organisations, the voluntary, community and social enterprise sector and the independent sector delivering NHS commissioned free at the point of delivery services.

In terms of the wider oversight of the system, the ICB has structures in place to support place-to-board oversight, based on National Quality Board (NQB) guidance. The ICB has established Integrated Place reports, with a standardised quality agenda to ensure a consistent approach. Learning and areas for escalation feed into the ICB quality groups, and are focused on patient experience, patient safety, and clinical effectiveness. Key learning from these four meetings and areas for escalation are discussed at the ICB Non-Executive Director (NED) chaired Quality and Safety Committee.

During 2024/25 the ICB moved into new structures following organisational change and are reviewing quality governance arrangements to ensure they remain suitable and appropriate to support the ICB and support the statutory duty to improve the quality of services. In September 2024, the ICB published its quality strategy which also aims to support the delivery of this statutory duty, including through the development of quality management and safety management systems. The ICB has a System Quality Group which is based on best practice guidance from the NQB which includes a wider than health-focused review of quality across the system.

The ICB's Quality and Safety Committee reports directly to the ICB Board and assists the Board by providing assurance that it is delivering its functions in a way that delivers high quality safe patient care in commissioned services and secures continuous improvement and innovation in the quality of services, against each of the dimensions of quality set out in the NQB's Shared Commitment to Quality and enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care.

The Committee scrutinises the robustness and provides assurance to the Board, that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care. The system governance arrangements ensure the oversight and delivery of statutory duties of safeguarding and Special Educational Needs and Disability (SEND).

The ICB's Local Maternity & Neonatal System (LMNS) continues to implement the Three-Year Delivery Plan for Maternity and Neonatal Services, published in March 2023, which outlines the strategic plan for making maternity and neonatal care safer, more personalised and more equitable for women, babies and families.

Decision making of economic factors are received via the ICB Board from its relevant committees (Finance Performance & Investment Committee, Executive Committee, Quality & Safety Committee and Audit Committee) providing assurance that the ICB uses its resources economically, efficiently and effectively.

The ICB has an involvement and engagement team that supports commissioners to assess the need for involvement activity as well as practically supporting, advising, planning, project managing and commissioning activity as appropriate.

NHS, Local Authorities and the Voluntary, Community and Social Enterprise sectors (VCSE) have come together in the system to develop the Better Health and Wellbeing for All plan to improve health and care in the North East and North Cumbria system. This involvement included the opportunity for stakeholders, partners, and members of the public to help shape this strategy through an online survey and by submitting a direct response.

## 2. Improving population health and healthcare

The ICBs routine performance assessment has encompassed key elements of the 2024/25 operational planning priorities, NHS Oversight framework (NHS OF) metrics, and the targets as set out in the NHS Constitution. Key headlines on system performance during 2024/25 are below.

- **UEC** – 4-hour A&E performance was below plan target of 81.7% in March 2025. Actual performance was 78.7% which was above the national ambition of 78.0%. The system must focus on sustaining these improvements to meet the 2025/26 operational target of 78%. The ICS is delivering above the national average. Across the system a number of providers have been recognised in terms of the national Integrated UEC incentive scheme for 2024/25, highlighting the level of achievement or improvement made.
- **Ambulance response times** – for category 2 ambulance calls they have seen an improvement and met the national ambition of 30:00 mins for 2024/25. North East Ambulance Service remain one of the top ranked ambulance services.
- **Planned Care** – The ICB has consistently reported the top performance of all ICBs nationally for RTT throughout 2024/25. In relation to the key planned care objectives for 2024/25:
  - Elimination of 65+ww by Sep24: Whilst NENC did not achieve elimination of 65+ww by September 24 significant progress was made in reducing the number of long waits from 850 (Apr24) to 153 (Mar25).
  - Reduction in 52+ww: ICB delivered actual performance of 4,220 patients waiting at Mar25 against a plan of 4,190. This represented a reduction from 6,106 (Apr24) the lowest reported monthly numbers post recovery following the COVID pandemic.
- **Cancer** – challenges remain on achievement of the 62 day cancer standard and 28 days Faster Diagnosis Standard (FDS). The ICB delivered in line with the 2024/25 objective for both FDS reporting 78.6% (versus 77% plan) and 71.6% (versus 70% plan) for 62 day performance. While in 2025/26 the ICB will need to improve performance against 62 day cancer to achieve 75% by March 2026 and improve performance against the 28 day cancer FDS to 80% by March 2026, 2024/25 demonstrated an improving trajectory towards this.
- **Diagnostics** – Improvements are required to deliver the diagnostics waiting times to meet the national standards during 2025/26. Investments in diagnostics schemes were made during 2024/25 to support delivery of the requirements and there is an

expectation that progress to deliver benefits will be seen in 2025/26. Whilst the ICB did not achieve Diagnostic 6 week performance of 95% by March 25, actual performance of 90.3% demonstrated significant progress from the April 24 position of 81.3%

- **Mental Health** – Challenges have remained in the delivery of key ambitions in 2024/25 for mental health and for people with Learning Disabilities and Autism. The system has made continued good progress in its Inpatient Quality Transformation Programme and has met the national ambitions for Dementia Diagnosis and Physical Health Checks for People with Severe Mental Illness, performed above plan for community mental health access and met plan for Children and Young People access. Perinatal access and Talking Therapies performance remains challenging. Recovery plans were implemented during the year and we expect to see improvements during 2025/26. We acknowledge the additional work from the system to commit to meeting the 2025/26 expansion plans for Mental Health Support Teams.
- **Primary Care** – The ICB has performed well in all aspects of primary care despite the challenges brought about by GP collective action. They successfully delivered all the elements of the Primary Care Access Recovery Plan (PCARP) whilst undertaking significant work to improve access to General Practice, Community Pharmacy and Dental services in line with population health need in 2024/25. In addition, the ICB consistently offers more general practice appointments each month per 10k GP registered population than the England average.
- **Public health** - The ICB is delivering 100% coverage of Tobacco Dependence Treatment Services in acute and mental health settings and 88% in maternity. It maintains a focus on secondary prevention with good coverage of alcohol care teams and digital weight management referrals. Rates are high for management of cholesterol and a number of diabetes indicators. Improvements are needed in effective management of hypertension and diabetes 8 care process indicators.

NENC delivered most targets across the area of Primary Care in 2024/25 the exception being under performance against the Percentage of Unique Patients Seen by an NHS Dentist target.

From March 2024 national dental recovery plan incentives were implemented to encourage practices to see new patients. Within NENC a local transformation plan was agreed to stabilise NHS dental provision which included an increase to the local minimum urgent dental appointment rate. A procurement process was undertaken, however received a limited response. The ICB mitigated this through an interim non-recurrent funding approach linked to over-performance/additional activity being delivered which helped support population access urgent dental care.

The ICB made significant progress against the majority of the community metrics but under performed on virtual wards and over 52 week community waiting lists.

The ICS wide Living and Ageing Well Partnership has taken learning from 2024/25 and has developed improvement plans to support further reductions in community wait times. A specific focus is also being applied to understand the quality of data underpinning community waits in order to drive up the effectiveness of reporting.

The ICB has quality structures in place to support place-to-board oversight, based on National Quality Board guidance. The ICB has a comprehensive Integrated Delivery Report



(IDR) which encompasses key operational planning and recovery metrics. The NENC IDR measures performance utilising a range of performance metrics which are aligned to NHS England's operational planning metrics and encompass a wide range of recovery objectives as well as NHS Long Term Plan (LTP), NHS People Plan commitments, quality and safety, and health inequality measures. This is underpinned using a Statistical Process Control (SPC) approach which is considered the best practice to understand where there is significant variation and most risk and therefore focus attention on those areas that require improvement support.

The Finance, Performance and Investment Committee, Executive Committee and Quality and Safety Committees consider the element of risk to achievement of the operational planning priorities within the organisational risk register so that the impact on the quality of care to patients is minimised.

The ICB has worked collaboratively with NHSE regional teams to respond to quality challenges within a number of its provider Trusts to oversee, support and assure the necessary improvements. The ICB has invested in a Director of Quality to support in delivery of its duty to improve the quality of services.

### **3. Tackling unequal outcomes, access and experience**

The ICB discharged its duties associated with health inequalities primarily through the Healthy and Fairer Programme. This system-wide transformation programme brings key public health and related stakeholders together to collectively consider:

- Prevention
- Healthcare Inequalities
- Broader Social and Economic Determinants

The Healthier and Fairer Programme produce a bi-annual Health Inequalities Report which is included with the ICB Annual Report and Accounts.

Building on listening activities held in 2023 to understand the impact that these temporary changes have had on patients accessing the oncology service. This included a survey, focus groups, and phone interviews. The ICB commissioned additional conversations with Black, Asian and minority ethnic individuals that are patients or caregivers of patients using the oncology service. The final interview was with a patient of the oncology service that has learning difficulties.

Involvement actions in relation to Women's health hubs have also taken place during 2024/25. This included 'the Big conversation' which was launched in July 2024 until September 2024. This was done in collaboration with the North East and North Cumbria Healthwatch Network. The regionwide survey and six focus groups targeted at women who were identified as seldom heard, such as women with learning disabilities, refugees and asylum seekers, unpaid carers, ethnic minority backgrounds, individuals with lived experience of maternal mental health issues and staff who work with women who have experienced sexual abuse. A total of 4500 responses were received and the ICB are reviewing a number of recommendations.

Significant work on involvement continues to take place in the system. Examples include the review of oncology services across the North East and North Cumbria by the Northern Cancer Alliance.

The focus on inclusion health through the Core20Plus5 approach by Clinical and managerial leadership across the 10 clinical pathways monitor progress on narrowing healthcare inequalities.

The ICB have established good relationships with the Haref Network in Newcastle. The Network has helped the ICB make sure health conversations are accessible to all members of the community including ethnically marginalised groups. In 2024/25, through the Haref Network, the ICB have been able to share health information and surveys to a wide range of community organisations led by people from ethnically marginalised communities.

The system achieved the 10% reduction in the number of people detained in hospital, for both autistic people and people with a learning disability. The ICB began the financial year with increased performance management in place from the Learning Disability and Autism regional team due to their repeated failure to meet inpatient trajectories and were 42nd out of 42 ICB's for adult inpatient numbers in England. As a result of their improved in-year performance, quarterly meetings were reinstated in Q3 2024/25 and by the end of the financial year, NENC had met the required 10% reduction for adult inpatients (both learning disability and autism). After this improvement, NENC is now ranked 41 out of 42 ICBs in England. Further progress and improvements are required in 2025/26 to meet inpatient trajectories.

NENC has maintained low numbers of children in hospital and is in the second quartile nationally for this, marginally outside of the performance rate set out in the national policy.

NENC has significantly reduced the number of people in long-term segregation and has very few people placed out of area.

NENC ranks 18/42 on completion of learning from lives and deaths of people with a learning disability and autistic people within the 6-month time frame and 38/42 ICBs on the proportion of reviews that are focused.

The planning guidance targets for annual health checks in 2024/25 were met, and the Learning Disability GP register sizes are consistently growing year on year.

#### **4. Enhancing productivity and value for money**

Efficiencies totalling £120.67m (compared to a plan of £117.71m) was delivered by the ICB during the year, which has supported delivery of the overall financial position. This has included in particular efficiencies in medicines optimisation and in the delivery of individual packages of care.

The performance of the ICB is monitored against the delivery of the following statutory financial duties:

- Revenue resource use does not exceed the amount specified in Directions
- Revenue administration resource use does not exceed the amount specific in Directions
- Capital resource use does not exceed the amount specified in Directions

The ICB was compliant with all of these statutory financial duties in 2024/25.

Revenue resource use does not exceed the amount specified in Directions



ICBs are required to manage overall revenue expenditure within the revenue resource limit (the 'break-even duty'). For 2024/25, the ICB delivered an overall surplus of £12.2m.

#### Revenue administration resource use does not exceed the amount specific in Directions

A separate running cost allowance is provided to all ICBs to cover the administrative costs of running the ICB. There is a requirement to manage administrative costs within this allowance. Total running costs for the year amounted to £48.9m, which was within the running cost allowance of £54.9m.

#### Capital resource use does not exceed the amount specified in Directions

The ICB is required to manage capital spending within the capital resource limit. The ICB incurred £5.9m capital as planned. The ICB managed the utilisation of capital spend within the capital allocation allocated to the ICB.

### **Integrated Care System (ICS)**

In 2024/25 the North East and North Cumbria system delivered its overall planned financial position at the end of the year across all service provision with a small surplus (£0.4m subject to audit), included in this total was the ICB £12.2m surplus. This meant that the ICB did achieve plan and met its statutory financial duties for 2024/25.

## **5. Helping the NHS support broader social and economic development**

The ICB received a good response and feedback from local Health and Well-being boards (HWB). All highlighted good engagement from the ICB and that they have very effective and mature relationships with place-based colleagues who support and provide strategic leadership to promote effective working between the ICB, HWB, councils and wider system partnership working. They also fed back that clinical and commissioning leads integrate well with other system partners and there is a good level of openness, transparency, willingness to innovate and a drive to learn together.

All feedback showcased that the ICB Place Teams have actively sought to shape a “place plan” that aligns with the Health and Wellbeing Strategy, and an allocation of funding was provided towards some of the Joint Local Health and Wellbeing Strategy (JLHWS) priorities via the healthier and fairer programme.

To support the implementation of the JLHWS overall feedback was to ensure place-based arrangements remain at the forefront of ICB working, to improve health and reduce inequalities for the people of the patch. Moving forward colleagues would be keen to see the ICB responsibilities in relation to the Better Care Fund, continue to support the ambitions of the JLHWS and maximise opportunities for integration through effective joint commissioning arrangements. Assurance that the planned improvements to general practice, including investment in workforce development, will improve access to general practice.

Within the Annual Report and the Joint Forward Plan (JFP), the ICB has set out its contribution to the delivery of the wider priorities of its communities and partners during 2024/25. The ICB has committed to review and update their current JFP after the release of the 10 Year NHS plan which is due to be released in the Spring 2025. The ICB will work with stakeholders in developing a much clearer set of impact/outcome metrics to measure the success of the plan implementation.