Item: 8

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

BOARD 25 NOVEMBER 2026	
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:

- System finance
- NHS Board development programme
- Neighbourhood health
- Office of pan ICB commissioning
- GPIT
- Urgent and emergency care
- Mental health, learning disability and neurodivergence
- Movement 26.2

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 and supporting documentation

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 and ask any questions of the Chief Executive.

Acronyms and abbreviations explained

CQC – Care Quality Commission
ICB – Integrated Care Board
NENC – North East and North Cumbria
NECS – North of England Care System Support
NHSE – NHS England
OPIC - Office of Pan-ICB Commissioning
UEC - Urgent and Emergency Care

Sponsor/Approving Chief Officer	Professor Sir Liam Donaldson, Chair
Date approved by Chief Officer	18 November 2026
Report author	Samantha Allen, Chief Executive

Link to ICP strategy priorities	
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?	**Yes**		**No**	✓	**N/A**	
Equality analysis completed	**Yes**		**No**		**N/A**	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?	**Yes**		**No**		**N/A**	✓

Essential considerations	
Financial implications and considerations	Not applicable – for information and assurance only.
Contracting and Procurement	Not applicable – for information and assurance only.
Commissioning Team	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	Not applicable – for information and assurance only.
Other resources	Not applicable – for information and assurance only.

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 Update

2.1 Eliminating Rough Sleeping

The ICB is responding to the recent national call to action on rough sleeping, which recognises the significant impact of rough sleeping on health outcomes. A joint letter from the Secretaries of State for Health and Social Care and for Housing, Communities and Local Government, notes that a recent survey found 80% of rough sleepers reported a physical health condition and 83% a mental health need. 54% reported issued with drug and or alcohol. The letter notes the criticality of co-ordinated action across Housing, Health and Care to end rough sleeping.

We are committed to working with local authorities, housing providers, Public Health, NHS providers and wider partners to strengthen that response across North East and North Cumbria. Helpfully, we already have a cross sector led North East and North Cumbria Housing, Health and Care Programme. At a meeting in October, we agreed to add action on homelessness, including rough sleeping, as a 4th programme headline goal.

The national letter highlights the importance of early identification, effective referral pathways, multidisciplinary approaches and stronger integration of mental health, drug and alcohol, primary care and social care support. We will work with partners to understand existing provision and good practice across our places and identify where greater coordination or consistency would improve outcomes.

An important element is the interface with hospital discharge. We recognise the implementation needs to be carefully worked through with housing and other partners.

Our focus is on developing a practical, partnership-based response which improves health outcomes and access to care for people experiencing rough sleeping, supports prevention and early intervention. We have identified the Chief Operating Officer as the lead executive for this work for the ICB. An early action that has already commenced is the mapping of existing commissioned health services that interlink with local authority rough sleeping initiatives, to understand best practice and also any gaps in provision.

3. North East and North Cumbria

3.1 Financial Position

As set out in the finance report, at month 6 the ICB continues to report a breakeven position in line with plan however there are a number of significant financial pressures emerging within that position and a potential risks to manage.

This includes, in particular, overspends on prescribing budgets relating to price concessions, growth in 'right to choose' activity and pressures on individual packages of care. These forecast cost pressures are estimated at £26m in total and whilst a number of non-recurrent mitigations have been identified to manage in the current year, work continues to identify recurrent mitigations to ensure no adverse impact on the underlying position.

Latest intelligence indicates a continued, and increasing, pressure relating to drug price concessions which presents a substantial risk.

Alongside management of the current year position, work to review and refresh financial plans for the following two years continues as a priority, including management of the underlying financial position and the development of detailed efficiency plans and strategic commissioning intentions. Further updates on this will be presented back to Board in due course.

3.2 NHS Board Development Programme

The ICB has been invited to participate in Cohort 2 of the NHS Board Development Programme which commenced this month and runs for 12 months.

The programme sits within the heart of the newly formed NHS College of Leadership and Management and aims to empower NHS boards - putting quality and board accountability at the heart of the NHS and shaping the future of healthcare. Participation in Cohort 2 is fully funded by NHS England.

The programme is being delivered in partnership with Deloitte and a wider consortium, including the Virginia Mason Institute and NHS Alliance, and is the NHS's primary board development offer. For ICBs, this will form part of strategic commissioning development.

It will provide dedicated development support, working with boards to build on their strengths and address the practical challenges they face. It focuses on strengthening the foundations of effective governance, oversight, constructive challenge and accountability, supporting boards to lead improvement and transformation.

There will be dedicated time for boards to learn together through three in person whole board sessions, supported learning between sessions, and opportunities to learn from the experience of other's - creating space for reflection, challenge and collective development.

A planning meeting has been arranged in November with the Chair and myself, where we will be looking to use board self-insights alongside input from regional colleagues to agree our development priorities and intended outcomes for the programme.

3.3 Specialised Commissioning Transition and Office of Pan ICB Commissioning (OPIC)

Work across the four North East and Yorkshire ICBs continues to prepare for the transfer of directly commissioned functions from NHS England from 1 April 2027. The scope includes specialised services alongside vaccination, screening, child health information, health and justice and sexual assault and abuse services. The national timetable has now moved into formal mobilisation, with regional staff consultation expected to commence in December.

All four ICBs have now approved the proposed regional governance approach. Under this model, each ICB will retain its statutory accountability while agreed commissioning activity is undertaken collectively through the OPIC arrangements. It is proposed that NENC will act as the employing and corporate host for the regional OPIC workforce. This will be considered at Board where we are being asked to approve that host role so that consultation and mobilisation can proceed.

Significant work is underway to ensure the transfer can be implemented safely, including workforce and employment arrangements, corporate support, finance, digital, estates, contracting and provider payments, quality and professional accountability. The regional governance model is now substantially developed, so the principal focus has shifted to practical readiness and assurance for implementation. Some important dependencies remain, particularly timely workforce information, the final host funding settlement and digital transition arrangements. Detailed

assurance will continue through the Leadership Committee, with any material unresolved or unfunded risk escalated appropriately.

3.4 NECS Transition, including GPIT and Corporate IT

Further progress has been made in establishing sustainable future arrangements for the GP IT and Corporate IT services currently provided through NECS. Following detailed work between the ICB and prospective host organisations, the ICB is now close to concluding agreement on the future host arrangements for the core GP IT and Corporate IT services, subject to completion of the remaining commercial, financial and governance steps.

The emerging arrangement is intended to secure continuity of these critical services while providing a sustainable longer-term operating model. Once the position is formally confirmed, the focus will move into detailed mobilisation, including the workforce and employment process, service transfer arrangements, digital and operational dependencies and business continuity. Given the timescales associated with the wider NECS transition process, the ICB will maintain close oversight and assurance throughout mobilisation.

A separate workstream is being progressed for other associated digital transition requirements. This recognises that these arrangements do not need to delay agreement or mobilisation of the core GP IT and Corporate IT services, while ensuring an appropriate longer-term solution is developed for the remaining digital requirements.

3.5 Neighbourhood Health

The North East and North Cumbria neighbourhood health programme continues to make good progress towards local implementation, building on the strategic foundations established over recent months and translating our shared ambition into practical arrangements to support delivery across our places.

A key focus has been ensuring our local partnerships have the tools and support needed to develop neighbourhood health plans that reflect the needs and characteristics of their communities. Our Neighbourhood health commissioning teams are working with local partners to support the process, with the ambition that locally owned plans are developed and endorsed by Health and Wellbeing Boards by 31 March 2027. This will provide a consistent framework for progress while recognising that there will be different approaches across our diverse places.

Alongside this, work is progressing on the commissioning arrangements needed to support a more collaborative and outcome focussed model of neighbourhood health. Draft commissioning intentions are being developed to set out how we will commission for outcomes and continuous improvement, encouraging providers to work together to coordinate proactive care, shared assessment and care planning. This is an important step in moving towards a more integrated approach, with services organised around the needs of local populations rather than traditional organisational boundaries.

We have also continued to strengthen the data and intelligence that will underpin neighbourhood health commissioning and delivery. Neighbourhood dashboards have been developed to support population segmentation, risk stratification and the identification of priority cohorts, alongside monitoring variation and outcomes. The wider Neighbourhood Health Framework Dashboard is scheduled to launch in November 2026 and will bring together information on population need, inequalities, outcomes, service utilisation and progress against agreed priorities. Further work is underway to establish a consistent intelligence offer across system, place and neighbourhood levels, including greater clarity about responsibilities for data access, analysis and the application of intelligence to local decision making.

At the time of writing, decisions on the Neighbourhood Health Centre bids are awaited. In the meantime, proposals remain subject to national assurance, affordability considerations and the further development of business cases. These developments will need to be considered alongside the wider neighbourhood health programme to ensure that investment in infrastructure supports our longer-term ambition for more accessible, coordinated and preventative care.

The next phase will focus on supporting places to translate the emerging framework into locally owned plans, progressing the commissioning approach and embedding the intelligence needed to understand population need and measure impact. The emphasis is increasingly shifting from establishing the strategic foundations towards putting in place the practical commissioning, partnership and delivery arrangements that will make neighbourhood health a reality for communities across NENC.

3.6 Urgent and Emergency Care

The North East and North Cumbria winter preparedness position is well developed, with the ICB Winter Commissioning Plan and associated assurance arrangements now in place. The plan focuses on respiratory care, prevention and care closer to home, and improving hospital flow and discharge, alongside strengthened escalation and system oversight. Provider assurance has identified some continuing risks around demand and capacity, workforce, discharge, primary care resilience and corridor care, and these are being actively followed up through further system testing and operational escalation work primarily lead through the local A&E Delivery Boards.

UEC performance remains comparatively strong nationally, but there are areas where delivery is behind our own planned trajectories. September A&E four-hour performance was 78.3% against a plan of 81.9%, while still benchmarking above the national position and ranking fourth of 36 ICB systems. Wider monitoring is also highlighting pressures against plan in 12-hour waits, ambulance handovers and Category 2 response times. These metrics are now monitored through daily, weekly and monthly reporting, with provider-level variation and recovery action reviewed through the UEC Network, Local A&E Delivery Boards and contractual assurance arrangements.

The system is also responding to increased regional requests for exception reporting through the Regional Operations Centre. We are strengthening the way that performance intelligence, operational escalation and provider assurance are brought together so that exceptions can be identified quickly, validated with providers and responded to consistently. This includes targeted recovery plans and commissioner assurance where performance or risk warrants additional intervention, alongside routine use of the UEC reporting suite to track performance against plan.

The UEC Network continues to meet and provide strategic oversight and system support in responding to UEC challenges, bringing together performance, operational resilience and improvement activity. Local A&E Delivery Boards have also reconvened: most have now met, with those yet to do so having dates agreed during November. This strengthens the connection between system-wide oversight and locally owned action, with Local A&E Delivery Boards providing the forum for partners to address local pressures, discharge, ambulance handovers and seasonal resilience.

Importantly, engagement with Local Authority partners on discharge pathways and winter preparedness has now taken place across all localities. This includes consideration of discharge capacity, escalation arrangements and the support available during periods of surge. Local Authority partners are contributing through established strategic and operational forums, with recent assurance confirming engagement on discharge, community capacity and winter resilience.

3.7 Demand Management

At month 5 demand across North East and North Cumbria has increased by around 5% in 2026/27 compared with the same period in 2025/26, based on 18-week pathway clock starts, the measure

of demand used by NHS England. While the ICB funded a 5.7% increase in elective activity through provider contracts, overall activity has increased by 4%. As a consequence, in a number of providers and specialties, demand growth is currently exceeding treatment activity, contributing to growth in waiting lists and increasing pressure on RTT delivery trajectories. There is, however, significant variation across the ICB, demonstrating that demand growth alone does not fully explain performance. Productivity indicators, including Patient Initiated Follow-Up, reductions in Did Not Attend rates and wider outpatient transformation programmes, suggest further opportunities remain to improve the use of existing capacity and manage demand more effectively.

In response, the ICB is taking a threefold approach. Firstly, through provider oversight and contract management arrangements, we are seeking assurance on the delivery of funded activity and the actions required where planned capacity increases have not been realised, alongside continued scrutiny of productivity and outpatient transformation programmes. Formal recovery plans have been received from providers and a coordinated approach to monitoring and supporting implementation alongside NHS England is being agreed. Secondly, we are progressing a range of demand management and pathway redesign initiatives across major specialties to ensure patients are seen in the most appropriate setting and to moderate future demand growth, recognising that the availability of left-shift investment will be a key enabler. Delivery of these initiatives will be incorporated in the ICB's Neighbourhood plan delivery mechanisms. Finally, through the development of the ICB's revised commissioning operating model, we are preparing for a more targeted and directive approach to commissioning in 2027/28, aligning investment more closely to demand pressures, delivery performance and agreed outcomes, while setting clearer expectations regarding the delivery of additional capacity and activity.

3.8 Mental health, learning disability and neurodivergence

The Independent Review into Mental Health Conditions, ADHD and Autism, led by clinical psychologist Professor Peter Fonagy, was published on 09 October 2026. The report provides a comprehensive analysis of changes in demand for mental health, ADHD and autism services. It broadly reports that:

- The incidence and prevalence of severe and enduring mental illness is broadly stable there is limited evidence of any rise in incidence.
- However, the incidence and prevalence of distress, and poor emotional or mental wellbeing has risen substantially, particularly amongst children and younger people, and especially amongst young women and girls.
- The social awareness and recognition of neurodivergence has risen very significantly, leading to an exponential rise in demand for ADHD and autism diagnostic assessments. This has subsequently led to a substantial rise in waiting times and the number of people waiting for those assessments. The report fins that there is no evidence of overdiagnosis in these pathways, but that there is a risk of overdiagnosis.

The report makes a series of recommendations, including a move away from reliance on diagnostic led pathways towards a needs led approach where services seek to meet needs holistically.

Further key national publications are expected during the remainder of the 2026/27 financial year, including:

- NHS England intends to publish a new national mental health strategy, which will be informed by and respond to the Independent Review outlined above.
- New modern national service frameworks for each of severe and enduring mental illness, dementia and frailty, and children's services (both physical and mental health).
- The annual planning guidance for 2027/28 is likely to include national requirements ahead of the publication of the above documents.

The ICB will respond to each of the above national publications as far as practicable through the 2027/28 planning round, and as information becomes available.

The Chief Executives of the 25 ICBs in England have also agreed that addressing the challenges in the autism and ADHD pathways will be one of a small number of priority areas for ICB collaboration nationally.

I will be one of the sponsoring ICB Chief Executives for this work. This provides a real opportunity for consistent improvements, at scale, across the country to enable improvements that are difficult to make through single ICB action.

3.9 Movement 26.2

NENC continue to work with Sir Brendan Foster on the national commitment, detailed within the NHS 10 year plan, to get the population moving. Work continues at pace in preparation for launch in quarter four.

Given this is a national programme, we are working with a wide range of partners to ensure we maximise the positive impact on the population. Health Innovation North East and North Cumbria are our delivery partner and we will work with them to launch this programme in 2027 alongside develop plans for a sustainable and impactful programme going forward,

4. Recommendations

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

Name of Author: Samantha Allen, Chief Executive

Name of Sponsoring Director: Sir Liam Donaldson, Chair

Date: 18 November 2026