Item 5

NHS
North East and North Cumbria

North East and North Cumbria Integrated Care Board

Minutes of the Board meeting in public held on 30 September 2025, 10:30am at Durham Centre, DH1 1TN

Present:
Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
Kelly Angus, Chief People Officer
Ken Bremner, Foundation Trust Partner Member
David Chandler, Chief Finance Officer
David Gallagher, Chief Contracting and Procurement Officer
Tom Hall, Local Authority Partner Member
Karen Hawkins, Delivery Director (deputising for Levi Buckley)
Professor Sir Pali Hungin, Independent Non-Executive Member
Professor Eileen Kaner, Independent Non-Executive Member
Dr Hilary Lloyd, Chief Nurse and AHP Officer
Jacqueline Myers, Chief Strategy Officer
John Pearce, Local Authority Partner Member.
Dr Neil O'Brien, Chief Medical Officer
Claire Riley, Chief Corporate Services Officer
Dr Mike Smith, Primary Medical Services Partner Member

In Attendance:
Deborah Cornell, Director of Corporate Governance and Board Secretary
Christopher Akers-Belcher, Healthwatch Representative
Dan Jackson, Director of Policy, Investment and Stakeholder Affairs (agenda item 17)
Claire Mills, Head of Programmes, NECS (agenda item 17)
Lisa Taylor, Voluntary Community and Social Enterprise Representative
Toni Taylor, Board and Legal Services Officer (minutes)
Dr Martin Weatherhead, Clinical Lead (agenda item 17)

B/2025/61 Welcome and Introductions (agenda item 1)

The Chair welcomed colleagues to the Board meeting of North East and North Cumbria (NENC) Integrated Care Board (ICB).

B/2025/62 Apologies for Absence (agenda item 2)

Apologies were received from Levi Buckley Chief Delivery Officer, Dr Saira Malik Primary Medical Services Partner Member, Dr Rajesh Nadkarni Foundation Trust Partner Member and David Stout Independent Non-Executive Member.

Karen Hawkins Delivery Director was welcomed as deputy to Levi Buckley.

B/2025/63 Declarations of Interest (agenda item 3)

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

Item 14 - North East and North Cumbria Integrated Care System Winter Plan 2025/26
A conflict was noted in relation to Ken Bremner's role as a provider of the plan. The Chair confirmed no further action was needed.

B/2025/64 Quoracy (agenda item 4)

The Chair confirmed the meeting was quorate.

B/2025/65 Minutes of the previous meetings held on 29 July 2025 (agenda item 5)

RESOLVED:
The Board **AGREED** the minutes of the Board meeting held on 29 July 2025 were a true and accurate record.

RESOLVED:
The Board **AGREED** the minutes of the Annual General Meeting held on 29 July 2025 were a true and accurate record.

B/2025/66 Action log and matters arising from the minutes (agenda item 6)

Action 54 – Minute Reference B/2024/69
A new national quality strategy is being developed by the National Quality Board. The Board has shared its approach to support this process. The proposed definition of quality is open for consultation to consider additional dimensions of quality such as equity of access and leadership. The strategy is scheduled for publication in March 2026. Ongoing work will continue on quality priorities including safety, effectiveness, and experience, while aligning with the new strategy. Progress will be reported through the Quality and Safety Committee. **Action Closed**

B/2025/67 Notification of items of any other business (agenda item 7)

None.

B/2025/68 Chief Executive's Report (agenda item 8)

The report provided an overview of recent activities carried out by the ICB team, as well as some key national policy updates.

NHS England (NHSE) Chief Executive Letter
Last week, all ICBs and NHS trusts received a letter from the NHS England Chief Executive emphasising the priorities for the next six months. The focus is on preparing for significant pressures during the winter period while maintaining delivery of services and strict financial discipline. Organisations are expected to continue improving operational and constitutional standards in line with public expectations, with particular attention to short-term requirements. All ICBs and NHS organisations must closely manage expenditure, run rates, and address

any underlying factors contributing to deficits or performance gaps. NHSE will conduct mid-year reviews of selected organisations, and as an ICB, we anticipate supporting NHSE throughout this process. Trusts are expected to improve urgent and emergency care metrics, and ICBs must submit a Board Assurance Statement.

Neighbourhood Health Implementation Programme

Successful applicants for the national Neighbourhood Health Implementation Programme have now been confirmed by NHS England. There were 141 applications nationally with 43 confirmed in wave 1 of the programme. Stockton and Sunderland were successful from North East and North Cumbria.

Feedback will be provided to those applicants not included in the first wave, and we will work with the regional NHSE team to capture lessons learned for future rounds of the programme.

ICB Transition Programme

The consultation remains delayed nationally pending national guidance; a decision on whether to proceed this financial year cannot be made yet.

The transition team remains committed to ensuring we are ready for formal consultation launch and has been undertaking consistency checks against the proposed structures, people impact assessment and job descriptions.

To support in the transition to a new operating model, a programme of work has been pulled together and a number of task and finish groups have been established with director leads from the transition programme, including a wider membership of staff from across the organisation which will focus on:

1. Planning and prioritising
2. Updating governance
3. Managing our finances
4. Supporting people
5. Sorting logistics

Financial Position

Total net financial risk across the system has reduced at month 4 which is positive although there continues to be significant potential risks to manage and the profile of efficiency plans means the challenge will increase in the second half of the year.

Work continues around the medium-term financial plan, including review of underlying recurrent financial positions across the system. Further guidance is expected within the next month with five year medium term plans to be developed by December 2025.

The current national funding formula has created challenges for NENC, as we were considered overfunded due to our population's demographics and deprivation. We have lost £100m from our allocation, with future impacts unclear over the next three years. After review by the Chief Finance Officer and NHS England colleagues, we believe our funding is at appropriate levels and should not be reduced further through convergence.

Provider Segmentation

NHS England published the outcomes of their new NHS Oversight Framework for 2025/26 in early September. This first rating using the new framework, scores organisations using suite of metrics arranged under the headings of:

- Access to services
- Effectiveness and experience
- Patient safety
- People and workforce
- Organisational delivery.

Providers are categorised into five segments, with segment one representing consistently high performance and segment five indicating areas of significant concern. Two Foundation Trusts in North East and North Cumbria have been assigned to segment four.

As this is the first time these rankings have been used the ICB will take a supportive approach looking at improvement opportunities through learning and peer support. The goal is for all our organisations to rank within the top 50% nationally. There are differences in performance across areas, and specific issues require attention.

Winter Plan

Winter planning efforts have continued at pace throughout August and September and the final draft 2025/26 ICS Winter Plan has been submitted to the September Board meeting for review and assurance.

Vaccinations

The flu vaccination has already started for children and pregnant women in September and the campaign for the main adult cohorts will start in October. The target population for flu is nearly 1.8m and the target population for COVID is over 400 thousand. There is an extensive range of initiatives to maintain and improve uptake this season.

Boost – Building a Community for Improvement led Change

Boost, our system-wide learning and improvement community, is uniting colleagues from health, care, the voluntary sector, academia, and lived experience to connect, share learning, and lead change.

Membership has now grown to almost 18,500 - a 41% rise in the past year making Boost one of the largest health and care improvement communities in the UK.

The Boost Academy offers nearly 200 free modules and more than 100 case studies of practical change. Already this year, 5,800 people have taken part in learning spanning improvement, health equity, and research and evaluation, with thousands more joining Boost events. Recognition at national and international level confirms its status as a leading model of partnership and improvement at scale.

Visit to Whickham Community Pharmacy

A recent visit to Whickham Community Pharmacy highlighted the vital role community pharmacy places in delivering local healthcare and the wide range of

services being offered to patients including contraception, minor ailments, blood pressure monitoring, vaccinations and covid medicines.

RESOLVED:
The Board **RECEIVED** the report for information.

B/2025/69 North East and North Cumbria Integrated Care Board Annual Report 2024-2025 (agenda item 9)

This annual report summarised complaints, concerns, and issues handled by the complaints service from 01 April 2024 to 31 March 2025 for the North East and North Cumbria Integrated Care Board (ICB).

ICBs are responsible for managing complaints related to primary care and ICB business. This does not include complaints within Foundation Trusts or similar providers.

Several processes have been consolidated, and responsibilities for primary care complaints have been merged to standardise procedures and improve efficiency as a unified team. This has led to significant improvements and a decrease in backlog this year.

Compliance rates have improved to 95.2% and 59%. There has been notable progress over time. Updates shared with the QSC indicate ongoing improvement efforts. Approximately three-quarters of complaints are associated with all-age continuing care and dentistry. Issues related to dentistry have decreased, and further reductions are anticipated based on current initiatives. Work in all-age continuing care continues, with expected gradual improvement.

Addressing complainant distress in complex clinical care cases can be challenging. The process of gathering the required clinical expertise may take time, and steps are being taken to make these procedures more efficient for timely outcomes.

A Quality and Safety Committee case study highlighted delays and challenges in arranging mental health admissions and care, prompting relatives to seek explanations. It was noted that delays in response are common. There is an ongoing review of local mechanisms to improve efficiency and timeliness.

Members suggested that future reports include a clear description of statutory duties and contextual information related to the data. It was confirmed that a comprehensive dashboard is being developed to assist with this analysis.

RESOLVED:
The Board **RECEIVED** the annual report for assurance and **NOTED** the ongoing work to clear the backlog of complaints by the end of December 2025 and continued development of the complaints reporting process.

B/2025/70 ICBP039: Standards of Business Conduct and Declarations of Interest Policy (agenda item 10)

The Chief Corporate Services Officer provided the Board with an updated Standards of Business Conduct and Declarations of Interest Policy for approval.

RESOLVED
The Board **APPROVED** ICBP039: Standards of Business Conduct and Declarations of Interest Policy version 5.0.

B/2025/71 Highlight Report and Minutes from the Executive Committee held on 8 July 2025 (agenda item 11.1)

An overview of the discussions and approved minutes from the Executive Committee meeting in July 2025 were provided. A detailed decision log was appended to the highlight report.

Key discussion points from August's Executive Committee included;

Strategic Approach to Clinical Services
The Committee received a report on the draft NENC Strategic Approach to Clinical Services Framework. The Committee noted that additional time with the full Board may be needed and proposed to discuss this at the October development session.

2026/27 ICB Medium Term Planning
The Committee received an update regarding the national expectations for the NHS to develop five-year medium-term plans.

Strategic Principles for Artificial Intelligence (AI) in Health
The Committee received a report which provided an NENC ICS Strategic Principles for Health. These principles aim to guide safe, effective and aligned artificial intelligence implementation across commissioned provider organisations.

The Board discussed potential opportunities for using AI to enhance service delivery and improve continuity of care, while also acknowledging possible challenges such as the reduction of human involvement and reliance on memory.

Successful implementation will require transparent communication with patients, addressing concerns, building trust, and ensuring engagement throughout the process.

Prescribing Outcomes Scheme
In September, there are plans to develop a unified prescribing outcomes scheme for NENC. Historically, these schemes were set at the local level. The Medicines Strategy aims to align prescribers according to specific clinical conditions while reducing administrative burden and bureaucracy. The Committee agreed to standardise the approach, with the medical operations team collaborating with primary care colleagues for effective implementation.

RESOLVED:
The Board **RECEIVED** the highlight report, decision log and confirmed minutes for the Executive Committee meeting held on 8 July 2025 for assurance.

B/2025/72 Highlight Report and Minutes from the Quality and Safety Committee held on 10 July 2025 (agenda item 11.2)

An overview of the discussions and approved minutes from the Quality and Safety Committee meeting in July 2025 were provided.

The Committee received;

- An update on Healthcare Associated Infection rates, which continue to rise. ICB wide measures are in place to address this issue.
- A detailed report with action points related to the national medicines shortage. The Committee Chair commended pharmacy colleagues for the efforts in ensuring equitable services for patients.

The total expenditure on medicines in the system is currently £1bn. It is necessary to assess the level of financial risk as this represents an increasing challenge in the UK. Understanding the significance of this risk and its potential impact on future commissioning would be beneficial; therefore, it was suggested the Finance Performance and Investment Committee could explore this further.

ACTION
Proposed item on medicine costs and financial risk for Finance Performance Investment Committee to be shared with Committee Chair and Secretary.

RESOLVED
The Board **RECEIVED** the highlight report and confirmed minutes for the Quality and Safety Committee meeting held on 10 July 2025 for information and assurance.

B/2025/73 Highlight Report from the Finance, Performance and Investment Committee held on 4 September 2025 (agenda item 11.3)

An overview of the discussions from the Finance, Performance and Investment Committee meeting held in September 2025 were provided.

The Committee received;

- An update on the Financial Sustainability Group
- A deep dive presentation on community services waiting list
- Quarter 4 2024/25 and Quarter 1 2025/26 risk reports

RESOLVED
The Board **RECEIVED** the highlight report for the Finance, Performance and Investment Committee meeting held on 4 September 2025 for information and assurance.

B/2025/74 Highlight Report and Minutes from the Audit Committee (agenda item 11.4)

No report: next meeting 9 October 2025

B/2025/75 Integrated Delivery Report (agenda item 12)

The report provided an overview of quality, performance and finance and aligns to the new 2025/26 operating framework and draft NHS Performance Assessment Framework for 2025/26.

The report used published performance and quality data covering June and July 2025. Finance data was for July 2025 (Month 4).

The Chief Strategy Officer presented the report to the Board and highlighted some key performance indicators;

- A&E 4 hour performance continued to be reported above the national average at 80.5%.
- Category two ambulance response times maintained a strong position.
- A&E 12 hour waits exceeded plan at 3.4%, with the national average running at 7.5%.
- Attention is needed for cancer performance due to challenges in several pathways, including impacts from County Durham and Darlington NHS Foundation Trust (CDDFT) issues that have shifted breast cancer patients to other providers. There is pressure on both the skin and urology cancer pathways, with some trusts under formal escalation. Efforts are underway to improve skin diagnostic and urology pathways, aiming for better performance outcomes.
- Strong position reported for planned elective care and the number of patients receiving treatment within 18 weeks from referral.
- The number of patients waiting 52+ weeks remains a concern. Good improvement has been seen, with numbers dropping by 40% in last 12 months but improvement has stalled over last 2-3 month.
- NHS England letter stipulated a push to eliminate 65 week waits by December 2025. Detailed work and recovery plans continue.
- Trusts could benefit from a seasonally adjusted bed plan for virtual wards, as demand tends to be lower during the summer months.
- Consistently, talking therapies have not yet achieved the expected reliable recovery and improvement rates. As we broaden access through commissioning, our goal is to set higher performance standards for the providers we engage.

The report also included performance highlights for improving population health, prevention, quality and inequalities. A positive performance was reported in North East and North Cumbria against national benchmarks, however there were still significant inequalities. The focus now is to identify targeted intervention to close the gap i.e. a targeted health check programme.

The Chief Strategy Officer confirmed significant improvement in the cancer metric for August 2025, with an increase from 65.9% to 69.7% patients treated within 62 days.

MMR vaccination rates are favourable compared to the national average; however, approximately 10% of children remain unvaccinated, leaving the population vulnerable to potential outbreaks. Current methods for increasing coverage have not fully embraced more innovative approaches. It is important to focus on identifying and understanding the reasons why some children have been missed, and to explore more creative strategies to address these gaps. At present, commissioning responsibility sits with NHS England; however, this is planned to transition to Integrated Care Boards in 2027. In anticipation of this change, we are already collaborating closely, having established local vaccination partnerships that monitor seasonal and routine vaccination uptake.

We have incorporated insights regarding specific population characteristics associated with vaccine hesitancy, resulting in some successes, though further progress is still required.

Staff vaccination rates are important and it is useful to have information on these. Research has been commissioned to examine effective strategies for increasing staff uptake. Executive leads of the foundation trust are sharing research findings as part of the winter programme. The aim is to utilise the best available research and evidence to improve these rates, though results are not yet available.

RESOLVED
The Board **RECEIVED** the report for information and assurance.

B/2025/75 Deep dive in Community Services waiting lists (agenda item 12.1)

A community services waiting list deep dive was presented to the Board and highlighted the following;

- Connect Health accounts for around one-fifth of the NENC waiting list and has contributed to recent growth
- Nearly 30% of community waits occur in County Durham and Darlington NHS Foundation Trust. The trust serves a large population and offers more services than alternative providers. Although the waiting list is long, wait times are generally good.
- Three services account for almost two-thirds of all community waits within NENC; Musculoskeletal service, podiatry and physiotherapy and contribute significantly to 52+ week waits.
- Most patients are within 18 weeks waits, but over 52-week waits are growing.
- Trusts have very different waiting list profiles, some with a higher proportion of patients waiting much longer.
- The ICB is above its operational planning trajectories for over 52 week waits for children and young people. Work is needed to understand this further, but this does include significant demand for neurodevelopmental diagnostic pathway and onward referral.

It was noted that;

- demand for community services is increasing and there are workforce constraints.
- demand for children and young people with neurodevelopmental disorders is growing, particularly those under 5 years old who require therapies and paediatrics support.
- Improved data quality and reporting could impact on the overall waiting list volumes.
- Demand is rising in some Musculoskeletal services.
- Trusts have prioritised elective recovery, cancer and urgent and emergency care delivery over community services over the last 4-5 years.
- Connect Health reported 1 over 52-week waiter in June 2025 (included in NENC), this is an error and a patient from a different ICB.

There are a number of agreed actions which include investment into Musculoskeletal work and a systemwide ADHD and Autism transformation programme.

There has been a notable increase in demand. In response to this significant shift, it is necessary to implement a correspondingly fundamental change to the service model. A thorough transformation plan for ADHD and Autism services is being developed. It is important to address concerns regarding the quality of services amid rapid expansion. This multi-faceted transformation programme will focus on key details to ensure effective implementation.

Most community services are delivered by Foundation Trusts that also offer hospital services. Considerations include demand, workforce gaps, and differences in service delivery. These insights are important for informing future commissioning decisions. The future role of a commissioning body remains to be clarified. While guidance is not yet available, it is expected that commissioners will have the capacity to commission outcomes.

RESOLVED
The Board **RECEIVED** the report for information and assurance.

B/2025/76 Finance Report (agenda item 13)

The Chief Finance Officer updated the Board on the financial performance of the North East and North Cumbria Integrated Care Board and Integrated Care System in the financial year 2025/26 for the four months to 31 July 2025.

ICS Revenue Position
As at 31 July 2025, the ICS is reporting a year-to-date deficit of £24.99m compared to a planned deficit of £28.19m. We remain slightly ahead of plan at month five.

Across the ICS, total year-to-date efficiencies continue to be behind plan but the position has stabilised in month 4 at a £4.6m shortfall. The position on recurrent efficiency plans continues to deteriorate, however, with £17m under-delivery reported for the four months and forecast under-delivery of £20m.

ICB Revenue Position
As at 31 July 2025 the ICB is reporting a year-to-date surplus of £5.21m compared to a plan of £3.95m, a favourable variance of £1.3m which largely reflects underspends on staffing costs due to vacancies.

ICB risk includes potential pressures around prescribing and continuing healthcare costs, as well as delivery of challenging efficiency targets.

Significant pressures are being seen on mental health budgets relating to ADHD/ASD (Attention Deficit Hyper Activity Disorder / Autism Spectrum Disorder) assessments at non-NHS providers, with forecast pressure for the full year of around £14m now expected (£24m forecast against a budget of £10m), however this could increase if current activity growth trends continue. Mitigation plans are being developed within the ICB and a range of actions are already underway.

In relation to All Age Continuing Care there is an expectation from NHS England for a large efficiency programme. Benchmarking against other ICBs indicates good performance. However, the plan is highly challenging and will require

substantial work and effort. There is a huge focus on completing reviews within the designated timeframe. Extensive reform efforts are underway, including ensuring the appropriate staffing is in place. Spend is more in the North East and North Cumbria compared to the average, a data review will be done to assess the accuracy of the figures reported.

Implementing a new structure to become a strategic commissioner is expected to cost £10m in redundancies, with funding yet to be confirmed. Delays are resulting in missed savings of about £900,000 per month.

At month 4, the latest assessment of the ICB underlying position is a financial deficit of £24.6m.

ICS Capital

At month 4, the ICS capital spending forecasts are in line with the confirmed capital allocation.

ICB Running Costs

The ICB is reporting a year-to-date underspend on running cost budgets of £2.1m reflecting current vacancies within the ICB. A breakeven position is currently forecast against running cost budgets. There is significant uncertainty around the potential impact in 2025/26 of the ongoing ICB transition process and need to make cost reductions to meet the NHSE target spend of £19 per head.

Financial Risk

At the beginning of the year, significant risk stood at £244m, reducing to £170m by month 4. The latest review estimates approximately £65m remains to be actively managed both individually and systemwide. All organisations are working collaboratively to further reduce this figure. An event for ICS Chairs and Executive Directors is planned in October to review the year to date, understand the level of risk to management and develop and agree additional actions.

The board discussion identified the left shift as a primary priority for us in our roles as commissioners. With no extra funding available, we must collaborate with partners and use current resources to achieve our plan and this shift:

- Moving from analogue to digital
- Focusing on prevention over treatment
- Shifting care from hospitals to the community

National benchmarking on All Age Continuing Care indicates that our proportionate expenditure is above the average. The data will be reviewed for accuracy; preliminary analysis suggests this is the case for North East and North Cumbria, although little correlation has been identified.

RESOLVED:

The Board **NOTED** the latest year to date and forecast financial position for 2025/26 and the financial risks across the system still to be managed.

B/2025/77 North East and North Cumbria Integrated Care System Winter Plan 2025/26 (agenda item 14)

A financial conflict was noted for Ken Bremner in his role as a provider of the plan. The Chair confirmed no further action was needed.

The NENC ICS winter plan reflects national Urgent and Emergency Care (UEC) requirements and is underpinned by an extensive programme of work to deliver improvements across UEC that are currently in the process of being implemented. This plan, along with our NENC primary care and elective recovery plans, and the broader strategic and operational plans and priorities for the NHS, provides a firm basis for preparing for the 2025/26 winter period.

On 6th June 2025 NHSE & DHSC published the Urgent and Emergency Care Plan 2025/26 with a focus on seven key priorities for whole system improvement that will have the biggest impact on UEC improvement this coming winter. As a minimum, these are:

- Patients who are categorised as Category 2 receive an ambulance within 30 minutes.
- Eradicating last winter's lengthy ambulance handover delays to a maximum handover time of 45 minutes.
- A minimum of 78% of patients who attend an A&E to be admitted, transferred or discharged within 4 hours.
- Reducing the number of patients waiting over 12 hours in A&E, so that this occurs less than 10% of the time.
- Reducing the number of patients who remain in an ED for longer than 24 hours while awaiting a mental health admission.
- Tackling the delays in patients waiting once they are ready to be discharged.
- Seeing more children within 4 hours in A&E.

Since the Board last reviewed the draft ICS Winter Plan on 29 July 2025 there have been significant developments in the delivery of elements of the plan itself:

- Funding agreed to expand the industry backed OPTIMISE approach to COPD management from an initial cohort of 50 GP practices to all NENC GP Practices.
- All NENC Acute FTs have now implemented process designed to limit Ambulance Handovers to a maximum of 45-minutes. A revised procedure for immediate crew release has also been agreed by the UECN and embedded into the System Resilience Framework.
- Academic research undertaken with colleagues from the ARC to review the evidence for increasing staff vaccination rates – learning from this has been incorporated into our plans
- Agreement of proposed locations for over 40 Acute Respiratory Infection (ARI) Hub sites across NENC – procurement underway to mobilise services from late October.

Following completion of the regional testing exercises in September, NHSE have mandated that ICB and Trust Boards should sign-off winter plans and submit a Board Assurance Statement. Whilst NHSE do not require organisations to submit their detailed plans for review, they do require assurance that Boards have robustly tested the specific key lines of enquiry to make sure that patients can access the care they need this winter. Completed Board Assurance Statements, signed off by ICB Chairs and Chief Executive Officers, need to be submitted to the national UEC team by 30 September 2025**.**

The Winter Planning Assurance & Delivery Group and the ICB Executive

Committee have reviewed and recommended this final draft version of the ICB Winter Plan for review and approval by the Board in line with the national timeline. The plan provides assurance that each of the key actions outlined in the Board Assurance Statement and 2025/26 Winter Plan checklist have been addressed.

RESOLVED:
The Board **NOTED** the planning process undertaken in preparation for winter 2025/26 across NENC, led by the ICB alongside partners across the Integrated Care System.

The Board **APPROVED** the final draft North East and North Cumbria Integrated Care System Winter Plan 2025/26 and **NOTED** that a Board Assurance Statement signed by the ICB Chief Executive and Chair will be submitted to NHS England by 30 September 2025.

John Pearce left the meeting.

B/2025/78 Primary Care Access Recovery Programme (agenda item 15)

The Board was provided with an end of programme report on the Primary Care Access Recovery Plan (PCARP) 2023-2025.

Progress against the National PCARP requirements included;

- 99% of Practices having 4 core components of the NHS App enabled
- NENC local target to Increase NHS App record views achieved
- NENC local target to Increase NHS App repeat prescription numbers achieved
- Supported practices on analogue lines to move to digital telephony
- Increased the number of self-referrals across appropriate pathways, target 23,466, achieved 30,508 (130%)
- Provide all practices with the digital tools
- Increase in Staffing at GP Practices from 3994 to 4262 (7%)
- Transformation support delivered via GPIP to 73 Practices
- Launched Pharmacy First Service
- Increase the number of Pharmacy First Consultations achieved
- Increase the number of Community Pharmacy Blood Pressure and Contraception Consultations achieved
- Care Navigation training for staff – to offer a range of Access
- 12 New Clinical rooms complete – Providing 85,200 additional capacity appointments per annum (based on 7,100 appointments per room)
- 2025/26 Plan to spend £5.8m on Estates Improvements for priority practices

Through empowering our population to choose the most appropriate way to access Primary Care, we have seen:

- Patient satisfaction has increased where practices have fully implemented the MGPA model.
- Friends & Family increase in positive responses (from 92% in May 2023 to 94% in 2025)
- Digital Improvements support accessibility.
- Pharmacy First has provided additional choice for patients.

The programme will now be replaced with a Modern General Practice Access (MGPA) Programme, one of the core components within the ICB Neighbourhood Health Programme, with regular reports scheduled at future Primary Care Subcommittee meetings.

RESOLVED:
The Board **RECEIVED** the report for information and assurance.

B/2025/79 General Practice Engagement (agenda item 16)

The North East and North Cumbria Integrated Care Board conducted a series of listening events with general practice staff across multiple localities to gather valuable insights on current challenges with the aim of informing future strategies and supporting practices. The events were well attended with 166 attendees who were fully engaged.

Feedback themes included;

- Access versus continuity: There is concern that a national focus on increasing appointment numbers may compromise continuity of care.
- Public perception of general practice: Experiences include distressing accounts relating to unrealistic expectations of the services provided by GPs, as well as incidents of aggression, violence, and abusive behaviour towards staff.
- Collaboration and integration: Emphasis on the importance of listening and fostering collaborative relationships across healthcare teams.
- Workload shift and feeling undervalued: There is a perception that work is increasingly being transferred to GPs without corresponding resources, leading to feelings of professional undervaluation within the health service.
- Estates: Constraints in improving practice offerings are often attributed to challenges with the estates application process, which is perceived as overly administrative and cumbersome.
- Digital solutions: While recognising potential benefits, there is an acknowledgement that expertise in implementing digital solutions is limited and that they do not provide universal answers to systemic challenges.

In strategic discussions as commissioners, current pressures and challenges need to be incorporated into planning processes and lessons learned included in five-year plans as we take forward the neighbourhood model.

There is significant motivation among staff to achieve positive outcomes, but some report feeling constrained by limited resources and support, despite recognising opportunities and valuing their work.

Suggestions for promoting better continuity of care include establishing exemplar sites, building communities of practice, and utilising digital tools to support continuity. Primary care plays an important role in safety and efficiency. There is substantial knowledge, expertise, and skill present among participants. However, the business scale is relatively small with limited in-house expertise, underscoring the importance of the Primary Care Collaborative and opportunities for partnership working.

RESOLVED:
The Board **REVIEWED** the feedback from general practice obtained through the listening events programme and **AGREED** to receive further updates as additional listening sessions are arranged.

B/2025/80 WorkWell Programme (agenda item 17)

Early in 2025, NHS North East and North Cumbria Integrated Care Board were designated as one of three 'Health and Growth Accelerators' in England and received £19.46m funding package to develop an innovative programme of work to help tackle the unmet health needs that can often lead to absence from work and then longer-term economic inactivity.

The 2022 Joseph Rowntree Foundation report highlights the mental health challenges in our region, as seen in high antidepressant prescription rates. Early intervention and prevention are key, especially since longer work absences reduce the likelihood of returning due to physical deconditioning.

The Accelerators will provide preventative health and employment support to those at risk of falling out of work and those who have recently left work and stop people's health conditions becoming a barrier to work.

The Board were provided with an overview on the progress of this WorkWell Programme which has been built upon three key pillars;

1. Person-centred early identification and prevention
2. Supporting the Health and Care Workforce
3. Promoting Good Work and Employer Liaison

The Accelerator initiative, in conjunction with other national programmes such as Connect to Work, aims to deliver maximum value through the NHS primary care system, fulfilling a complementary role. This approach is highlighted in the 10-year plan. If these accelerator programmes are successfully approved, it is expected that all Integrated Care Boards (ICBs) will contribute to economic activity. The Board were provided with an overview of how people will be identified. The "WorkWell" model was shaped and the completion of bio-psycho social assessments.

Deep End practices are dedicated to supporting patients who face significant risks related to social exclusion. Employment plays a substantial role in overall well-being, with evidence indicating that work positively affects health outcomes. This initiative directly addresses a major challenge by integrating employment support as a universal general practice offering.

The ICB committed to the following key objectives:

- To improve population health outcomes in 2025-26 by investing in prevention and early intervention
- To reduce economic inactivity by 1.2% in North East and North Cumbria, totalling 2,000 people by April 2026.
- To build the evidence base that targeted action to better prevent, treat and manage the health conditions most associated with economic inactivity (mental health, musculoskeletal and cardiovascular disease) will drive and maintain economic growth.

- To establish in 2025-26 sustainable long-term governance arrangements for joint decision making locally, including with MCAs. These structures must not only support a joined-up offer on work, health and skills, but must also provide the infrastructure for longer term system transformation that can help deliver the shift to prevention at local system and place level.

An evaluation is being conducted on current activities to assess their effect on economic activity numbers and their impact on individuals. The assessment includes self-reported measures of wellbeing across five dimensions. This is a critical phase, involving the mobilisation of services in collaboration with local delivery team partners. Visual resources are accessible to general practice, and animations are available on the ICB website.

Further Board discussion from members highlighted;

- Understanding the factors that motivate individuals is important; many are influenced by concerns about potential consequences. Economic inactivity can result from health-related issues such as illness, with approximately one third of inactive individuals citing sickness or health barriers as the primary reason.

- A patient self-management programme aiming for full rehabilitation should address four key areas: core illness treatment, common long-term illness features, additional non-primary conditions (e.g., obesity), and factors supporting return to work. This programme adopts a holistic, locally led approach, covering aspects like housing, debt, benefits, and childcare to meet individual needs.

- We should better promote this valuable hub and our commitment to mental health. Staff are willing to share their experiences, sometimes anonymously. Consider ways to increase awareness across the workforce and among employers.

- A portion of the funding is designated for the 'making every contact count' initiative. Implementation begins in October, and initial feedback will be collected.

- A significant programme of work has been undertaken, involving collaboration with multiple partners. The success and sustainability of this delivery are important. The approach taken is supported by a strong, data-driven evidence base.

- Moving data into the national dataset and returning it for local evaluation has been challenging. Through collaboration with partners, a set of evaluation questions was identified to help assess the impact. It was suggested some of the measurable outcomes could be incorporated into the integrated delivery report.

RESOLVED:
The Board **RECEIVED** assurance on the progress of the WorkWell Programme.

B/2025/81 Response to the Independent Review of the physician associate and Anaesthesia associate roles (agenda item 18)

The Board were provided with information on the requirements placed upon employers emerging from the review by Professor Gillian Leng of Physician Associate (PA) and Anaesthesia Associate (AA) roles. The principal aim of the review was to determine whether the roles of PA and AA were safe and effective as members of a multidisciplinary team.

There are 99 PAs and 12 Aas currently working across North East and North Cumbria health services, with an additional 23 in primary care.

The report provided assurance to the Board that following NHS England correspondence, the requested actions were being taken;

- job titles changed to assistant rather than associate
- all new entrants to primary care have at least two years' experience in secondary care; and ensure PAs do not triage patients nor see undifferentiated patients.
- Duties and job descriptions for current PAs and AAs in post aligned to the template published in the national review.
- Engage with employers and support affected staff groups through transition, including pastoral as well as professional support.
- Seek assurance via contracting mechanisms that independent sector employers are aware of the review recommendations and are responding as required.

RESOLVED:
The Board **NOTED** the key findings and recommendations from the Independent Review of the Physician Associate (PA) and Anaesthesia Associate (AA) Roles and the number of PAs and AAs employed across the North East and North Cumbria system.

The Board was **ASSURED** that action was being taken to ensure a safe and supportive transition and ongoing development of the Physician's Assistant and Anaesthesia Assistant roles.

B/2025/82 Questions from the Public on agenda items (agenda item 19)

One question was received that did not relate to items on the agenda, and a separate response was being prepared.

B/2025/83 Any other business (agenda item 20)

There were no items of any other business to discuss.

The meeting closed at 14:30