

Item: 8

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

## BOARD

31 MARCH 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:

- ICB Transition Programme
- System finance
- Staff Survey
- Royal College of Radiologists' Review
- Castlegate and Derwent Surgery - System Response and Current Position
- Neighbourhood Health
- Locally Commissioned Services Review
- Complaints

### Risks and issues

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

### Assurances

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

### Recommendation/action required

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

### Acronyms and abbreviations explained

ICB - Integrated Care Board  
ICS - Integrated Care System  
CDDFT - County Durham and Darlington NHS Foundation Trust

CQC - Care Quality Commission HWBB - Health and Wellbeing Board IHN - Integrated Neighbourhood Health LCSR - Locally Commissioned Services Review LES - Local Enhanced Services NENC - North East and North Cumbria NHSE - National Health Service England PNA - Pharmaceutical Needs Assessments VR - Voluntary Redundancy						
<b>Sponsor/approving executive director</b>	Professor Sir Liam Donaldson, Chair					
<b>Report author</b>	Samantha Allen, Chief Executive					
<b>Link to ICP strategy priorities</b>						
Longer and Healthier Lives						✓
Fairer Outcomes for All						✓
Better Health and Care Services						✓
Giving Children and Young People the Best Start in Life						✓
<b>Relevant legal/statutory issues</b>						
Note any relevant Acts, regulations, national guidelines etc						
<b>Any potential/actual conflicts of interest associated with the paper?</b>	<b>Yes</b>		<b>No</b>	✓	<b>N/A</b>	
<b>Equality analysis completed</b>	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
<b>If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?</b>	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
<b>Essential considerations</b>						
<b>Financial implications and considerations</b>	Not applicable – for information and assurance only.					
<b>Contracting and Procurement</b>	Not applicable – for information and assurance only.					
<b>Local Delivery Team</b>	Not applicable – for information and assurance only.					
<b>Digital implications</b>	Not applicable – for information and assurance only.					
<b>Clinical involvement</b>	Not applicable – for information and assurance only.					
<b>Health inequalities</b>	Not applicable – for information and assurance only.					
<b>Patient and public involvement</b>	Not applicable – for information and assurance only.					
<b>Partner and/or other stakeholder engagement</b>	The ICB continues to engage with all stakeholders on a wide range of subjects.					
<b>Other resources</b>	None noted.					

## 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. ICB Strategic Commissioning Transition Programme**

Following a competitive appointment process, the Senior Leadership Team structure has now been finalised, including director roles across commissioning, finance, corporate services, nursing and medical leadership. A letter has been issued to partners to let them know who their senior points of contact will be.

The second phase of voluntary redundancy scheme has been launched. In line with the permitted parameters of the national scheme we are following, eligibility is limited to staff who are at risk either with no match to a role or because they are in a competitive pool.

As of 10 March, 33 people are at risk of redundancy as a result of the end of consultation outcome, filling of post appeals and senior leadership appointments. 63 people remain in a competitive pool across the organisation (subject to the final voluntary redundancy approvals). Out of this, approx. 20 people will be at risk of redundancy following the competitive recruitment process. Interviews for the staff still in a competitive pool will take place from 3 - 26 April.

Staff within the organisation who are identified as ring fence slot in have entered a preferencing process, where they are able to preference up to three of their preferred posts shown on their Personal Impact Assessment. Preferencing panels will take place in the week beginning 30 March. Staff involved in this phase of the process will receive their final outcome in the week beginning 06 April.

The ICB will consolidate office locations to four main sites: Pemberton House (Sunderland), Parkhouse (Carlisle), Stella House (Newcastle), and North Ormesby Health Village (Middlesbrough). Additional satellite offices staff can access include Anne Burrows Thomas (Workington), Green Lane (Spennymoor, Durham), Youth Village (North Tyneside), City Gate (Newcastle) and County Hall (Morpeth).

The following sites will be vacated:

- Rivergreen Centre (Northumberland)
- The Silverlink North (North Tyneside)
- Loftus House (Sunderland) - closed on 12 March
- The Lavender Centre (Durham)
- Wheatley Hill (Durham)
- Ridley House (Newcastle)

A booking system for desks and parking will be introduced, with a mix of fixed team days and bookable workspaces. Plans include improved collaborative areas and furniture in the main sites.

All staff have submitted personal handover plans, which are being collated for Directors and senior leaders to aid the transition to our new structure starting on 4 May 2026. For those leaving under voluntary redundancy, Directors will coordinate with teams to manage interim work arrangements between April and May.

### **3. North East and North Cumbria**

#### **3.1 Financial Position**

As noted within the finance report, at month 10 the overall Integrated Care System financial position is £7.6m better than plan, which is an improved position from the previous month.

At month 10, and after following the agreed NHS England (NHSE) change of forecast protocol including robust review of the position and development of recovery plans, a significant deterioration in forecast was reflected in one provider trust. After review across the system, this has been offset by improvements in other organisations, mainly an improvement in the ICB forecast position.

A number of non-recurrent benefits have been realised in-year which have enabled the improvement in the ICB position along with ongoing discretionary spend controls and demand management actions.

Although there are still potential financial risks to manage across the system, there is increased confidence that the planned financial position for the system can be delivered for 2025/26.

Alongside management of the current year financial position, work continues to review and refine medium term financial plans following submissions in February. The ICB was able to submit a breakeven financial plan, albeit with some financial risk still to be mitigated and requiring continued delivery of significant efficiency savings.

Whilst system financial plans are no longer required from 2026/27, submitted plans currently show a net deficit across provider trusts and work continues with NHSE and relevant providers to review alignment of plans and seek to identify further mitigations.

#### **3.2 Staff Survey**

The results of the 2025 NHS Staff Survey were published on 12 March, offering valuable insight into how colleagues across the country and our region feel about working in their organisation. The ICB has undertaken the survey each year since our inception.

As the ICB continues to go through significant transformation and change, we particularly value the opportunity to hear directly from our staff through the national NHS Staff Survey. Encouragingly, the response rate from ICB colleagues rose to 77% this year, up from 66% in 2024, meaning more people have shared their views and experiences about working in the organisation.

There are several positive findings in this year's results – 97% of colleagues received an appraisal, well above the national average, and staff continue to report strong support from their managers and have good access to learning and development opportunities.

The results also highlight areas where we need to do more, including collaboration between teams, career development opportunities and work-life balance. We recognise that the ongoing organisational changes will have rightly influenced how colleagues feel about their work and their future at the time of the survey. We will work with teams to respond to this feedback as we complete the restructuring of our organisation.

Across the North East and North Cumbria, our NHS trusts will be reflecting on their own staff survey results. As is often the case, there is variation in performance across the region, from organisations scoring among the highest nationally to those identifying where improvement is needed. It was encouraging to see Northumbria Healthcare NHS Foundation Trust recognised among the top five organisations in the country for the measure "I would recommend my organisation as a place to work."

Listening to staff remains central to how the NHS continues to improve as an employer. The ICB is committed to working with colleagues to turn the survey results into meaningful action, ensuring we continue to develop as a supportive and inclusive workplace where people feel valued, a greater sense of belonging and are able to thrive.

### 3.3 Royal College of Radiologists' Review

As part of the ongoing review and evaluation of the County Durham and Darlington NHS Foundation Trust (CDDFT) breast cancer services, the Trust and the ICB commissioned a Royal College of Radiologists' review of the symptomatic breast imaging service, which took place on 02 and 03 December 2025. The report (appendix 1) received on 02 March 2026, outlines the recommendations made by the review team to support CDDFT to strengthen the quality of symptomatic breast imaging services provided to patients.

The report gives 30 recommendations which have been prioritised into the following categories - 16 high, 12 medium, and 2 low. The recommendations as set out in the full report shared today relate to both general radiology and breast radiology. CDDFT have already addressed some of the recommendations within the report and are developing a plan to respond to the others. The assurance and governance of this plan will be via the CDDFT Breast Surgery Oversight and Delivery Group, which is co-chaired between the ICB and NHSE region.

The review made two recommendations in relation to service configuration plans for the future of the CDDFT breast service. These recommendations have been considered as part of the ongoing work to agree a service model with some Provider organisations currently working with the ICB on the deliverability of the preferred option.

### 3.4 Castlegate and Derwent Surgery - System Response and Current Position

The Board will be aware of ongoing regulatory concerns relating to Castlegate and Derwent Surgery in Cockermouth, a practice serving approximately 18,000 patients.

The practice is currently subject to enhanced regulatory scrutiny by the Care Quality Commission (CQC). Following a recent inspection process, the CQC issued a further letter to the practice outlining areas where improvement is required and setting an expectation that demonstrable progress is made within a 28 day period. The ICB continues to monitor this position closely alongside system partners.

In response to the emerging risks, the ICB established an internal incident management approach which has since aligned with the NHSE Incident Coordination Group arrangements. These structures enable coordinated oversight across regulators and system partners, with a focus on patient safety, service continuity and proportionate regulatory response.

Alongside this governance framework, the ICB has put in place a package of immediate stabilisation support for the practice.

Additional GP and Advanced Clinical Practitioner capacity has been commissioned to support both remote and face to face consultations. This short term intervention, delivered through Cumbria met

within the contracted and paid for services. Our immediate priority is to ensure the safety for the 18,500 residents who rely on the practice. Our support has enabled the practice to address their backlog within their triage system and improve patient access while they work to stabilise their internal processes. The cost of this additional clinical support is approximately £79,000 for an initial four week period and is being met from primary care resilience funding.

The ICB Medicines Optimisation team has also undertaken a detailed review of prescribing and medicines management processes within the practice. This has resulted in a programme of priority medication reviews and the deployment of additional pharmacy capacity to support implementation. Further work is underway with local community pharmacy providers to commission a short term emergency medicines access service to ensure timely patient access to medication.

The ICB is also supporting improvements to internal governance and operational processes within the practice. This includes support from the PRIMIS digital team to strengthen coding and reporting processes, the identification of an experienced GP clinical 'critical friend' to provide professional support and challenge, and the exploration of additional practice management capacity to support organisational improvement. Wellbeing support has been offered to staff through a number of existing system programmes.

While these measures have begun to stabilise some operational pressures, significant concerns remain regarding the practice's ability to address the full range of regulatory issues within the required timeframe. The level of support the practice requires is not sustainable and should not be required. The ICB is therefore continuing to maintain enhanced oversight and, in parallel, is exploring the range of contractual options to ensure safe and effective continuity of services for the local population.

The ICB will continue to work closely with the practice, NHS England, the Care Quality Commission and wider partners and ensure that patient safety and access to services for the local population remain protected.

### 3.5 Neighbourhood Health – System Position and Next Steps

Neighbourhood health has now been clearly established through recent NHSE national guidance as the primary organising model for the future delivery of health and care services. This represents a material shift from previous policy, moving from a permissive framework to a more directive expectation of scaled, system-wide implementation, with a strong emphasis on measurable outcomes and defined population cohorts.

For our region, this largely reinforces the strategic direction already set by the ICB, particularly the transition to a strategic commissioning model and the positioning of neighbourhood health as the organising framework for care. However, the guidance does introduce a greater degree of clarity and pace, particularly in relation to the role of partners, the expectation of integrated neighbourhood teams, and the strengthened role of Health and Wellbeing Boards.

The ICB's role, as a strategic commissioner, will be to set the overall framework, define priority cohorts and outcomes, align commissioning and financial levers, and maintain system oversight and assurance. Importantly, the ICB will not lead delivery of neighbourhood models directly but will instead enable and support partners to do so, ensuring coherence and equity across the system.

There is a corresponding shift in expectations of partners. Local authorities are positioned as co-leaders of neighbourhood health, with a central role in aligning social care, public health and wider determinants of health. NHS providers are expected to play a more active role in redesigning pathways around population need and supporting the shift of care into community settings. Primary care remains foundational, with an increased emphasis on access, continuity and

proactive population health management, alongside an expanded role for pharmacy. The VCSE sector is also recognised as a core delivery partner, particularly in prevention and community-based support.

One of the most significant and welcomed developments is the strengthened role of Health and Wellbeing Boards, which are now expected to act as the primary forum for agreeing neighbourhood health strategy at place level. This includes ownership of neighbourhood health plans, alignment with Joint Strategic Needs Assessments, and ensuring integration across health, social care and wider public services.

The immediate priority for the system is to move into a more disciplined phase of delivery. This includes focusing on priority cohorts where integrated approaches will have the greatest impact, establishing integrated neighbourhood teams as the core delivery model, strengthening intermediate and urgent community-based care, and beginning the practical implementation of outpatient transformation. This will need to be supported by robust data and baseline development, alongside alignment of financial and commissioning arrangements.

Overall, this represents a shift in how the system operates, rather than the introduction of a new programme. Neighbourhood health should now be seen as the framework through which existing priorities are delivered, requiring greater consistency, stronger partnership working and a clear focus on outcomes.

Over the coming period, we will work with partners to ensure that this approach is reflected in local planning through Health and Wellbeing Boards, and that there is a clear and aligned delivery trajectory for 2026/27.

### 3.6 Locally Commissioned Services Review

The ICB has been undertaking a Locally Commissioned Services Review (LCSR) focused on the range of Local Enhanced Services (LES) and other locally commissioned arrangements delivered through general practice across NENC.

The review was initiated in response to significant historic variation in the number, scope and funding of locally commissioned services across the system, reflecting legacy commissioning arrangements across predecessor organisations. The aim of the programme is to support a clearer strategic commissioning framework that reduces unwarranted variation and promotes a more consistent and equitable service offer for patients across the region.

The work has been led through a multi-professional approach bringing together primary care commissioners, clinical leaders, finance, contracting and population health colleagues, supported by a Clinical Reference Group with representation from each local delivery team area.

Phase 1 focused on services already commissioned in most parts of the system where there was a clear opportunity to move towards a single specification and consistent commissioning approach. This has resulted in the development of a regional specification for medicines related services delivered through general practice, including shared care prescribing and monitoring arrangements.

Implementation of this specification is now underway for 2026/27. Engagement with practices and Local Medical Committees has progressed well, with 96% (321 of the 335 practices) confirming participation, and further discussions continuing with the remaining practices.

Planning has also commenced for Phase 2 of the review, which will consider the remaining services currently commissioned in different ways across the system. This phase will determine which services should form part of a universal commissioning offer across NENC, which should

remain locally commissioned based on population need, and which services should be reviewed as pathways evolve.

### 3.7 Implementation of the 2026/26 GP Contract – Access Requirements

The Board will be aware that several changes to the national GP contract came into effect during 2025/26, including updated requirements relating to patient access arrangements. These changes form part of the Government and NHSE wider ambition to improve access to general practice and support a modern model of general practice delivery.

From October 2025, practices have been required to ensure that patients are able to access services through three core routes during contractual core hours. These include telephone access, online consultation systems, and the ability for patients to make requests directly with the practice. Practices are also required to ensure that online consultation systems remain open throughout core hours.

Across NENC, practices have undertaken a range of operational changes to meet these requirements. Local ICB primary care teams have worked closely with practices and Primary Care Networks to support implementation, including working with practices to ensure appropriate telephone access arrangements and addressing operational issues associated with extended core hour access between 6:00pm and 6:30pm. In many areas this has involved supporting practices to implement telephone based arrangements during this period through existing out of hours service providers.

The requirement for online consultation systems to remain open throughout the day has proved to be the most operationally challenging aspect of the changes for some practices. In particular, practices are required to review all online requests submitted during the day to ensure that any urgent clinical needs are appropriately identified and responded to before the end of the working day. This has required practices to adapt internal triage and workflow processes in order to manage demand safely.

Despite these operational challenges, the overall position across the system is positive. As at the beginning of March 2026, 334 out of 335 practices across NENC were assessed as compliant with the revised contractual requirements. A targeted action and support plan is in place for the remaining practice to support full compliance.

These changes sit alongside a broader programme of national reform intended to strengthen general practice capacity and improve patient experience of access, supported by increased core funding and changes to workforce and incentive arrangements within the 2025/26 contract settlement.

Looking ahead, NHSE has also begun consultation on further changes to the GP contract for 2026/27. Initial proposals continue the focus on improving patient access, strengthening workforce capacity and supporting the shift of care closer to home. The ICB has begun early engagement with Local Medical Committees and practices to support implementation planning once the final contractual arrangements are confirmed.

### 3.8 Winter Vaccine Delivery

We continue to see strong performance across all three winter vaccination programmes this year. Over 243,000 Covid vaccines were delivered achieving 68.5% coverage amongst Care Home residents, 66.3% amongst those aged 75 and over and 59.5% uptake across all eligible cohorts significantly exceeding programme ambitions.

The flu programme delivered vaccination to over 1 million people across NENC, the largest number ever vaccinated in a seasonal campaign. This saw 76.5% coverage amongst those aged 65 or over, 75.5% coverage amongst Care Home residents, and 43.2% amongst pregnant women. For children and young people coverage was 46.9% amongst those aged 2-3 years, 56.7% amongst primary school children and 48.3% amongst secondary school children. Frontline healthcare worker coverage was 52.4%, with all but two trusts exceeding the 5% stretch target set across the region.

Finally, at time of writing, across the NENC region RSV vaccination was delivered to 50.3% of those turning 75 during the vaccination season and 72.5% of those in the 75-79 year old catch up cohort.

### 3.9 Future ICB Governance Arrangements

Work has been undertaken to review the ICB's current governance framework to reflect the changes needed as the ICB moves towards becoming a strategic commissioner. The review focussed on how the framework could be streamlined to reduce complication and duplication to support robust decision-making as well as identifying what the 'future governance state' could look like.

Governance is essential to ensure the delivery of high-quality services and maintaining public trust. It refers to the style by which NHS organisations are directed and controlled to support the achievement of strategic aims and objectives through a sound system of internal control to safeguard public funds.

The review considered the key elements of good governance to ensure the future state would demonstrate that the ICB has:

- A clear vision and shared understanding of what the organisation is trying to achieve.
- A robust strategy and strong leadership to achieve the vision.
- Clear assurance mechanisms and proper grip on resources.
- Met the necessary standards of accountability, probity and stewardship along to proper standards of conduct and in an open and transparent manner through applying proper care to its resources.

The outcome of the review concluded that whilst the governance structure had been fit for purpose at the time of its development, it had grown since the formation of the ICB and become large and complex to navigate. Change was needed to align to the ICB blueprint and the ICB's revised operating model for strategic commissioning.

The Board discussed the revised governance framework at its development session in February 2026. It is proposed that a new Strategic Commissioning Assurance Committee is established to ensure a more coordinated strategic commissioning approach across the ICB. This committee will provide assurance to the Board that systems and procedures are in place across NENC to monitor, manage and improve overall performance to ensure the best use of resources.

In addition, a new ICB Leadership Committee will be established to replace the existing Executive and Finance, Performance and Investment Committees and have a wider membership from across the ICB senior leadership. This committee will work in conjunction with the Strategic Commissioning Assurance Committee and act as the 'engine-room' to manage the strategic commissioning agenda and ensure delivery of the operational plan and other corporate business.

The remaining Board committees (Remuneration, Audit and Quality and Safety), will not change however a review of their terms of reference and cycles of business will be undertaken to ensure these are aligned to the ICB's strategic commissioning role.

An updated Constitution was approved by the Board at its meeting in February 2026 and has been submitted to NHS England for approval. A revised governance handbook, including updated financial limits and delegations, will be brought to the Audit Committee and Board in April 2026 for approval and it is intended for the new governance framework to be implemented from 04 May 2026 (subject to receiving NHS England approval of the Constitution) to align with the implementation of the ICB's new operating model.

### 3.10 Future of Place-Based Partnership Working

As the ICB moves towards its new role as a strategic commissioner, the current model of place leadership and governance needs to change. The ICB's role will focus on access, outcomes and value, working alongside local authorities, providers and partners to shape direction, commission outcomes and maintain system coherence, whilst enabling local leaders to take greater responsibility for operational delivery.

This transition reflects a deliberate shift in emphasis and to evolve the ICB's role from operational leadership towards strategic stewardship, enabling subsidiarity, strengthening partner ownership of delivery, and maintaining alignment with population outcomes across the system.

The ICB has held multiple engagement sessions with chief executives and senior leaders across the NHS, local authorities and combined authorities to focus on the changes set out in the ICB Blueprint. Feedback gained through these sessions showed that partners welcomed the opportunity to shape future ways of working and recognised the need to be at the forefront of developing models of care that deliver the shift towards prevention.

### 3.11 Complaint regarding Any Qualified Provider Pathway in North Cumbria

We received a recent complaint regarding the commissioning of adult hearing services in Whitehaven and the absence of an Any Qualified Provider (AQP) pathway in West Cumbria.

We are aware of the pressures currently affecting elective pathways at North Cumbria Integrated Care NHS Foundation Trust and recognise the potential impact of excessive waiting times for routine audiology services on patients' quality of life. We are working closely with the hospital trusts in our area to minimise waiting times and meet our constitutional obligations.

However, there is variation in access to adult hearing services between different parts of the region, largely as a result of the ICB inheriting a range of contracts from predecessor commissioning organisations, clinical commissioning groups, where clinical pathways and services were commissioned individually for each locality. Acknowledging these disparities, the ICB has begun a full review of adult audiology services to recommend service redesign to address these variations in access in a sustainable and legally compliant way, and to commission a regional adult hearing service that provides value for money and ensures patients are seen in the right place, at the right time.

This review will take place in 2026/27 and will feed into any future procurement process.

### 3.12 Community Pharmacy

We are aware of severe financial challenges for community pharmacy nationally and locally with recent local media reporting on this. Community pharmacies are a significant element of local primary care services and are increasingly playing a key role in neighbourhood health, as exemplified by Pharmacy First. Local Pharmacy Committees are feeding these challenges into national discussions with NHS England and Government. The national agreement discussions are due to commence in the summer 2026 after the comprehensive spending review. The

government is aware of the financial challenges in the community pharmacy sector and hopefully a positive outcome is reached in the settlement.

There are 616 community pharmacies in NENC, 98.4% of whom deliver Pharmacy First. Since January 2025:

There have been 8 new pharmacies open:

- 7 new Distance Selling Pharmacies
- 1 new community pharmacy

There have been 7 Pharmacy closures:

- 3 community pharmacies closed and were removed from the pharmaceutical list
- 4 community pharmacies consolidated services with another pharmacy

The ICB works closely with the Health and Wellbeing Boards to develop Pharmaceutical Needs Assessments (PNAs), which are statements of agreed need for pharmacies within local authority boundaries, planning for any gaps in provision. Revised PNAs were published in 2025 in the NENC due in 2026. They are refreshed at least every three years and two, Newcastle and Northumberland have indicated service gaps, for which applications have been submitted.

#### **4. Recommendations**

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

**Name of Author:** Samantha Allen

**Name of Sponsoring Director:** Professor Sir Liam Donaldson

**Date:** 24 March 2026