

Item: 8

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

BOARD	
30 SEPTEMBER 2025	
Report Title:	Chief Executive Report
Purpose of report	
The purpose of this report is to provide an overview of recent activity carried out by the ICB team, as well as some key national policy updates.	
Key points	
<p>The report includes items on:</p> <ul style="list-style-type: none"> <li>• ICB Strategic Commissioning Transition Programme</li> <li>• System finance</li> <li>• NHSE Oversight Framework ratings</li> <li>• Neighbourhood Health Implementation Programme</li> <li>• Winter plan</li> <li>• Health &amp; Growth Accelerator</li> </ul>	
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	
<p>DWP - Department for Work and Pensions  ICB - Integrated Care Board  ICS - Integrated Care System  LAEDB - Local A&amp;E Delivery Board  NAPC - National Association of Primary Care  NENC - North East and North Cumbria  NHSE - National Health Service England</p>	

UECN - Urgent & Emergency Care Network						
<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>	
If yes, please specify						
<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. National**

#### **2.1 Neighbourhood Health Implementation Programme**

Successful applicants for the national Neighbourhood Health Implementation Programme have now been confirmed by NHS England (NHSE). There were 141 applications nationally with 43 confirmed in wave 1 of the programme. Stockton and Sunderland were successful from the North East and North Cumbria Integrated Care Board (NENC ICB), alongside a strong wave of applications across the wider North East and Yorkshire region.

Initial national feedback highlighted the importance of securing a diverse range of examples across the country, with oversight provided by the Sir John Oldham Task Force. Horizons and the National Association of Primary Care (NAPC) will support the appointed change coaches who will work with each of the successful sites. NHSE is also planning a series of formal launch events, with the event for the northern region expected to take place in late October.

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.

Within the NENC ICB we continue to develop both our neighbourhood health operating framework and our community practice, to ensure all of our Places can progress their approach in line with the NHS 10-Year Plan and the clear focus on neighbourhood health. The commitment and enthusiasm from partners across our Integrated Care System (ICS) remains clear, ensuring that neighbourhood health is positioned at the forefront of future models of care and delivery for our population.

### **3. ICB Transition Programme**

The consultation remains delayed nationally and is unlikely to launch until autumn. During the period of pause the ICB executive team made the decision to launch an Expression of Interest for Voluntary Redundancy on the 3<sup>rd</sup> August 2025 - 14<sup>th</sup> September 2025, and received a total of 158 applications, equating to 138.46 WTE, with 55% likely to be accepted. The submissions received will be used to help shape the NHSE business case.

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.

In addition to launching the Expressions of Interest for Voluntary Redundancy, an engagement period was launched on the proposed estates model, detailing the proposal of core office locations at Pemberton House / Loftus House (Sunderland HQ), Parkhouse (Carlisle), North Ormesby

Health Village (Middlesbrough), plus reserved desks at Ann Burrow Thomas Health Centre (Workington), as well as the use of various satellite offices. Feedback from staff has been collated via the dedicated 'ask us inbox', frequently asked questions and a series of staff roadshows. This will be collated and will contribute to an end of engagement report.

In person staff roadshows have been held across the organisation between 2<sup>nd</sup> - 11<sup>th</sup> September where staff were provided with the opportunity to talk about future ways of working and the estates proposal.

The ICB formally received the Model Region blueprint and Model ICB Best Practice guides, and we are continuing to review these against our proposed operating model and structures.

To support in the transition to a new operating model, a programme of work has been pulled together to support in preparatory and scoping work to avoid an elongated lag time between implementation of the new operating model and realignment of the associated business, financial, governance arrangements and practical logistics. As such, 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 - reviewing strategies, setting 1, 3 and 5 year cycles, and improving tracking and assurance.
2. Updating governance - reshaping programmes, refreshing committees, and updating rules and support.
3. Managing our finances - delegation limit, budget mapping, and implementation of ISFE 2 (new ledger system).
4. Supporting people running development programmes, training leaders, and improving staff communication.
5. Sorting logistics - planning estates, access, desks, parking, and spaces for teams to meet.

#### **4. North East and North Cumbria**

##### **4.1 Financial Position**

As noted within the finance report, at month 4 the overall ICS financial position is £3.2m better than plan, however this is a deterioration from the previous month and includes a one-off land sale benefit originally planned for later in the year. Without this the position would be behind plan and a significant deficit which needs to be recovered in the remainder of the year.

Contributing to that position is an under-delivery of efficiency plans for the four months, with particular challenges on delivery of recurrent efficiencies, along with additional costs relating to industrial action.

The System Recovery Board continues to monitor delivery of cost improvement plans and support delivery of the planned position, although it remains the accountability of each individual organisation to deliver their planned position. It will be critical this year to deliver on workforce reductions with initiatives such as a collaborative bank (which has been supported by Chief Executives in August) and recruitment model to support an increasing grip on agency, bank and overtime. The workstream have also established a redeployment hub to support transfer between organisations in the ICS and are looking at the target operating model for shared services in conjunction with NHSE.

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. A session is being held on 6<sup>th</sup> October for

Chairs and executive team colleagues from all organisations across the system to review the financial position, understand potential risks and agree additional actions needed to manage the overall position.

Alongside this, 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.

#### 4.2 Convergence Reductions

The Board has previously discussed NHS funding allocations and the impact convergence reductions has on the NENC. We continue to work with NHSE and strategic commissioning partners in the North East and Yorkshire and the North West Region to ensure the regions allocated funds addresses the health challenges that have historically plagued our region. We will keep the Board updated as discussions continue.

#### 4.3 Provider Segmentation Provider Scores and Rankings

NHS England published the outcomes of their new NHS Oversight Framework for 2025/26 in early September. This is the first rating using the new framework, which 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 then put into five segments:

- Segment 1: Consistently high-performing across all domains, delivering against plans.
- Segment 2: Good performance across most domains. Specific issue exist.
- Segment 3: The organisation and / or wider system are off-track in a range of domains or are in financial deficit.
- Segment 4: The organisation is significantly off-track in a range of domains.
- Segment 5: One of the most challenges providers in the country with low performance across a range of domains and low capability to improve, or a challenged provider where NHSE has identified significant concerns.

From the above, unless an organisation is delivering a financial surplus or break even position, their segmentation will be limited to no better than segment 3.

In addition to segmentation, trusts are ranked in order of their scores, grouped with others providing similar services, i.e. acute, mental health and ambulance.

Separately NHSE will also rate an organisations leadership and capability, that will inform NHSE support and intervention regime.

The first results from this for the Foundation Trusts in NENC are detailed below with their ranking and segmentation. This information will be published quarterly.

ICB	NHS provider	Sector	Q1 2025/26 position	League table ranking
NENC	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST (RTF)	Acute	1	9/134
NENC	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST (RWV)	Acute	2	22/134
NENC	TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST (RX3)	MH	2	24/61
NENC	NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST (RX6)	AMB	2	5/10
NENC	SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST (R0B)	Acute	2	21/134
NENC	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST (RTD)	Acute	2	26/134
NENC	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST (RXP)	Acute	3	66/134
NENC	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST (RTR)	Acute	3	82/134
NENC	GATESHEAD HEALTH NHS FOUNDATION TRUST (RR7)	Acute	3	83/134
NENC	CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST (RX4)	MH	4	45/61
NENC	NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST (RNN)	Acute	4	130/134

ICBs will not be segmented in 2025/26 due to the significant change for ICBs to transform to focus on strategic commissioning and implement plans to meet running cost reductions.

The current framework will be reviewed in 2026/7.

#### 4.4 Health and Growth Accelerator

The North East and North Cumbria is one of just three ICBs in England chosen as a Health and Growth Accelerator site, receiving £19.46m of funding from the Government to help people get the support they need before they have to give up work due to poor health.

Our 'WorkWell' Programme is now well underway, bringing together GPs, secondary services, combined and local authorities, job support services, voluntary organisations, and employers to offer joined-up support for those who need it most.

The programme focuses on three key areas:

- Developing new NHS Work Well services with access to coaches/advisors.
- Providing extra support for health and care staff at risk of going off work.
- Helping to create healthier workplaces.

Just this month, NHSE hosted a learning event for all Health and Growth Accelerator sites at the Health Innovation North East and North Cumbria offices in Newcastle. Colleagues from neighbouring ICBs, combined and local authorities, NHSE and DWP joined us to hear the latest thinking from the national team and share learning between Accelerator sites. Feedback was very positive with time to reflect on achievements so far and the difference the programme is beginning to make.

During their visit, NHSE and DWP colleagues also spent time with our South Tyneside and Sunderland Local Delivery Team and partners at South Shields Town Hall to see how NHS WorkWell services are being embedded locally. These services will enable people to be referred by their GP or other professionals to a WorkWell advisor who will help create a personalised plan to help them thrive in work. This might include mental health or pain support, advice on benefits, money and housing, or workplace adjustments and job changes – all brought together in one place. Local voluntary organisations are also accessing small grants to develop and test new ways to support patients, and we are working with local authorities and mental health teams on initiatives such as Fit Talk sessions and leisure-based activities that help local people to sustain good physical and mental health.

I am pleased that we are receiving a detailed progress update on the Health and Growth Accelerator Programme at our Board meeting this month, with the opportunity to explore further how the NHS can address the growing challenge of health-driven economic inactivity.

In the meantime, you can find out more on our website where a short animated film sets out our ambitions for work and health <https://northeastnorthcumbria.nhs.uk/our-work/workwell-programme/>

#### 4.5 Winter Plan

Our winter planning efforts have continued at pace throughout August and September and we are now in a position where we are able to bring the final draft of our 2025/26 ICS Winter Plan to our September Board meeting for review and assurance. A rigorous and robust process of local and regional testing has taken place, working with our Local A&E Delivery Boards (LAEDBs) and our Urgent and Emergency Care Network (UECN) to 'check and challenge' our local plans and reassess our collective readiness for the upcoming winter period. Colleagues from across the NENC system, led by our nominated Winter Director - Jacqueline Myers, attended an North East and Yorkshire regional winter plan testing event to undertake live scenario testing of our plans with regional and national NHSE colleagues. Our approach to oversight and escalation, including our System Co-ordination Centre arrangements and our well-functioning UECN/LAEDB infrastructure, were highly commended alongside our use of real-time data and predictive modelling using the UEC RAIDR tool to support our response to surge and periods of sustained pressure.

Work to deliver our 25/26 winter plan is well underway to help ensure we have schemes in place that will proactively care for patients ahead of the winter period and reduce the pressure felt by our hospital emergency departments. A scheme in partnership with industry to roll-out the OPTIMISE approach in the management of COPD patients is underway with an initial cohort of 50 GP practices, with plans to embed the approach more widely also in the pipeline. Local arrangements for over 40 Acute Respiratory Infection Hubs are being progressed, and these hubs will be mobilised shortly, providing vital additional capacity to treat patients in the community and avoid unnecessary ED attendances.

Going forward, our focus will be on monitoring the delivery of our winter plan. This will be overseen by our Winter Planning Assurance & Delivery Group, led by Dr Neil O'Brien, which will utilise a winter dashboard to provide analysis and insight which will enable us to measure the impact of our winter plans and work with system partners to dynamically respond to areas of emerging risk and pressure. Our System Co-ordination Centre will maintain operational oversight throughout the winter, working closely with colleagues from across the system to co-ordinate our response, manage escalations, provide on-call system leadership, and implement the suite of measures which make up our System Resilience Framework.

#### 4.6 Vaccines – Prevention to Support the Winter Plan

The North East and North Cumbria system, led by NHSE and the ICB /SVOC with strong support from local authorities has intensively prepared to deliver the flu and COVID vaccination programmes to help prevent illness in the community, health and social care workforces and to prevent hospitalisations and avoidable deaths.

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. Among the extensive range of initiatives to maintain and improve uptake this season, the Board is asked to note some of the key initiatives:

- Extensive geo-targeted communications campaigns developed by the ICB Communications team.
- Coordination and commissioning across the ICB of additional outreach services.
- New pilot where pharmacies are now able to offer flu vaccination to 2 - 3 year olds.
- New scheme for people with learning disabilities where local services, pharmacies and PCNs have been facilitated to work closely together to put in place additional bespoke offers.

- Trusts working together to improve their plans for front line health care worker vaccination to meet the national stretching target of 5% increase in uptake.
- Work at hyper-local level by the new Local Immunisation Steering Groups to shape local plans.

While the preparations for the winter campaigns have been underway, the system has also been working to improve uptake in a range of programmes. Work has continued to close the measles vaccine coverage gap with internal data showing an improvement through a multi-component campaign. RSV vaccinations have been introduced for the older population and infants (maternal vaccination). The GPs are undertaking a HPV catchup campaign for the 16-24 years. NHSE supported the system to smoothly introduce a series of complex changes to the 0-5 childhood vaccination programme. The ICB has supported the work of the Local Immunisation Steering Groups with additional investment to address inequalities and improve uptake.

#### 4.7 Boost - Building a Community for Improvement led Change

The North East and North Cumbria faces some of the greatest health challenges in England, and no organisation can tackle them alone. 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. By fostering trust and collaboration, Boost is embedding improvement into everyday work and positioning our system as *the best at getting better*.

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.

Boost is also directly advancing system priorities by establishing a Community of Practice to support the Neighbourhood Health Programme, embedding improvement approaches within the System Recovery Programme, and providing in-depth support to the transformation of All Ages Continuing Care.

Looking ahead, Boost will continue to expand participation, strengthen the voice of lived experience, and ensure improvement underpins the ICB's strategic priorities. A major development will be the launch of the Boost People's Hub in September - a new way for patients, carers, and families to share their views on services such as maternity, cancer and children's health. With regular updates and opportunities to get involved, the Hub will ensure that community voices directly shape future decisions about health and care across our region.

#### 4.8 Visit to Whickham Community Pharmacy

In August, I had the pleasure of visiting Whickham Pharmacy to see first-hand the vital role community pharmacy plays in delivering local healthcare. I toured the pharmacy's excellent facilities, including well-equipped consultation rooms, and heard about the wide range of services being offered to patients including contraception, minor ailments, blood pressure monitoring, vaccination and covid medicines. The visit provided an opportunity to showcase how community pharmacies are increasingly central to accessible, high-quality care close to home.

Discussions focused on how community pharmacy fits within emerging neighbourhood models of care, with particular attention to strengthening collaboration between pharmacy, general practice, and other local services. Feedback was also gathered from independent prescribing pathfinder sites, highlighting both successes and learning so far. The visit reinforced the importance of harnessing community pharmacy's potential to improve patient outcomes, reduce pressure on



other parts of the NHS, and provide care that is convenient, proactive, and rooted in the heart of the community.

## **5. Recommendations**

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

**Name of Author:** Samantha Allen

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

**Date:** 19 September 2025

## Appendix 1

22 July – 19 September 2025 the NENC Executive Team have undertaken the following visits:

<b>NENC Organisations</b>	<b>Number Of Visits</b>
NHS Foundation Trust / Providers	11
Local Authority	8
Place (including community and voluntary sector)	12
Community and primary care (including general practice)	3