

North East and North Cumbria Integrated Care Board

**Minutes of the Board meeting held on
29 July 2026, 11:15am, 1 Citygate Newcastle NE1 4WH**

Present: Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
Levi Buckley, Deputy Chief Operating Officer (deputising for Jacqueline Mayers, Chief Operating Officer)
David Chandler, Chief Finance Officer
Tom Hall, Local Authority Partner Member
Professor Sir Pali Hungin, Independent Non-Executive Member
Dr Hilary Lloyd, Chief Nursing Officer
Dr Saira Malik, Primary Medical Services Partner Member
Dr Neil O'Brien, Chief Medical Officer
Claire Riley, Chief Corporate Officer
David Stout, Independent Non-Executive Member

In Attendance: Richard Barker, Independent Non-Executive Member (subject to checks)
Deborah Cornell, Director of Corporate Governance Communications and Involvement (Board Secretary)
Kate Huddart, Deputy Director of Medicines and Pharmacy (agenda item 12)
Jill Murray, Independent Non-Executive Member (subject to checks)
Toni Taylor, Corporate Governance Officer (minutes)

B/2026/25 Welcome and Introductions (agenda item 1)

The Chair welcomed colleagues and members of the public to the meeting of North East and North Cumbria Integrated Care Board.

B/2026/26 Apologies for Absence (agenda item 2)

Apologies were received from Ken Bremner Foundation Trust Partner Member, Jacqueline Myers Chief Operating Officer and Christopher Akers-Belcher, Healthwatch Representative.

B/2026/27 Declarations of Interest (agenda item 3)

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

B/2026/28 Quoracy (agenda item 4)

The Chair confirmed the meeting was quorate.

B/2026/29 Minutes of the previous Board meetings (agenda item 5)

RESOLVED:

The Board **AGREED** the minutes of the Board meeting held on 16 June 2026 were a true and accurate record.

B/2026/30 Action log and matters arising (agenda item 6)

There were no updates to the action log or matters arising.

B/2026/31 Notification of items of any other business (agenda item 7)

None.

B/2026/32 Chair's Report (agenda item 8)

The report provided updates on changes to Board membership and assurance regarding the Fit and Proper Person Test (FPPT) submission to NHS England.

The Chair emphasised that effective change requires a balance of political considerations, technical processes and human factors, including the needs of staff and patients. Future agenda items should reflect all three elements.

RESOLVED:

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

B/2026/33 Chief Executive's Report (agenda item 9)

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

Chief Executive Visits

The Chief Executive attended the opening of the women's health hub at HMP Low Newton, which provides tailored support for women in prison. She also visited Hope Haven in Carlisle, where residents can access coordinated, accessible and non-stigmatising support, enabling earlier intervention and reducing the need to navigate multiple services.

Financial Position

The ICB's core responsibilities include planning and allocating the NHS budget for the local population and supporting the financial sustainability of NHS services. The ICB remained on track to deliver its budget, although its position was £6.7 million behind plan, partly due to industrial action. An agreement had been reached to expand training places across the system, alongside further actions to support

resident doctors.

ICB Boundary

The English Devolution and Community Empowerment Act 2026 streamlined the creation of strategic authorities and the devolution of powers, subject to local consent. The ICB had been invited to work with partners and respond to a government consultation on aligning ICB boundaries with strategic authorities. While views differed on North Cumbria's position within the footprint, the ICB supported retaining the current boundaries, citing benefits for Cumbria's population, established care pathways and links to Newcastle's tertiary services. The ICB remained committed to strengthening partnerships and awaited the consultation outcome.

Office for Pan-ICB (OPIC) Commissioning Transition

Work continued on future hosting and commissioning arrangements for the North East and Yorkshire Office for Pan-ICB Commissioning (OPIC). Subject to Board approval and satisfactory due diligence, North East and North Cumbria ICB would host OPIC on behalf of the region's four ICBs. Approximately 150–180 specialised and direct commissioning staff were expected to transfer from NHS England. Further updates would be presented to the ICB Leadership Committee and Board as due diligence progressed and recommendations were developed.

Neighbourhood Health

The ICB welcomed Dr Claire Fuller and national colleagues to North East and North Cumbria on 7 July 2026 as part of the national neighbourhood health programme. The visit showcased the region's progress and enabled an open discussion about the challenges of delivering neighbourhood health at scale. Positive feedback highlighted local strengths, and neighbourhood health remained a core priority.

Outpatient Transformation

Outpatient transformation remained a key priority for modernising patient services and improving productivity. The key areas of focus included reducing unnecessary follow-up appointments and non-attendance, expanding patient-initiated follow-up, and considering whether other clinicians or services could meet patients' needs more appropriately and cost-effectively.

Aubrey System Learning Event

Following concerns about breast services at County Durham and Darlington NHS Foundation Trust (CDDFT), the Trust commissioned governance specialist Mary Aubrey to conduct an independent review. It identified serious, long-standing weaknesses in clinical oversight, leadership accountability and governance.

With support from the foundation trusts, each Trust Board assessed its arrangements against the Aubrey recommendations and identified improvement priorities. Although most organisations demonstrated alignment with the principles, the findings highlighted opportunities for system-wide learning. Agreed actions included peer review, shared learning and greater transparency of commissioned patient-safety reports.

Integrated Health Organisation

The Integrated Health Organisation for Northumberland and North Tyneside was progressing well, with the ICB and Northumbria Healthcare Boards supporting

phased implementation. Jointly commissioned support was preparing a business case for autumn 2026, while a task and finish group explored arrangements for delegating budgets as the ICB transitioned to strategic commissioning.

Cyber Security Risk

The Board was asked to note the national guidance and the assurance activity already undertaken by the ICB, including the independent AuditOne review of cyber supply chain management, and to support continued focus on cyber resilience, governance and organisational preparedness.

Movement 26.2

NHS England had asked NENC ICB to act as the national NHS lead for developing Movement 26.2. The ICB was working closely with Sir Brendan to deliver the programme, which represented a significant opportunity.

RESOLVED:

The Board **RECEIVED** the Chief Executive report for information.

B/2026/34 Board Assurance Framework and Risk Report quarter one 2026-27 (agenda item 10)

The Chief Corporate Officer presented to the Board a refreshed Board Assurance Framework (BAF) for quarter one, 2026/27 and an updated corporate risk register for review and consideration.

The report outlined changes to individual risks. Since publication, risk 004 had been updated to better reflect the financial risk.

The ICB was reviewing its risks and Board Assurance Framework to reflect the transition to strategic commissioning, with a revised reporting format to be presented at future Board meetings. The forthcoming strategy refresh would incorporate the three shifts in the 10 Year Health Plan, including the move from hospital to community-based care. The BAF and corporate risk register would align with the refreshed strategy and its delivery. Development would be Board-led, supported by a dedicated briefing, and would reflect emerging government policy.

RESOLVED:

The Board **APPROVED** the Board Assurance Framework for quarter one, 2026/27 and **RECEIVED** the corporate risk register for assurance.

B/2026/35 Leadership Committee Escalation and Assurance Report (agenda item 11.1)

The Committee Chair presented the report and drew the Board's attention to three key areas.

Attention Deficit Hyperactivity Disorder (ADHD) and Autism Update and the draft Adult ADHD Commissioning Policy

The Committee received an update on improvements to ADHD and autism pathways and approved the Adult ADHD Commissioning Policy. In response to rising assessment demand, long waiting times and system pressures, the policy

established a more consistent commissioning approach.

Continued growth in demand, access to assessments, eligibility criteria and the availability of suitably qualified providers had contributed to waiting times of just over one year, highlighting the gap between demand and capacity. It was suggested that the Board consider the matter further.

Programme Delivery Model and Training Programme

The Committee reviewed proposals to strengthen programme management arrangements across the ICB through the introduction of a consistent delivery model and supporting training programme.

Draft NENC ICB Annual Report and Accounts

The Committee reviewed the draft Annual Report and Accounts and received an update on the audit and assurance process.

As the July Leadership Committee meeting was stood down, the minutes and decision log for 9 June would be presented at the next meeting.

RESOLVED:

The Board **RECEIVED** the escalation and assurance report and confirmed minutes from the meeting held on 12 May 2026 for assurance.

B/2026/36 Quality and Safety Committee Escalation and Assurance Report (agenda item 11.2)

The Committee Chair presented the report and advised the Board of a few key areas.

Citizen's Jury - Pain Management

The Committee received the presentation which highlighted the approach and value of a Citizen's Jury in exploring persistent pain management to reduce reliance on medical interventions and improvement for patient outcomes.

The Board recognised this as an important area, noting that specialist services could significantly improve outcomes. Members highlighted links with staff health and wellbeing and supported a more coordinated approach to strengthen the staff offer.

The Health and Growth Accelerator promoted partnership working to strengthen the NHS contribution to economic growth, prevent people leaving the workforce because of ill health and support their return to work. Investment was being directed to staff services, and the Board welcomed a future update.

Temporary Escalation Spaces (Corridor Care)

Trusts continued to face significant space pressures, resulting in the use of corridor care.

The Chief Nursing Officer confirmed the urgent ambition to reduce and ultimately eliminate corridor care. Plans had been submitted to NHS England and incorporated into winter planning, with measures to support safe, timely and

effective care while balancing risk and ensuring ambulances were released promptly to respond to other incidents. This remained a commissioning and quality priority.

All Age Continuing Care

Weekly nursing reports on adverse events kept the Committee and executive team well informed and represented a significant improvement in awareness.

RESOLVED:

The Board **RECEIVED** the Quality and Safety Committee escalation and assurance report and confirmed minutes from the meeting held on 14 May 2026 for assurance.

B/2026/37 Audit Committee Escalation and Assurance Report (agenda item 11.3)

The Committee Chair presented the report, noting that the Committee had received the 2026/27 internal audit plan and the final draft 2025/26 ICB Annual Report and Accounts.

RESOLVED:

The Board **RECEIVED** the committee escalation and assurance report and confirmed minutes from the meeting held on 23 April 2026 for assurance.

B/2026/38 NENC ICB Medicines Strategy 2025-2030 - Year 1 Progress and Delivery Mechanisms (agenda item 12)

The Deputy Director of Medicines and Pharmacy attended the Board and provided an update on the implementation of the North East and North Cumbria Medicines 2025-2030 Strategy following its first year of delivery.

The report outlined the strategic priorities approved by the Board in 2025 and detailed the system-wide contracting mechanisms now in place across primary care, secondary care and community pharmacy to deliver the strategy. The report also described the refinements to indicators in response to national data changes and provided assurance on progress to date.

The Medicines Strategy has made strong progress in Year 1, establishing a consistent, system-wide approach to prescribing improvement, supported by aligned contractual mechanisms across primary and secondary care.

A robust delivery infrastructure is now in place, including system-wide baselines, comprehensive dashboards, and strengthened governance arrangements, enabling improved visibility of variation and targeted intervention.

Early evidence demonstrates a positive direction of travel across the majority of indicators, with improvements in antimicrobial prescribing, opioid reduction, cardiovascular preventative prescribing and respiratory management.

Two priority areas requiring focused intervention have been identified: increasing polypharmacy in patients aged 75+ and rising use of multiple antidepressants, with targeted clinical support and system-wide engagement underway.

Improvements in prescribing are contributing to improved outcomes across key clinical conditions, directly supporting delivery of the ICB Clinical Conditions Strategic Plan, particularly in cardiovascular disease, respiratory care, diabetes and mental health. The medicines strategy, alongside the contractual delivery mechanisms have all been designed with clinical engagement to support and deliver the clinical conditions strategy and be a part of our broader system strategy and plans.

The Board can be assured that the system is fully mobilised, with strong provider engagement and early measurable impact, providing a solid foundation for continued delivery of the five-year strategy.

The Prescribing Outcomes Scheme had been challenging to deliver, and lessons learned would inform future improvements.

- The evaluation provided valuable insight into patient outcomes and staff behavioural change. This work remained ongoing, with learning to be applied in year two.
- Detailed data were available at GP practice level, enabling outcomes to be monitored.
- Implementation challenges included workforce capacity and variations in local population needs.

In response to a Board question about improvement across North East and North Cumbria, it was noted that prescribing patterns did not always reflect perceptions. This highlighted the need to challenge misconceptions and tailor communications for communities experiencing greater deprivation.

Further work was required to address antidepressant overprescribing and HRT under prescribing. HRT uptake was increasing through contractual schemes, supporting consideration of appropriate alternatives rather than routinely prescribing antidepressants. Data by age and sex enabled trends to be monitored, with a gradual reduction in antidepressant use anticipated to ensure safe patient transition.

The Board discussed the influence of the media and the importance of tackling misconceptions through sustained, targeted communications. Messages should be refined over time and tailored to specific patient groups and local areas, drawing on advice from communications colleagues and learning from approaches such as unpaid influencers in sexual health campaigns. Campaign length should reflect the intended outcome, balancing focused activity with longer-term engagement. Strong collaboration between teams was recognised as essential to achieving impact and potential savings.

The Board discussed opioid-related deaths and the region's position nationally. North East and North Cumbria had a high baseline, partly reflecting chronic pain linked to the area's history of manual employment. Sustained action over three to four years including public and behavioural change campaigns, the pain management Citizens' Jury, work with GPs and clearer information on alternatives for patients had reduced higher-dose opioid prescribing and improved the region's safety position.

The Board discussed medicine pricing and supply risks. Community pharmacies reported record levels of medicines unavailable within the agreed price range,

reflecting a national supply issue and increasing costs. Monthly financial pressure had risen from around £2 million in recent years to approximately £4 million, creating a potential £24 million pressure on ICB funding if sustained. The future impact, including any effect of the US trade deal, remained uncertain. Members noted that price concessions currently posed the greater risk and that future investment decisions should consider value for money, including the balance between community services and new medicines.

The achievements delivered over the past year were commended by the Board.

RESOLVED:

The Board **NOTED** the progress made in year one and **APPROVED** the updated NENC ICB Medicines Strategy 2025-2030 with the refinement of indicators.

B/2026/39 NENC ICB Primary Care Action Plan: Final Submission to NHS England (agenda item 13)

The Deputy Chief Operating Officer presented the NENC ICB Primary Care Action Plan for the Board's approval before submission to NHS England.

The action plan focused on improving access across primary care, including general practice and other commissioned services.

The Board's attention was drawn to some key highlights;

- Performance had improved from 71% to 74% during the first two months of the year.
- GP survey results placed the ICB among the highest-performing nationally.
- Performance assurance was informed by triangulating multiple data sources, including independent visits, the GP outlier dashboard, the Primary Care Group and returns from commissioned services.
- Significant variation would prompt detailed analysis and targeted action, using contractual levers where appropriate.
- Implementation of the GP contract would continue, supported by work to strengthen delivery.

It was recognised that general practice remained under significant pressure, despite early signs of improvement.

Progress would be monitored through an evolving dashboard and supporting suite of metrics.

The Deputy Chief Operating Officer formally acknowledged a public question concerning a GP practice in Tees Valley and confirmed that a separate written response was being prepared.

RESOLVED:

The Board **APPROVED** the NENC ICB Primary Care Action Plan: Final Submission to NHS England and **ACKNOWLEDGED** the progress against this action plan would be monitored by an appropriate ICB subcommittee.

B/2026/40 Maternity Services - Wider Implications of Ockenden Maternity Review and Baroness Amos Maternity Review (agenda item 14)

The Chief Nursing Officer updated the Board on the recent Ockenden and Amos maternity reviews.

The Ockenden review, published in 2026 involving 2,500 families, detailed distressing evidence of poor care, avoidable harm, lack of compassion and leadership failings. Its findings had implications for maternity services across England.

The Amos review drew on evidence from women, families, staff and stakeholders across 12 trusts. It identified systemic issues nationally, including staff burnout and stress that contributed to reduced empathy and compassion.

National investigations identified recurring themes and found that lessons from previous reviews had not always been embedded in practice. Assurance processes across North East and North Cumbria must therefore identify concerns and demonstrate measurable, sustained improvement.

NHS England's ten-point plan had been issued to all organisations, including trusts and other providers, with required actions overseen by a nationally led taskforce. A broader implementation plan would follow, while immediate attention should focus on the ten practical actions.

The Chief Nursing Officer gave an overview of some actions already undertaken by North East and North Cumbria;

Listening to Women and Families

The Board noted the aim of ensuring that women and families actively influenced the design, improvement and monitoring of maternity and neonatal services. Progress included funding Maternity and Neonatal Voices Partnerships across all maternity services, embedding service-user representation within LMNS governance, incorporating lived experience into staff training and participating in the independent advocacy pilot. Further work would support the rollout of Martha's Rule, strengthen the involvement of under-represented voices locally and nationally, review home birth services in line with new national guidance, demonstrate how real-time feedback was acted upon and embed service-user voice within commissioning and contracting arrangements.

Reducing Health Inequalities

The Board noted the aim of reducing variation in maternal and neonatal outcomes, improving access and supporting culturally competent, personalised care. Progress included a five-year Equity and Equality Action Plan, translation of information into the five most commonly used languages across North East and North Cumbria, Cultural Curiosity training across all trusts, implementation of the Maternity Migrant Care Pathway and launch of a personalised care toolkit. Further work would strengthen assurance on how inequalities data informed improvement, support trusts and Maternity and Neonatal Voices Partnerships to participate in the Perinatal Equality and Anti-Discrimination Programme in September 2026, align activity with neighbourhood health commissioning and embed the reduction of health inequalities within provider commissioning and contracting arrangements.

Safety, Culture and Governance

The Board noted the aim of ensuring safe, equitable and personalised maternity care, supported by clear accountability for improving outcomes and experience. Current arrangements included a quarterly LMNS safety dashboard to monitor variation and emerging risks, shared learning from incidents, governance oversight of improvement plans, escalation and support for providers where risks were identified, and executive leadership from the ICB Chief Nursing Officer and Chief Medical Officer. Further work would strengthen Board-level reporting and data triangulation, including clinical audit; reinforce a patient safety culture in which concerns prompted sustained improvement; ensure implementation of national maternity bundles, evidence-based triage and Maternity Outcomes Signal System (MOSS) alerts; and establish governance arrangements to monitor delivery of recommendations from national reports and associated action plans.

The Chief Nursing Officer reflected that maternity and neonatal services across North East and North Cumbria were generally safe, with established systems for monitoring quality and safety. However, further work was needed to ensure consistently high-quality care, place women at the centre of communication and decision-making, and strengthen transparency, openness and organisational culture. This was considered a pivotal opportunity to secure compassionate, effective and sustainable services, with the ICB using its strategic commissioning role to ensure high-quality provision for local populations.

The Chair sought assurance that maternity providers were rigorously assessing the risk of similar failings occurring locally. The Chief Nursing Officer confirmed that strong trust representation and engagement through the Local Maternity and Neonatal System supported scrutiny. The ICB should evidence effective oversight, with Board-level assurance provided on delivery of the ten-point plan.

The ICB should clarify the strategic commissioning requirements, including specifications, standards and monitoring arrangements. Home birth services would be considered when national guidance was issued. A plan setting out commissioning actions and developmental work for the coming year would be presented to the Board.

Board discussion recognised the Ockenden review highlighted that previous recommendations had not always been implemented in practice. Providers retained primary responsibility for safe, appropriate services, while the ICB, as strategic commissioner, required clear assurance on delivery. More detailed monitoring might be needed initially before broader assurance could be established.

The ICB's strategic commissioning role should translate the multi-layered recommendations and ten-point plan into clear service standards and actions. This included defining requirements for 24/7 services and ensuring effective escalation where standards were not met. Monitoring serious incidents and near misses would provide an important indication of service safety and emerging risk.

Despite numerous maternity recommendations, improvement had been limited. As some recommendations required long-term development, two or three clear priorities should be identified to support focused delivery.

Healthcare leaders remained accountable for ensuring that women received safe,

high-quality and compassionate care from the professionals supporting them.

ACTION: A structured Board session was proposed on maternity services before the matter returned to a future public Board meeting, with oversight through the Strategic Commissioning Assurance Committee.

RESOLVED:

The Board **RECEIVED** the update on maternity Services - Wider Implications of Ockenden Maternity Review and Baroness Amos Maternity Review

B/2026/41 Finance Report (agenda item 15)

The Chief Finance Officer provided an update on the financial performance of the ICB in the financial year 2026/27, with the latest position covering the two months ended 31 May 2026 and included the Budgetary Control and Financial Accountability Framework.

The ICB had a £9.5 billion revenue budget for the day-to-day delivery of health services. Financial information remained limited at month two because some data, including prescribing costs, were received two months in arrears. The Chief Finance Officer confirmed that the ICB remained on track to deliver its revenue plan; the internally reviewed month-three position was consistent with month two, and a breakeven forecast had been reported to NHS England.

Material risks around the delivery of the revenue plan this year included the growth in Autism and Attention Deficit Hyperactivity Disorder (ADHD) assessments. The budget this year is £29m, early indications suggested that corrective action might be required to prevent a significant overspend. The biggest risks around prescribing are cost concessions.

Full assurance on the annual efficiency plan would not be available until later in the year. Prescribing and all-age continuing care efficiencies were expected to be delivered.

Vacancies were expected to generate an underspend against the running cost budget, supporting delivery of the ICB's financial duty.

A small forecast overspend is being reported on ICB capital (£0.75m) however this relates to anticipated additional allocations not yet formally received and it is expected ICB capital will be managed within total funding allocations.

Net unmitigated risk, including expenditure pressures and potential non-delivery of efficiency plans, reduced from £31 million in the plan to £24 million at month two and £17 million at month three. Significant risk remained, and work would continue to identify further mitigations.

It was noted NHS England's assessment placed the ICB in the lowest financial risk category.

The ICB no longer held the wider financial responsibilities previously managed through the integrated care system; a regional control total now applied across the North East and Yorkshire.

The Budgetary Control and Financial Accountability Framework set out a proposed approach to budget delegation and management, including respective responsibilities of budget managers and relevant subcommittees. The Board were asked to endorse use of the framework to strengthen grip and control.

The Chief Finance Officer acknowledged a public question on Right to Choose ADHD assessments and confirmed that the ICB had set a £29.5 million budget for autism and ADHD services in 2026/27, broadly in line with the previous year's expenditure and representing a £17 million recurrent increase from 2024/25. Most funding supported independent-sector assessments, and discussions with providers on indicative activity plans continue. Activity for providers that had paused assessments in January 2026 resumed on 1 April 2026, with providers asked to prioritise patients who had waited longest from a clinical triage point of view.

In response to a Board question, the Chief Finance Officer confirmed that activity-based contracts were in place with providers, including arrangements for elective care, with performance and demand monitored through contract meetings. Associated risks were reflected in financial reporting. National community and mental health rebasing was expected to inform commissioning from April 2027, while acute contract data were being validated for accuracy and consistency.

RESOLVED:

The Board **NOTED** the latest year to date and forecast financial position for 2026/27, including the potential financial risks to be managed and **ENDORSED** the draft financial accountability framework.

B/2026/42 Implementation of changes to ICB roles and functions (agenda item 16)

The Chief Executive noted the ICB's new role as a strategic commissioner would strengthen population health insight, led by the Director of Population Health, and sharpen its focus on commissioning services.

Commissioning monitoring meetings had been re-established within the new structure to strengthen oversight of procurement, contracts and service specifications.

The Chief Executive confirmed that the revised structures were designed to strengthen the ICB's strategic commissioning role. A review of the new arrangements would be undertaken, noting that statutory responsibilities, including all-age continuing care and safeguarding, had been retained following confirmation that they could not be transferred. The structures had therefore been aligned to strategic commissioning while maintaining the ICB's statutory functions.

B/2026/43 Neighbourhood Health (agenda item 16.1)

The Deputy Chief Operating Officer presented an overview of the North East and North Cumbria Neighbourhood Health Strategic Framework.

Neighbourhood health would be a key delivery mechanism for achieving the ICB's strategic objectives.

The three-year strategy to 2029 reinforced the national direction of travel. Its first year, 2026/27, would establish strong foundations for future commissioning, including shifting care from hospitals to community settings and targeting the 1% of the population with multiple long-term conditions. Improving outcomes and experience was expected to reduce avoidable demand on services, including emergency departments.

The framework had a longer-term focus to March 2029, with significant progress dependent on a strong understanding of local populations and geographies. Enhanced population insight and analysis would support planning at locality, general practice, age and disease level.

Dr Claire Fuller's visit on 7 July followed a system-wide neighbourhood health conference and brought partners together to assess the strength of existing foundations.

The refreshed Better Health and Wellbeing For All Strategy would support a shift towards commissioning for outcomes rather than activity alone.

Readiness across 13 domains and 14 places was being mapped with partners, including general practice, local authorities and the voluntary, community and social enterprise sector at place partnership level. Key risks included workforce capacity and ensuring the appropriate professional mix. Data-sharing and digital infrastructure gaps remained. Priorities included improving read-and-write access, expanding the Great North Care Record and strengthening interoperability across the system.

There are 59 potential sites identified ahead of national prioritisation, partners would support a coordinated regional case to secure an equitable share of investment.

The Chair summarised concerns raised at a recent Board session regarding whether the meeting frequency of Health and Wellbeing Boards would support timely development and approval of neighbourhood health plans; the loss of consistency following the ending of place-based arrangements; the extent of general practice involvement in key discussions; and limited leadership, capacity and resources at place. In response, the Deputy Chief Operating Officer confirmed that a more detailed version of the framework had been discussed with key partners and that each Health and Wellbeing Board had established a subgroup to coordinate development of the plans, with initial versions expected in autumn 2026. The ICB's role would be to provide commissioning enablers, including clear outcomes and data-led investment, rather than to lead or convene the process. An NHS England consultation on multi-neighbourhood and single-neighbourhood provider contracts was also expected to provide greater clarity on future commissioning arrangements.

A stronger upstream population health approach was needed, supported by provider networks in each neighbourhood. The Jean Bishop Centre in Hull was cited as an example of holistic support for older people that had reduced hospital admissions. Opportunities to implement comprehensive geriatric assessment across the region should be reviewed.

The Board should agree clear and realistic outcome measures, such as reducing avoidable demand on emergency departments, while local partnerships determined how best to deliver them for their populations.

Neighbourhood health should both manage demand and improve local health priorities, with approaches tailored to each area. Neighbourhood health profiles should identify priority conditions and provide local teams with the information needed to target interventions effectively.

Members recognised that neighbourhood governance could add complexity. Although commissioning at scale could improve efficiency, it would not automatically reduce variation or improve outcomes; success would depend on balancing contractual levers with locally personalised delivery.

RESOLVED:

The Board **RECEIVED** the overview of the North East and North Cumbria Neighbourhood Health Strategic Framework.

B/2026/44 Fit For The Future - a shared approach to involvement and communications (agenda item 16.2)

The Chief Corporate Officer presented a shared system-wide approach to communications and public involvement. The approach aimed to provide a clear NHS narrative for change, strengthen public trust and support service transformation. The Board was asked to endorse the approach.

Collaboration was essential to strengthening the regional NHS narrative, building public trust and supporting service transformation. Examples showed that listening to patients had improved strategy development. As NHS change could be viewed negatively despite its intended benefits, the approach would provide a foundation for communicating future change.

As the strategy and commissioning intentions were refreshed, the ICB needed to demonstrate that public views informed decision-making. National satisfaction surveys alone did not provide sufficient local insight to shape services or respond to population needs. A coordinated approach would support the ICB's statutory duties, promote best practice in listening and responding, address gaps between perception and reality, and strengthen ownership of the regional narrative.

The revised approach would strengthen public involvement, engagement and communication. Real-time online service feedback, triangulated with complaints, correspondence from MPs and other intelligence, would provide a fuller understanding of patient views.

The Provider Collaborative Board supported the approach and was keen to co-produce it. Strengthening trusts' local relationships would represent a shift in practice and enable a more responsive approach to population needs.

The Board emphasised the need for a clear feedback loop demonstrating how comments received through platforms such as Trustpilot informed action. Members noted that most feedback was not received in real time and that patient insight was essential to understanding access, shaping service culture and informing

improvement. Focused questions should assess awareness of available services, supported by valid outcome measures and consistent use of established tools such as Picker, with robust validation. A simple public guide should also explain how the NHS operates across North East and North Cumbria, including the ICB's role and distinct functions.

Joint working with Directors of Public Health had strengthened the impact of sexual health campaigns, and similar coordinated approaches should be explored for alcohol and smoking to see what else could be done.

RESOLVED:

The Board **SUPPORTED** a system-wide approach to shared communications and involvement aligned to common principles, standards and planning.

The Board **NOTED** that investment will be required to enable consistent, trusted and effective NHS change for communities.

B/2026/45 Questions from the public (agenda item 17)

No other questions were received from the public.

B/2026/46 Any other business from members (agenda item 18)

There were no other items of business.

The meeting closed at 14:40