



**North East and
North Cumbria**

North East and North Cumbria Integrated Care Board

**Minutes of the meeting held in public on 3 June 2025
at 10.30am, The Durham Centre, Belmont**

Present: Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
Kelly Angus, Chief People Officer
Ken Bremner, Foundation Trust Partner Member
Levi Buckley, Chief Delivery Officer
David Chandler, Chief Finance Officer
Professor Graham Evans, Chief Digital and Infrastructure Officer
David Gallagher, Chief Contracting and Procurement Officer
Tom Hall, Local Authority Partner Member
Professor Sir Pali Hungin, Independent Non-Executive Member
Professor Eileen Kaner, Independent Non-Executive Member
Dr Hilary Lloyd, Chief Nurse and AHP Officer
Dr Saira Malik, Primary Medical Services Partner Member
Jacqueline Myers, Chief Strategy Officer
Dr Rajesh Nadkarni, Foundation Trust Partner Member
Dr Neil O'Brien, Chief Medical Officer
Claire Riley, Chief Corporate Services Officer
Dr Mike Smith, Primary Medical Services Partner Member
David Stout, Independent Non-Executive Member

In Attendance: Deborah Cornell, Director of Corporate Governance and Board Secretary
Christopher Akers-Belcher, Healthwatch Representative
Lisa Taylor, Voluntary Community and Social Enterprise Representative.
Toni Taylor, Board and Legal Services Officer (minutes)

B/2025/01 Welcome and Introductions (agenda item 1)

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

The following individuals were in attendance under public access rules:

- Alasdair Bailey, Uniphar Commercial
- Adam Brown, Sanofi
- Dr Helen Groom, Keep our NHS Public
- Jill McGrath, Deputy Director of Finance, NENC ICB
- Precious Olorunjuwon, Management Accountant, NENC ICB
- Carolyn Smith, Pfizer

B/2025/02

Apologies for Absence (agenda item 2)

Apologies were received from John Pearce Local Authority Partner Member.

The Chair formally announced the resignation of two members from the Board.

- Graham Evans, Chief Digital and Infrastructure Officer, is attending his last meeting after a 46-year career, with 24 years in the NHS. He played a crucial role during the COVID-19 era and was responsible for much of the digital work in the ICS, bringing expertise locally and internationally. His contributions to the Board are highly valued, and he will be greatly missed. We wish him the best for his future.
- Jon Rush, Independent Non-Executive Member, has also left his role as a valued board member. His extensive experience in health and healthcare was invaluable to the Board. Thank you for your service.

B/2025/03

Declarations of Interest (agenda item 3)

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

The following conflicts were noted;

Item 9.1 – 2025/26 Financial and Operational Plan

Samantha Allen

- Sister employed by Northumbria Healthcare NHS Foundation Trust.

Kelly Angus

- Son employed by QEF Ltd (subsidiary company of Gateshead Heath NHS Foundation Trust).

Ken Bremner

- Chair of the Foundation Trust Provider Collaborative.

Levi Buckley

- Partner is Chief Executive of Healthworks, who provide services to Newcastle Upon Tyne Hospitals NHS Foundation Trust.

David Chandler

- Sibling employed by South Tyneside and Sunderland NHS Foundation Trust.
- Spouse employed by Gateshead Health NHS Foundation Trust.
- Friend employed by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.

Graham Evans

- Daughter employee of North Tees and Hartlepool NHS Foundation Trust.
- Son employee of North Tees and Hartlepool Solutions LLP
- Sister-in-law employee of South Tees Hospitals NHS Foundation Trust.
- Wife employee of North East Ambulance Services NHS Foundation Trust.

Tom Hall

- Director of Public Health, South Tyneside Council.

Dr Hilary Lloyd

- Daughter employed by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.

Saira Malik

- Brother employed by South Tyneside and Sunderland NHS Foundation Trust.

Rajesh Nadkarni

- Medical Director and Deputy Chief Executive of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
- Wife employee of Tees, Esk and Wear Valley NHS Foundation Trust.

Dr Neil O'Brien

- Wife employed by County Durham and Darlington NHS Foundation Trust.

Christopher Akers-Belcher (regular participant non-voting)

- Governor, North Tees and Hartlepool NHS Foundation Trust

The Chair noted the conflicts, and confirmed conflicted members could receive the report and attend the meeting but would be required to abstain from any decisions. The meeting will remain quorate throughout.

B/2025/04

Quoracy (agenda item 4)

The Chair confirmed the meeting was quorate.

B/2025/05

Minutes of the Board Meeting held on 25 March 2025 (agenda item 5)

RESOLVED

The Board **AGREED** that the minutes of the Board meeting held on 25 March 2025 were a true and accurate record.

B/2025/06 Action log and matters arising from the minutes (agenda item 6)

There were no further updates to the action log.

B/2025/07 Notification of items of any other business (agenda item 7)

None.

B/2025/08 Chief Executive's Report (agenda item 8)

The Board were provided with an overview of the recent activity carried out by the ICB, as well as some key national policy updates.

The Chief Executive drew the Boards attention to the following:

Financial Position

As noted within the finance report, we are reporting delivery of our key financial targets for 2024/25, which includes a surplus of £12.12m and running costs. This has positioned us to manage changes effectively. The surplus will offset pressures and result in a small surplus, subject to final audit. This start puts us in a strong position for the year ahead.

This financial year presents a demanding and challenging plan, with lower than average growth and significant additional efficiencies required, ranging from 5-8%. We have submitted a financially balanced plan, which has been approved and signed. We will continue to work across the system, collaborating effectively in various areas, supported by the Foundation Trust Provider Collaborative, particularly in workforce matters.

Delivery of 2024/25 plan

Local Delivery Teams (LDTs) have maintained a strong focus on integration - working collaboratively with Local Authorities, community providers, and the Voluntary Community Social Enterprise (VCSE) sector to deliver priorities through the Better Care Fund (BCF) and local transformation programmes aimed at improving outcomes for our populations and communities.

Urgent and Emergency Care

In 2024/25 key developments included:

- Mobilisation of 40 Acute Respiratory Illness (ARI) hubs, delivering over 51,000 appointments with plans for recurrent funding.
- Ambulance Handover Improvement Programme, in collaboration with AQUA, significantly improving handover times and maintaining national-leading category 2 response rates for NEAS.

Housing, Health and Care Integration

In 2024/25, this programme has secured in-principle approval for £8.4m capital investment to develop supported living for people ready to leave hospital. It was noted, ten individuals who had been in

hospital for five or more years were now back in their local communities reconnecting with their family and friends.

Boost and Learning Academy

The Boost Learning and Improvement community now has over 15,500 members with representation from across all sectors. Demographics of users include all areas of NENC plus many other areas across the country.

Bespoke support continues to be offered linked to the ICB strategic aims and includes ongoing work with the All Age Continuing Care team and support for the proactive and frailty care event. Boost are committed to continuous improvement and an evaluation project with Applied Research Collaborative colleagues (Newcastle University) is currently underway.

Better Care Fund

The total expenditure of £343 million with local authorities (LA) through the Better Care Fund (BCF) partnership. Local Delivery Teams led the work with LA to prepare proposals and this year's plans have been approved. There is a process in place to monitor the delivery of the BCF. The aim is to support people to live independently in their own homes and reduce reliance on hospital-based care.

An assessment of the invested schemes will occur in August and the BCF proposals refined continuously throughout the year.

Mental Health Support Teams in Schools

A request received from NHS England required a further investment into the delivery of Mental Health support teams in school. This related to a new national requirement for further expansion in 2025/26 of mental health support teams.

A significant amount has already been committed to meeting the national requirement by 2029. Additional investment this year would necessitate re-evaluating priorities within the planning process.

The national mandated programme for trailblazers ran from 2018 to 2022. The pilot phase concluded in 2022 with a recommendation for nationwide rollout, without requiring further expansions of the mental health teams. Currently, there are 35 teams in NENC with £13m funding. NHSE has requested a plan for an additional wave. We believe we can establish 5 more teams in Q4 2025/26. We're adjusting our financial plan and investments for the upcoming year.

Reassurance was given that schools are delivering outcomes and making improvements. A national evaluation was conducted, which showed that teams are effective in working with children and young people. Mental health support teams have a specified set of metrics. A qualitative assessment involving 50 teams across NENC is being

conducted. Additional work is needed to demonstrate effectiveness and inform future models.

Clinical Portals

There are two clinical systems, funded by the ICB, which are used by clinicians within North East and North Cumbria (in primary and secondary care). Both systems provide clinicians with the ability to review local and national guidelines and pathways and are recognised as providing high quality information.

Following an options appraisal, the ICB agreed to implement a single clinical portal platform and to develop a wraparound workforce model to support the transition and implementation. This new system would cost less than the current model and be easier to manage.

RESOLVED

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

B/2025/09

Transition to a Strategic Commissioning Organisation (agenda item 9)

NHS England (NHSE) as a statutory entity is set to be abolished and integrated into the Department of Health and Social Care (DHSC). Consequently, NHSE's regional offices will transition to become regional offices of DHSC.

The NHS 10-year plan, which has undergone extensive consultation, is nearing finalisation and highlights three key shifts; analogue to digital, treatment to prevention, hospital to community. It is anticipated that the plan will provide further details on the structure and function of the NHS, including our own role. This information is expected towards the end of this month, at which point we will determine the necessary actions in response.

Legislation concerning the role of the combined authority is pending, and it remains unclear whether any new roles will be assigned.

The Health and Care Act 2022 established our statutory roles and outlines a number of duties including ensuring patient choice and reducing health inequalities. Reshaping our role will require new legislation. We are optimistic about becoming a strategic commissioning organisation and the opportunity it brings.

RESOLVED

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

B/2025/10

2025/26 Financial and Operational Plan (agenda item 9.1)

The following conflicts were noted;

Samantha Allen

- Sister employed by Northumbria Healthcare NHS Foundation Trust.

Kelly Angus

- Son employed by QEF Ltd (subsidiary company of Gateshead Health NHS Foundation Trust)

Ken Bremner

- Chair of the Foundation Trust Provider Collaborative

Levi Buckley

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Dr Neil O'Brien

- Wife employed by County Durham and Darlington NHS Foundation Trust.

Christopher Akers-Belcher (regular participant non-voting)
- Governor, North Tees and Hartlepool NHS Foundation Trust

The Chair noted the conflicts, and confirmed conflicted members could receive the report and attend the meeting but would be required to abstain from any decisions. The meeting will remain quorate.

The final 2025/26 Financial and Operational plan for both the Integrated Care Board and wider Integrated Care System was presented to the Board.

The 2025/26 financial allocations are summarised in the paper.

A balanced financial position was achieved last year, driven by system-wide efficiencies of 7%, compared to 5% the previous year. However, it is to be noted that this presents considerable risk.

As in the prior year, the NENC ICB receives lower than average net growth funding, including the convergence adjustment (reduction in funding as part of a move towards 'fair share' funding) as NENC is deemed by NHSE to be overfunded against a fair shares target allocation.

The agreed Integrated Care System (ICS) financial plan for 2024/25 included a deficit of £49.9 million, with equivalent deficit support funding provided by NHS England (NHSE) to achieve a breakeven position. For 2025/26, NHSE has confirmed deficit support funding of £33.3 million, expecting the ICS as a whole to achieve a breakeven position.

ICB running costs are committed to a second year of a 30% reduction, with additional running and program cost savings to be implemented by the end of Q3.

Total net risk identified within the 2025/26 financial plan amounts to £244m across the ICS, including almost £34m within the ICB. This is a significant increase on the level of unmitigated risk identified within the 2024/25 financial plan, which was £160m.

Performance

The NENC operational plan submission demonstrated a planned position for 2025/26 to meet all the national priorities.

It was noted that;

- Two providers are not meeting the 75% target for the 62-day cancer treatment but have significant improvement plans in place.

- One provider is not meeting the first outpatient appointment target, showing a 3% improvement instead of 5%. This provider is already the best performer.
- 5.1% of patients are waiting six weeks for diagnostic tests; each trust has submitted an activity plan.

Workforce

Workforce planning and system recovery work undertaken throughout 2024/25 has resulted in the NENC system being in a strong position entering into the challenging 2025/26 planning round.

In June 2024, the System Recovery Programme Workforce Board approved a Workforce Programme that will support Trusts to achieve their financial plans and collectively return the system to financial balance within 3 years.

The North East and North Cumbria operational workforce plan submission shows all providers are forecasting to reduce their workforce, with the exception of one Trust. Reductions range from 1.8% to 5.7% across providers.

North East Ambulance Service, as part of a three-year investment and growth programme plans to increase their workforce (by 3%).

Board Assurance Framework

At the time of full submission of our plans, the board assurance checklist was only partially assured due to the requirement for the Board to have a full understanding of all quality risks (with mitigations) linked to ICB efficiency schemes.

As a result of the significant work ongoing across the ICB around efficiencies and difficult decisions, the following position was submitted with further work throughout May 2025 particularly the requirement to undertake robust relevant impact assessments on these areas. Work has started on the production of robust EQIAs for each applicable scheme in-line with the approved ICB policy.

Questions from the public

The Chief Corporate Services Officer acknowledged that the Board had received two questions from the public on the 2025/26 Financial and Operational Plan;

Question 1 –

The NHS 2025/2026 Priorities & Operational Planning Guidance asks Integrated Care Systems to Optimise medicines value and improve the adoption of, and compliance with, best value NHS Supply Chain Frameworks in medicine and procurement.

Which NHS Supply Chain Frameworks will the ICB be prioritising to show projected savings in to implement the planning guidance?

It was confirmed we follow national frameworks and processes. A response was being prepared and would be made available on the ICB website.

Question 2 –

- 1. Will all of the risk, equality and quality impact assessments be made public and be presented at the ICB meeting?*
- 2. As a result of the assessment/ review process, will any services that are currently provided free of charge become 'discretionary'?*
- 3. Will the list of these 'discretionary' services be made public and shared with Healthwatch representatives and others, in order to consult the public?*

It was confirmed any changes to services deemed a significant variation need to follow an appropriate process in line with the Health and Social Care Act. Information on this will be made publicly available through appropriate routes. A response was being prepared and would be made available on the ICB website.

ACTION: Responses to the two questions received by the public to be made available on the website.

All Foundation Trusts received a letter from NHS England concerning a 50% reduction in corporate growth levels. Each Foundation Trust plan will incorporate corporate efficiency savings, with an expectation to report compliance by the third quarter.

The Chief Finance Officer informed the Board of a potential financial risk related to the reduction in the ICB workforce. This reduction will be achieved through voluntary mechanisms, and the ICB is still awaiting information on whether the redundancy costs will be covered. The estimated redundancy costs are between £20-30m. If this cost needs to be met within the current resource, there may be a need to review investment proposals and commitments.

The Board noted that the impact of service change on population health would be examined further through the Equality and Quality Impact Assessment process.

RESOLVED:

The Board **APPROVED** the final ICB and ICS financial and operational plan submissions.

The Board **NOTED** the requirement for robust Equality Quality Impact Assessments to be carried out for key efficiency and difficult decision schemes in-line with the approved ICB policy.

The Board **APPROVED** the updated ICB revenue budgets for 2025/26 (as per Part A table 2) including those contracts which are above £30m (appendix 1).

The Board **APPROVED** the ICS capital plan figures (as per Part A table 6).

B/2025/11

Model ICB (agenda item 9.2)

The Board were provided with an update around the Strategic Commissioning Transition Programme and the work completed to date to ensure delivery against the national ask, to move to a spend of no more than £18.76 per head of population, per annum, on ICB running costs and directly employed programme staff. For NENC this requires a reduction in spending of £32.3m per annum, by the end of 2025 and with recurrent effect from 2026/27.

The new proposed operating model indicated a move to a multi-professional way of working across three groups;

- Strategic Commissioning
- Insights, Strategy and Policy
- Corporate Services

At present the model remains high-level as further work was ongoing around the detailed structure development.

It is expected the Board will sign off the final proposed operating model on 1 July 2025 and the 45-day staff consultation launched thereafter. The Board approved the model ICB plan submission on 29 May 2025.

There is still no confirmation of the timelines for national approval of the voluntary redundancy scheme or any available funding for the related costs.

The Board noted;

- The engagement internally was extensive and the ICB were commended for this.
- Public interest is likely to increase when service changes are discussed.
- Adopting a simpler model with broader roles within the commission cycle will enhance our agility and provide greater flexibility for course corrections in the future.
- This is the third major reorganisation in 34 months and will significantly impact our staff and signals the start of the NHS reform from the upcoming 10-year plan.
- Our ICB is the largest of the 42, and we are currently not seeking to cluster or merge.
- VCSE engagement built into plans was reassuring with both strategic and local engagement. There will be focus on neighbourhood health as a theme for clustering teams, which will include VCSEs.

RESOLVED

The Board **RECEIVED** the update.

B/2025/12

Board Assurance Framework 2024/25 quarter 4 (including interim Q1 position) (agenda item 10)

The Chief Corporate Services Officer provided the Board with a refreshed Board Assurance Framework for quarter 4, 2024/25 (including interim Q1 2025/26 position) and an updated corporate risk register for review and consideration.

The report detailed risk movement which included some new and closed risks.

RESOLVED

The Board **APPROVED** the Board Assurance Framework for quarter 4, 2024/25 (including interim Q1 2025/26 position).

The Board **RECEIVED** and **REVIEWED** the corporate risk register for assurance.

B/2025/13

Highlight Report and Minutes from the Executive Committee held on 11 March and 8 April 2025 (agenda item 11.1)

An overview of the discussions and approved minutes from the Executive Committee meetings in March and April 2025 were provided. Detailed decisions logs were appended to the highlight report.

The Committee;

- Approved the strategic commissioning transition programme initiation plan.
- Received the healthcare inequalities annual report.
- Approved the use of Artificial Intelligence policy.
- Completed an annual effectiveness review.

RESOLVED:

The Board **RECEIVED** the highlight report, decision logs and confirmed minutes for the Executive Committee meetings held on 11 March and 8 April 2025 for information and assurance.

The Board **RECEIVED** the 2024/25 annual review of the Executive Committee for information and assurance.

B/2025/14

Highlight Report and Minutes from the Quality and Safety Committee held on 13 March 2025 (agenda item 11.2)

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

It was noted, as the transition progresses, the responsibilities of the Committee will change. We will continue to have a role in monitoring quality outcomes.

The Committee;

- Reviewed the oversight of Healthcare Associated Infection rates, which remain above trajectory and exceed national averages. Measures are being implemented to address this issue.
- Received updates and assurances regarding the progress of the NHS England (2023) Three Year Delivery Plan for Maternity and Neonatal Services.
- Discussed the national supply issues concerning medication.
- Received assurance that Martha's Rule is being implemented across NENC ICB, with outcome data pending.

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes for the Quality and Safety Committee meeting held on 13 March 2025 for information and assurance.

The Board **RECEIVED** the 2024/25 annual review of the Quality and Safety Committee for information and assurance.

B/2025/15

Highlight Report and Minutes from the Finance, Performance and Investment Committee held on 6 March 2025 (agenda item 11.3)

An overview of the discussion and confirmed minutes from the Finance, Performance and Investment Committee meeting held in March 2025 were provided.

The May 2025 meeting was stood down, therefore April minutes will be presented at July Board meeting.

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes for the Finance, Performance and Investment Committee meeting held on 6 March 2025 for information and assurance.

The Board **RECEIVED** the 2024/25 annual review of the Finance, Performance and Investment Committee for information and assurance.

B/2025/16

Highlight Report and Minutes from the Audit Committee (agenda item 11.4)

An overview of the discussions from the Audit Committee meetings held in February and April 2025 were provided alongside the confirmed minutes from the meeting held on 9 January 2025.

The Chair noted the meetings held on 26 February and 23 April 2025 were extraordinary meetings to review the annual report and accounts and the option to extend the contract for external audit services.

The Committee meeting held on 10 April received updates on risk management, the ICB Seal, audit and Counter Fraud and the annual effectiveness self-assessment was completed.

RESOLVED

The Board **NOTED** the key highlights from the Audit Committee meetings held on 26 February, 10 April and 23 April 2025 for information and assurance.

The Board **RECEIVED** the approved minutes for the Audit Committee meeting held on 09 January 2025 for assurance.

The Board **RECEIVED** the Audit Committee Annual Summary Report 2024/25 for information and assurance.

B/2025/17

Service Change Advisory Group Terms of Reference (agenda item 12)

The purpose of the Group is to act as a critical friend and assess the planning processes for changing health services has been followed in accordance with the legal duties set out in the Health and Social Care Act.

A draft term of reference was initially shared with the Board on the 29 April 2025 and at the inaugural Service Change Advisory Group meeting held on 9 May 2025. The group reviewed the terms of reference and made some suggested amendments.

RESOLVED

The Board **APPROVED** the Service Change Advisory Group terms of reference.

B/2025/18

Integrated Delivery Report (agenda item 13)

The NENC Integrated Delivery Report (IDR) provided an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions.

The Chief Strategy Officer updated the Board on data published 15 May 2025 and drew the Board's attention to the following performance highlights;

- A&E performance at 77.8% remains above the national average of 75%.
- Strong ambulance response times were maintained.
- Patients not meeting Criteria to Reside (CtR) continues to be behind plan and remains lower than the national position.

- Improved performance across cancer and planned elective care metrics.
- Funding secured for 2025/26 to invest in Talking Therapies and commission additional activity.
- Exceeded the national ask in carrying out annual health checks for people with a learning disability.
- Whilst the dementia diagnosis rate national standard 65.4% has been met this period, the position of 68.9% against the monthly plan has not been achieved.

Where appropriate a Statistical Process Control (SPC) approach is used which is considered best practice to enable systems to understand where there is significant variation and most risk and therefore focus attention on those areas that require improvement support.

Board discussion further highlighted;

- The Strategic Elective Programme led by the Provider Collaborative includes a mutual aid workstream looking at elective care waits.
- The report to Board provides a high-level overview with more detailed information underneath.
- General Practice listening exercises are underway to seek feedback from general practice staff to understand their views on what the priorities of the core offerings of general practice should be. It is not solely about the number of appointments, but also considerations such as who the appointments are with and ensuring continuity of care.
- Primary Care Access Recovery Plan is scheduled for September 2025 Board.
- It was suggested a further deep dive on general practice be carried out by the Primary Care Subcommittee and brought back to a future Board meeting for discussion and assurance.
- There are 337 GP practices across NENC compared to 351 the previous year. The decrease in number reflects mergers.
- There are 781 residential care homes across NENC compared to 711 the previous year.
- The usage of virtual wards has shown consistent improvement. Although the ambitious improvement trajectory has not been met, there has been month-on-month progress.
- One general practice in Sunderland has been rated as inadequate. LDT primary care colleagues collaborate with providers to offer support and work with the nursing directorate through the quality team. The relationship is mainly with the practice and the Care Quality Commission (CQC). If additional intervention is necessary, the situation may escalate into a formal escalation process, which could involve direct regulatory action.
- A residential care home in Gateshead has received an inadequate rating. It is currently being monitored, with collaboration from the local authority and Gateshead FT, chaired by a senior provider's care group. Engagement with the care home is ongoing. The home has reopened, and steps are being

taken to assess and mitigate risks. Significant support has been provided.

The June 2025 IDR report will incorporate metrics from the 2025/26 NHS operational planning framework and will feature a new updated format. Moving forward, monthly available metrics will be reported monthly and less frequently available metrics (i.e. quarterly and annual metrics) will be reported on a bi-annual basis.

ACTION:

A further deep dive on general practice be carried out by the Primary Care Subcommittee and brought back to a future Board meeting for discussion and assurance.

RESOLVED

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

B/2025/19

All Age Continuing Care (agenda item 13.1)

The ICB Director of Nursing for Mental Health, Learning Disabilities, Autism and Complex Care provided the Board with an overview of All Age Continuing Care Performance.

A taskforce was established with a focus on staff engagement and involvement in developing service transformation and remodelling. The Board will be updated on the progress of this at a future meeting.

The Continuing Care process assesses eligibility for NHS funding regarding care packages for children and adults and include;

- Continuing Healthcare
- Section 117 aftercare (detention of Mental Capacity Act)
- Personal health budgets
- Fast track funding for deteriorating patients nearing end of life.

The national framework provides governance, encompassing 12 domains. The process is designed to ensure that outcomes are effectively applied and achieved. The Continuing Healthcare (CHC) staff possess extensive knowledge and experience in their field.

The quarter four data 2024/25 highlights:

- NENC ICB had the 3rd highest referral rate out of the 42 English ICBs and was well above the national average of 45.6 per 50k.
- NENC completed 60.1 assessments per 50k population, well above the England average of 38.8. That places NENC 6th out of 42 ICBs.
- NENC achieved an 81.5% on-time completion rate for standard CHC referrals above the England average of 77.1%. While performance was strong, we are still behind the top performing ICBs who see completion rates in the high 90s.

- NENC saw just 0.2% of its Decision Support Tool (DST) assessments take place in an acute (hospital) setting, compared with an England average of 0.5%.
- While NENC sees low acute DST rates, other ICBs see a much greater reliance on acute settings (5.7%).
- NENC ICB converted 92.3% of fast-track CHC assessments on time, compared with the England average of 93.5%.
- NENC saw CHC eligibility rates of 80 people per 50k. Compared to the national average, NENC had an additional 29 eligible people per 50k population.

The fast track CHC referral process involves a bit more effort, but the majority of individuals either receive fast track funding or it is converted to CHC funding. Our region ranks third nationally for the number of people eligible for CHC. Eligibility for CHC is often linked to levels of deprivation, prompting a deep dive of these cases.

Areas for improvement include:

- Ensuring we have the right workforce and capacity
- Standardising processes and approach
- Collaborating with local authorities where people choose their care

RESOLVED

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

B/2025/20

Finance Report (agenda item 14)

The Board were provided with an update on the financial performance of the North East and North Cumbria Integrated Care Board and Integrated Care System in the financial year 2024/25 for the year ended 31 March 2025.

The final position shows the ICB to have achieved its key financial targets, although it should be noted that these are draft financial figures which are still subject to audit.

The Integrated Care System (ICS) has an overall under-delivery of recurrent efficiencies of £60.5m, which amounts to 2% shortfall on the provider side. This shortfall will be carried forward to the next fiscal year. Further steps have been implemented to resolve this issue.

Three deep dive reviews are currently being conducted, led by NHS England. These reviews aim to assure both ourselves and NHS England that all necessary steps have been taken to achieve the required efficiencies.

RESOLVED:

The Board **NOTED** the draft outturn financial position for 2024/25

and the position on 2025/26 financial plans which were presented separately to Board.

B/2025/21

Primary Care Urgent Dental Access Recovery Plan (agenda item 15)

The Chief Contracting and Procurement Officer provided the Board with an overview of the Dental Access Recovery programme in relation to urgent dental care.

This supports the delivery of the Government's manifesto pledge to provide 700,000 additional urgent care appointments across England of which NENC ICB's expected contribution is 57,559 additional appointments.

An urgent dental access (UDAC) model has been developed which aims to provide more reliable and long-term sustainable access to urgent dental care for patients.

Two UDAC pilot sites were established in 2024. The first site in Darlington opened in June 2024 with a second site in Carlisle which opened in September 2024. Following the success of the two pilot sites, work has commenced to roll out the UDAC model across the North East and North Cumbria to create a network of urgent dental access centres.

First tranche of UDACs to supplement the 2 currently in place in Darlington and Carlisle are in the process of being fully mobilised in Whitehaven, Alnwick, Blyth, Walker, Gateshead, Peterlee, Middlesbrough, Normanby and Eston. Other locations currently being explored include Hexham, North Shields, Blakelaw, Sunderland, South Shields/Jarrow, Durham City, Barnard Castle, Stockton, Thornaby and Hartlepool

To facilitate the roll out of UDACs as quickly as possible, existing dental providers are being approached with a view to re-negotiating their contracts.

There will be a formal launch of a webpage providing access to the UDACs across NENC once the network is fully operational which we expect to be in July/August 2025.

Engagement undertaken by Healthwatch had been used to inform the developments outlined in the paper. The Healthwatch representative on the Board offered some support around the formal launch of the webpage which was greatly received.

It was noted an Oral Health Strategy will be presented at a future Board meeting.

The update was welcomed by the Board and members were invited to visit the UDACs once established.

RESOLVED:

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

B/2025/22

Digital Inclusion Strategy (agenda item 16)

The Chief Digital and Infrastructure Officer presented the NENC ICS Digital Inclusion Strategy to the Board for approval.

Within the NHSE 2025/26 priorities and operational planning guidance, there is an expectation that 'all systems mitigate against digital exclusion, including by implementing the framework for NHS action on digital inclusion'.

This draft NENC ICS Digital Inclusion Strategy focusses on five key inter-linked themes, based on the national domains for action on digital inclusion, as set out in the framework.

The Strategy is underpinning to the NENC ICS Digital, Data and Technology Strategy and supports the 'left shift' in health and care.

The Executive Committee recommended the NENC ICS Digital Inclusion Strategy for approval to the Board.

RESOLVED:

The Board **APPROVED** The NENC ICS Digital Inclusion Strategy.

B/2025/23

Medicines Strategy 2025 – 2030 (agenda item 17)

Ewan Maule, Clinical Lead and Director of Medicines and Pharmacy and Kate Huddart, Deputy Director of Medicines and Pharmacy presented the NENC Medicines Strategy 2025-2030 to the Board for approval.

The medicines strategy will not sit in isolation but is designed to support and deliver the clinical conditions strategy and be a part of our broader system strategy and plans. Ensuring that prevention is built into our common narrative, our service delivery and our way of doing things to deliver 'Better Health and Wellbeing for All'

The national model ICB blueprint talks about the potential transfer of the delivery of medicines optimisation whilst retaining strategic function. This document, which predates recent announcements, remains valid. It outlines a five-year strategy, though some details and specific measurables may change. Our goal is to utilise medicines to improve health and wellbeing for all, focusing on three key shifts.

The scale of the medicines challenge in NENC includes;

- 7.5m prescriptions are dispensed in primary care settings every month.
- £1 billion spend on medicines across NENC each year.

- 10% of people over 75 are on 10 or more medicines, and 59% are not as involved in decisions about their treatment as they would like to be.
- 79,000 patients are taking long term opioids.
- 13% of the population take antidepressants including over 1,200 children and young people (under 18).
- Over 50% of prescribed inhalers are for immediate relief rather than prevention.

The development of the medicines strategy is based on clinical and system engagement with over 180 clinicians attending a webinar and many other strategic partners reviewing the draft strategy. Following feedback from system partners and clinicians, the strategy was revised, with indicators changed, weight management drugs included, and more challenging targets incorporated.

There are six key areas within the strategy. Each key area outlines the data for our Integrated Care System to take an evidenced-based approach; followed by key recommendations and measurable ambitions.

Monitoring of implementation of the strategy will be via a six-monthly report to the Clinical Effectiveness Group as well as a yearly report to the Quality and Safety Committee.

Board discussion further highlighted;

- Lack of digital interoperability in care records and issuing of prescriptions could be a barrier inhibiting some of the opportunities. How do we get the right level of digital enablement for the key areas of priority.
- Majority of the strategy is direct cost saving in terms of prescribing budget.
- Community pharmacy is a key component of the strategy.
- The complexity of deprescribing varies and the delivery method will differ across regions.
- The strategic plan on a page was welcomed.
- Achieving this requires behavioural change and gaining the support of the population and community.
- Recognising the advantages of cost analysis is important.
- There is an opportunity to develop a social marketing and engagement plan with a clear timeline for delivery.

RESOLVED:

The Board **APPROVED** The NENC Medicines Strategy 2025-30.

B/2025/24

NENC ICS Approach to Neighbourhood Health (agenda item 18)

The Chief Delivery Officer provided assurance to the Board on the development and implementation of the Integrated Neighbourhood Health (INH) model in North East and North Cumbria.

INH has been previously discussed at a Board Development session on 25 April 2025 and regular updates are provided to the Living and Ageing Well Partnership

2025/26 NHS planning guidance sets out requirements, aims and objectives for the development of INH.

In 2025/26 the primary focus for INH in NENC will be people over the age of 65 with complex needs with a particular focus on those classified as frail. This may include a range of co-morbidities including respiratory and diabetes care as well as other long-term conditions.

The development of Integrated Neighbourhood Health (INH) across our system continues to reflect local context, priorities and readiness. Each Local Delivery Team (LDT) has made progress at a different pace, supported by the ICB's broader strategic framework and the national six-component INH model.

Key next steps for the second half of 2025 include:

- Finalising and publishing local INH blueprints for each LDT.
- Developing a commissioning framework for INH, with frailty as a test case for outcome-based models.
- Clarifying the role and potential form of future 'Neighbourhood Health Providers' in anticipation of national guidance.
- Enhancing strategic enablers, including digital infrastructure, workforce development, measurement and population health intelligence.
- Embedding real-time dashboards (e.g. frailty, urgent community response) to support service delivery and improvement.
- Facilitating joint service planning workshops at place level focused on urgent and proactive care.
- Continue to progress frailty and care coordination workstreams.
- Use existing data and insights to target interventions and avoid assumptions.
- Plan a follow-up joint session to review progress and refine priorities.

RESOLVED:

The Board **NOTED** the significant progress made by Local Delivery Teams in developing multi-disciplinary approaches to neighbourhood health with partner organisations.

The Board **AGREED** the proposed direction of travel and the formal establishment of a Neighbourhood Health Programme to oversee and accelerate implementation across the ICB footprint.

The Board **NOTED** a further update would be received later in 2025, following publication of the NHS 10-Year Plan, to ensure continued alignment with national policy and emerging guidance.

B/2025/25 Questions from the Public on agenda items (agenda item 19)

No further questions were received.

B/2025/26 Any other business (agenda item 20)

There were no items of any other business to discuss.

The meeting closed at 15:30

DRAFT