

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 2026	
Report Title:	Chief Executive Report
Purpose of report	
The purpose of this report is to provide an overview of recent activity carried out by the ICB team, as well as some key national policy updates.	
Key points	
The report includes items on: • Thirlwall Inquiry • System finance • ICB Boundary • Board Assurance Framework and Governance Review • Neighbourhood Health • All Age Continuing Care • ADHD and Autism Pathways • EDI Strategy and Implementation	
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 and supporting documentation	
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, approved the NENC ICB Health Equity and Inclusion Strategy 2026 – 2030 and ask any questions of the Chief Executive.	
Acronyms and abbreviations explained	
CQC – Care Quality Commission ICB – Integrated Care Board IHO - Integrated Health Organisation LeDeR - Learning from Lives and Deaths of People with a Learning Disability and Autistic Adults MNP - Multi-Neighbourhood Provider NENC – North East and North Cumbria NECS – North of England Care System Support	

NHCFT - Northumbria Health Care FT NHSE – NHS England OPIC - Office of Pan-ICB Commissioning SPOA - Single Point of Access UEC - Urgent and Emergency Care						
Sponsor/Approving Chief Officer	Professor Sir Liam Donaldson, Chair					
Date approved by Chief Officer	21 September 2026					
Report author	Samantha Allen, Chief Executive					
Link to ICP strategy priorities						
Longer and Healthier Lives						✓
Fairer Outcomes for All						✓
Better Health and Care Services						✓
Giving Children and Young People the Best Start in Life						✓
Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
Any potential/actual conflicts of interest associated with the paper?	Yes		No	✓	N/A	
Equality analysis completed	Yes		No		N/A	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?	Yes		No		N/A	✓
Essential considerations						
Financial implications and considerations	Not applicable – for information and assurance only.					
Contracting and Procurement	Not applicable – for information and assurance only.					
Commissioning Team	Not applicable – for information and assurance only.					
Digital implications	Not applicable – for information and assurance only.					
Clinical involvement	Not applicable – for information and assurance only.					
Health inequalities	Not applicable – for information and assurance only.					
Patient and public involvement	Not applicable – for information and assurance only.					
Partner and/or other stakeholder engagement	Not applicable – for information and assurance only.					
Other resources	Not applicable – for information and assurance only.					

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 Update

2.1 Thirlwall Inquiry

On 22 September 2026, ICBs and Trusts received a letter from NHS England (NHSE) regarding Lady Justice Thirlwall's [report](#). The report represents a significant and sobering milestone for the NHS, highlighting profound failures at both individual and system level to act promptly and effectively to safeguard vulnerable babies. The findings extend beyond a single organisation and raise important questions about organisational culture, leadership, escalation processes, and the ability of healthcare systems to respond to concerns with the necessary urgency and transparency.

The report reinforces the need for all NHS organisations to reflect on the lessons identified and ensure they are translated into meaningful and sustainable improvements. While the events examined relate to neonatal services, the recommendations are relevant across the wider health and care system. Boards are encouraged to consider the implications for their own organisations, particularly in relation to patient safety, safeguarding, speaking up culture, governance, and accountability.

At the November Board meeting, time will be dedicated to reflecting on the findings of the Thirlwall Report and considering its implications. The Board will also seek assurance that robust and effective measures are in place to safeguard babies and children in all maternity and neonatal care settings we commission services from, ensuring the highest standards of safety and protection are consistently maintained.

Our thoughts remain with the families affected, whose experiences underscore the importance of maintaining the highest standards of care and safety. The report serves as a reminder that safeguarding patients must remain the foremost priority for all NHS organisations, and that a culture of openness, curiosity, and continuous learning is essential to preventing future harm.

3. North East and North Cumbria

3.1 Financial Position

At month 4, the ICB is reporting a breakeven position in line with plan.

There continues to be a number of significant potential financial risks to that position, in particular relating to elective activity, 'right to choose' activity, prescribing costs and all-age continuing care. Net unmitigated risk is estimated at £15.6m and work continues to manage underlying recurrent pressures and the identification of additional mitigations.

NHS England has assessed the ICB as being "on track" under its revised regional approach to plan delivery for 2026/27, with no immediate change to current reporting arrangements.

Alongside management the focus on delivering this year's plan, work to review and refresh financial plans for the following two years continues as a priority, including management of the

underlying financial position and the development of detailed efficiency plans and strategic commissioning intentions. Further updates on this will be presented back to Board in due course.

3.2 Board Assurance Framework and Governance Review

We have engaged legal firm DAC Beachcroft to support us with an external review of our governance framework and Board Assurance Framework. The review will help to ensure our governance framework remains fit for purpose in light of the shift in focus to strategic commissioning. Findings from the review will be used to inform updates to our Board Assurance Framework which is next due for consideration by Board in November.

3.3 Specialised Commissioning Transition and Office of Pan ICB Commissioning (OPIC)

The Board will be aware that NHS England continues to progress plans for the transfer of specialised commissioning responsibilities to Integrated Care Boards from April 2027 subject to legislation. Across the North East and Yorkshire footprint, development of the future operating model, governance arrangements and collaborative commissioning structures continues at pace, with North East and North Cumbria ICB agreed as the host organisation on behalf of the four North East and Yorkshire ICBs.

Whilst the overall governance model is becoming clearer, work continues on the due diligence and mobilisation planning across workforce, finance, information governance, digital, estates, quality, contracting and corporate support functions. The purpose is to support the safe transfer of responsibilities, appropriate governance and delivery arrangements.

The ICB is working closely with partner ICBs and NHS England colleagues to ensure that future arrangements maintain strong local accountability whilst supporting effective regional collaboration. A shadow joint committee across the four ICBs will commence in October to help develop the future governance model. All four ICBs governance teams are involved in the development of this model alongside the NHSE specialised commissioning team.

3.4 NECS Transition, Including GPIT and Corporate IT

Work is progressing on the transition of services currently provided by North of England Commissioning Support (NECS) ahead of the planned closure of Commissioning Support Units in March 2027. A number of service lines are progressing successfully, including arrangements for several analytical and commissioning support functions transferring into the ICB during 2026/27.

Overall programme assurance on these elements of the closure programme remains assessed as amber. The ICB is maintaining close oversight of the programme, including contingency planning, recognising the strategic importance of these services to both corporate functions and front-line general practice. The priority remains maintaining service continuity, minimising operational risk and ensuring robust arrangements are in place ahead of April 2027.

3.5 Neighbourhood Health

Following the visit by Dr Claire Fuller and national colleagues in July, we have continued to build on the strong foundations showcased during the visit while responding to areas where further development was encouraged. The ICB neighbourhood health programme has used the feedback and supporting readiness assessment to strengthen our strategic framework, providing greater clarity on the progress being made, the strengths we can build upon and the areas requiring further development.

The evidence base underpinning this work has also been strengthened through the development of case studies that showcase emerging good practice across our places and demonstrate the breadth of innovation already taking place across North East and North Cumbria.

As reflected during the July visit, there will not be a single model for neighbourhood health across North East and North Cumbria. Our neighbourhoods serve very different urban, rural and coastal communities, and local plans will need to reflect those differences. At the same time, the readiness process reinforced the value of a shared strategic framework and a common ambition for improving population health, reducing inequalities and supporting care closer to home. This reflects our wider ambition to support a more preventative, community-based model of care developed with local people and partners.

The draft North East and North Cumbria Neighbourhood Health Strategic Plan has now been shared with neighbourhood partnerships and wider stakeholders for feedback. The plan is intended to provide a common direction for commissioners, providers, primary care, local government, the VCSE and communities, while retaining the flexibility for different places to develop approaches that best meet local need. Feedback received through this engagement process will inform the final strategic plan ahead of consideration by the ICB Board in November.

The importance of stronger data and intelligence was one of the themes reinforced through the visit. In response, a Neighbourhood Health Framework Dashboard is in development to provide neighbourhood level insight into population need, inequalities, outcomes, service use and delivery. This will support a more consistent approach to strategic commissioning, improvement and the measurement of progress across the region.

The next phase of work will focus on finalising the regional strategic plan and supporting partners to develop local neighbourhood plans, alongside implementing the dashboard and strengthening oversight of delivery, risks and outcomes. There is already much to be proud of in the progress made across North East and North Cumbria. The priority now is to translate that momentum into consistent delivery at scale, ensuring neighbourhood health becomes a practical reality for local communities across the region.

3.6 Urgent and Emergency Care

The Urgent and Emergency Care (UEC) Network Board has been established as the principal urgent care system forum for strategic oversight, improvement and transformation across the North East and North Cumbria. Following extensive system engagement, the Board approved revised Terms of Reference, creating a clearer framework for oversight, assurance, performance management and escalation, while strengthening links between clinical leadership, resilience arrangements and local delivery structures. The Group is co-chaired by an ICB lead Director and Provider Chief Executive.

A key development has been agreement of a refreshed Local Area Emergency Delivery Board model, endorsed by the Provider Leadership Board. The approach supports locally tailored, provider led arrangements that reflect patient flows and local need, while repositioning the ICB's role towards strategic commissioning, assurance, performance intelligence and system challenge. Collectively, these changes simplify governance, strengthen local ownership and accountability, and improve the ability of the system to identify, escalate and address urgent and emergency care pressures.

Within the ICB work has continued to ensure we have a robust Winter Commissioning Plan in place (this is being recommended to the board today). Work to lead the development and implementation of this plan is via the Winter Planning Advisory Group, a multiprofessional team drawn from across the ICBs Commissioning, Corporate, Medical and Nursing Teams. Representatives from the group also attend the UEC Network Board supporting the joining up of our UEC planning and response approaches.

3.7 Demand Management

At month 4 demand across North East and North Cumbria has increased by around 4.6% in 2026/27 compared with the same period in 2025/26, based on 18-week pathway clock starts, the measure of demand used by NHS England. While the ICB funded a 5.7% increase in elective activity through provider contracts, overall activity has increased by only 3%. As a consequence, in a number of providers and specialties, demand growth is currently exceeding treatment activity, contributing to growth in waiting lists and increasing pressure on RTT delivery trajectories. There is, however, significant variation across the region, demonstrating that demand growth alone does not fully explain performance. Productivity indicators, including Patient Initiated Follow-Up, reductions in Did Not Attend rates and wider outpatient transformation programmes, suggest further opportunities remain to improve the use of existing capacity and manage demand more effectively.

In response, the ICB is taking the following steps. Firstly, through provider oversight and contract management arrangements, we are seeking assurance on the delivery of funded activity and the actions required where planned capacity increases have not been realised, alongside continued scrutiny of productivity and outpatient transformation programmes. Secondly, we are progressing a range of demand management and pathway redesign initiatives across major specialties to ensure patients are seen in the most appropriate setting and to moderate future demand growth, recognising that the availability of left-shift investment will be a key enabler.

Finally, through the development of the ICB's revised commissioning operating model, we are preparing for a more targeted and directive approach to commissioning in 2027/28, aligning investment more closely to demand pressures, delivery performance and agreed outcomes, while setting clearer expectations regarding the delivery of additional capacity and activity.

3.8 All Age Continuing Care

The latest All Age Continuing Care position provides assurance that the ICB continues to perform above the principal national timeliness standards, with 86.7% of CHC referrals completed within 28 days and 98.2% of Fast Track referrals completed within two days; seven of eight local delivery teams met both standards.

All localities also exceeded the national Fast Track conversion benchmark. Progress continues in reducing historical review activity with recruitment and additional temporary capacity supporting recovery in areas such as deprivation of liberty and LeDeR.

3.9 Talking Therapies Recovery Plan

The ICB had identified underperformance against the national NHS Talking Therapies trajectory for the number of people completing a course of treatment, as calculated nationally by NHS England. For 2026/27 the ICB is planning to achieve 83% of the total number of completed courses of treatment, equating to 37,922 compared to the NHS England target number of 45,689. The national plan is to continue to increase completed courses of treatment with a rising trajectory to 51,964 completed treatments in 2028/29 and is subject to appropriate national oversight. The national Medium-Term Financial Planning process identified several health systems as below the planned trajectory and NHS England requested deep dives with those systems, initially focussed on six systems including the North East and North Cumbria.

A deep dive took place on 06 July 2026, chaired by Gareth Harry, NHS England National Delivery Director. On 31 July 2026 NHS England wrote to the ICB with a full record of the deep dive discussion. This included an overall assurance assessment of moderate. The letter noted: *'the system has a clear understanding of the main drivers of underperformance, strong executive engagement, a developing recovery approach and active provider collaboration. The discussion demonstrated candour about the scale of the gap, the need for additional investment, and the*

centrality of workforce expansion. The principal constraint on recovery is the shortage of high-intensity therapists, with workforce expansion regarded by both the ICB and NHS England as the primary determinant of future delivery'.

The ICB were subsequently requested to submit a recovery plan and financial template, with an expectation that the ICB would undertake all reasonable steps to improve performance and a requirement to submit a revised plan to meet the national trajectory by 2028/29. The ICB leadership committee approved the recovery plan, financial template, and accompanying letter on 9 September 2026, and the ICB submitted the revised plans to NHS England. The ICB is now awaiting further discussion with NHS England, which are expected to lead to a formal memorandum of understanding to be agreed.

Although the ICB has committed to achieving the trajectory by 2028/29, the achievement is contingent on NHS England commissioning a significant rise in talking therapy trainee placements to ensure that the required workforce expansion, and further discussions on the approach to funding the workforce expansion and overall financial implications. This will be the key area of ongoing discussion with NHS England in advance of agreeing the planned memorandum of understanding.

3.10 ADHD and Autism Pathways

All ICBs across England have experienced a significant rise in referrals for autism and/or attention deficit and hyperactivity disorder diagnostic assessments over at least the last three years. This has led to greater numbers of people, adults and children under 18, receiving an assessment and for ADHD diagnosis commencing evidence based pharmacological interventions, than ever before. This has led to a significant increase in waiting lists and waiting times in NHS Trust's delivered assessment pathways, and a significant rise in expenditure for assessments delivered by right to choose providers (providers who hold a qualifying contract with another ICB).

The ICB leadership committee agreed an Adult ADHD commissioning policy on 09 June 2026, with further amendments ratified in July 2026. The commissioning policy enabled the introduction of a referral management service for the adult ADHD pathway. The service began in a test phase with a small number of primary care networks on 29 June 2026, with a staged roll out across the whole ICB area by March 2027. The service receives referrals from General Practice for people with potential ADHD symptomology and undertakes a triage process to determine the most appropriate pathway. The pathway is informed by two clinically validated self-reported tools but is determined by a clinician through a consultation with the person accessing the service.

The commissioning policy also included a revised approach to setting indicative activity plans with right to choose providers. This has the impact of restricting some activity to deliver more consistent waiting time across all right to choose providers. The financial benefits from that activity management have enabled the ICB to identify further investment to address improvements in NHS Trust waiting times, and to fund the referral management service. The planned level of spend in the pathway for 2026/27 is the same as in 2025/26, with no overall saving, but with a more optimal use of resources. The overall approach will enable people to access the most appropriate pathway, reduce NHS Trust waiting times and ensure NHS Trusts prioritise the provision of services to people with the most complex needs and, in the long term, better address system waiting times.

The [Independent Review into Mental Health Conditions, ADHD and Autism](#), led by clinical psychologist Professor Peter Fonagy, is expected to publish its report in the coming weeks. This will inform the expected national mental health strategy, which is due for publication during 2026/27. The independent review is widely expected to recommend the introduction of consistent ADHD and autism pathways, including appropriate use of triage.

3.11 Extension of Mechanical Thrombectomy Service to a 24/7 Model

In partnership with Specialised Commissioning, plans are being advanced by the Newcastle upon Tyne Hospitals NHS Foundation Trust to extend the provision of its Mechanical Thrombectomy service to a 24-hour, seven day a week model from late November 2026, subject to the successful delivery of agreed action plan milestones relating to workforce recruitment and training.

This development represents a significant enhancement to the Trust's regional stroke service and will improve access to this highly specialised, time critical intervention for eligible patients presenting outside the current operating hours. The expansion of the service will support more equitable access to specialist stroke treatment across the region and contribute to the delivery of national priorities aimed at improving clinical outcomes for patients who experience a stroke.

The Trust will continue to work closely with the ICB, North East Ambulance Service, NHS England and provider partners to ensure the successful implementation of the enhanced service and to monitor its impact on patient outcomes, service quality and wider system performance.

3.12 Tees Esk and Wear Valley NHS FT CQC Inspection

Following an unannounced inspection of CAMHS in April 2026, CQC published its report on 7 August 2026. The service retained its overall rating of Good. Effective, Caring and Well-led remained rated Good; Responsive improved from Requires Improvement to Good and Safe remained rated Requires Improvement.

CQC found insufficient improvement against the Regulation 12 breach identified in July 2022. A review of 25 care records found inconsistent risk assessments, safety summaries, risk and contingency plans, and documentation of young people's and carers' involvement in safety planning.

Positive findings included safe, well equipped environments; effective safeguarding, incident management and multidisciplinary working; and compassionate, person-centred care aligned with national guidance. Training compliance exceeded 90% across all services, vacancies were limited, governance arrangements were effective, and referral pathways, access and waiting times had improved across most services.

CQC found that workforce pressures affected staff wellbeing and the consistent delivery of person-centred care, with five staff in one team reporting low morale. Staff survey results also showed high levels of stress and burnout, alongside limited organisational support for health and wellbeing.

Following the inspection, collaborative action planning sessions were to develop improvement actions in response to CQC's initial feedback.

Progress against the Trust improvement plan is monitored by the TEWV Quality Assurance Committee through bi-monthly reporting and onward assurance to the ICB Quality Management Group.

3.13 Working with our Mayoral Strategic Authorities

We are strengthening our relationships with the Mayoral Strategic Authorities across our footprint, recognising the increasingly important role they play in economic growth, skills, employment and the wider determinants of health. For example, with the North East Mayoral Strategic Authority, we recently established a joint director role across the two organisations is helping us align NHS priorities with the Mayor's ambition to create a Home of Real Opportunity.

A particular focus is tackling health related economic inactivity. Through the Health and Growth Accelerator, and its transition into the national WorkWell programme, we are investing in earlier, more coordinated support for people whose health is affecting their ability to find or remain in work. This complements the North East's role as a Keep Britain Working Vanguard and provides an important opportunity to demonstrate how neighbourhood health services can improve both health and employment outcomes.

The ICB, the North East Mayoral Strategic Authority and the Department for Work and Pensions are also working together through the Employability System Reform Group. Its aim is to develop a more joined-up regional system in which residents receive the right support regardless of where they first seek help. This includes exploring a shared No Wrong Door approach, with clearer referral routes, better connections between health and employment services, and fewer instances of local residents with health challenges having to navigate multiple organisations themselves to get the support they need to access or stay in work.

Alongside this work, we are initiating executive-level discussions with the Tees Valley Combined Authority to identify a similarly focused shared agenda. We also continue to work closely with partners in Cumbria on work and health, including through the Accelerator programme in Cumberland. These relationships will be increasingly important as strategic authorities take on wider responsibilities and as the NHS develops more preventative, neighbourhood-based models of care.

We are also beginning to explore the longer-term opportunities created by devolution. Although no formal health devolution arrangements have been agreed, there is potential for closer strategic collaboration on prevention, population health, workforce and the health barriers that prevent people from participating fully in the economy. Any future arrangements must add value, reflect the respective statutory responsibilities of NHS and local government partners, and avoid creating unfunded responsibilities or unnecessary fragmentation.

3.14 EDI Strategy and Implementation

The NENC ICB Health Equity and Inclusion Strategy 2026–2030 sets out a four year framework to support the ICB's evolving role as a strategic commissioner and to address persistent health inequalities across the North East and North Cumbria. The strategy responds to the findings and recommendations arising from Equality and Human Rights Commission and Lord Mann report and replaces the previous expired strategy and is proposed for implementation from Quarter 3 of 2026.

The strategy's vision is for the ICB to become a leading anchor organisation for equitable, inclusive and anti-racist strategic commissioning. Its mission is to secure equitable access to high-quality, culturally responsive services while fostering inclusive workplaces for staff. Delivery will be underpinned by five core values: Equity, Inclusion, Anti-Racism and Anti-Religious Hatred, Transparency, and Excellence.

Board approval is sought for the Health Equity and Inclusion Strategy 2026–2030, including endorsement of the proposed vision, mission, values, strategic priorities and key performance indicators. Approval is also requested for annual Board oversight of delivery and support for dedicated programme capacity and a ring-fenced budget, subject to the development and approval of a detailed business case.

The Leadership Committee endorsed progression of the strategy to Board on 09 September 2026. Successful implementation will require coordinated ownership across the ICB, appropriate investment and dedicated resources. Failure to secure these arrangements presents a risk to delivery, compliance with statutory and regulatory responsibilities and assurance through the Board Assurance Framework.

Subject to Board approval, a comprehensive delivery plan will be finalised and implemented. An initial progress update, including early KPI reporting, will be presented to the Board in February 2027. Please note this strategy is attached in the appendix of this report.

4. Recommendations

The Board is asked to receive the report, approve the NENC ICB Health Equity and Inclusion Strategy 2026 - 2030 and ask any questions of the Chief Executive.

Name of Author: Samantha Allen, Chief Executive

Name of Sponsoring Director: Sir Liam Donaldson, Chair

Date: 21 September 2026