

**North East and North Cumbria Integrated Care Board**

**Minutes of the Board meeting in public held  
on 29 July 2025, 11:15am at Durham Centre, DH1 1TN**

**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  
David Gallagher, Chief Contracting and Procurement Officer  
Tom Hall, Local Authority Partner Member  
Marc Hopkinson, Director of System Resilience (deputy for Jacqueline Myers, Chief Strategy Officer)  
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  
Dr Rajesh Nadkarni, Foundation Trust Partner Member  
John Pearce, Local Authority 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/2025/36 Welcome and Introductions (agenda item 1)**

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

**B/2025/37 Apologies for Absence (agenda item 2)**

Apologies were received from Jacqueline Myers, Chief Strategy Officer. Marc Hopkinson, Director of System Resilience, was formally welcomed as Deputy for Jacqueline Myers.

**B/2025/38 Declarations of Interest (agenda item 3)**

Members had submitted their declarations prior to the meeting which had been made available in the public domain.  
Conflicts were noted under the following items.

Item 13 - County Durham and Darlington NHS Foundation Trust Breast Services

Dr Neil O'Brien's wife works for CDDFT. It was agreed this was an indirect conflict which was noted, and Dr Neil O'Brien could remain in the meeting and take part in the discussion.

Item 16 - Intensive and Assertive Community Mental Health Care – action plan

- Rajesh Nadkarni – financial (CNTW) and indirect (TEWV)
- Tom Hall – indirect (TEWV)
- David Chandler – indirect (CNTW and Gateshead Health NHS FT)
- Sam Allen – indirect (Northumbria Healthcare NHS FT)
- Hilary Lloyd – indirect (CNTW)
- Kelly Angus – indirect (Gateshead Health NHS FT)

The Chair reported the conflicts of interest and confirmed members could take part in the discussions as this was an update on action plans and there were no decisions required.

**B/2025/39 Quoracy (agenda item 4)**

The Chair confirmed the meeting was quorate.

**B/2025/40 Minutes of the previous meetings held on 3 June and 16 June 2025 (agenda item 5)**

**RESOLVED:**

The Board **AGREED** the minutes of the meeting held on 3 June 2025 were a true and accurate record.

**RESOLVED:**

The Board **AGREED** the extraordinary minutes of the meeting held on 16 June 2025 were a true and accurate record.

**B/2025/41 Action log and matters arising from the minutes (agenda item 6)**

There were no further updates to the action log.

**B/2025/42 Notification of items of any other business (agenda item 7)**

None.

**B/2025/43 Chief Executive's Report (agenda item 8)**

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

### 10 Year Health Plan

In July, the Government launched the NHS 10 Year Health Plan for England, offering a definitive mandate for change to all professionals working in health and care. The plan has been positively received, particularly its emphasis on neighbourhood health care. Examples of effective neighbourhood health care already exist across the North East and North Cumbria, providing a solid foundation for further development. As an ICB we have been invited to apply for participation in a national neighbourhood health implementation programme. While the 10 Year Plan does not address issues related to social care, the ongoing Casey Commission has been invited to visit the region to observe successful integration efforts.

### Review of Patient Safety Across the Health and Care Landscape

An independent report, Review of Patient Safety Across the Health and Care Landscape, was published on 07 July 2025 by the Department of Health and Social Care.

Penny Dash's report recommends streamlining and consolidating functions, with some changes needing new legislation. The goal is to simplify processes. Despite recent Healthwatch announcements, we maintain a strong relationship with the 13 Healthwatch organisations within our region and will continue our collaboration during the transition phase.

### Transition to Strategic Commissioning

NHS England previously published the ICB Model Blueprint, and we are developing plans to implement the proposed model with a £32m reduction which would result in redundancies. The ICB is prepared to consult staff but cannot proceed until funding for redundancy costs is clarified. There are concerns about staff morale and wellbeing during this busy period as we implement the new 10-year plan, and we hope for a prompt resolution. This risk has been added to our risk register.

### Financial Position

The system is preparing for a financially challenging year, with significant risks identified around the delivery of efficiencies. The System Recovery Board, co-chaired by the ICB Chief Executive and Foundation Trust Chief Executive, is providing monthly updates to NHS Trust Boards throughout the region and to the ICB Chair. The plan is scheduled for review in September ahead of autumn, to consider any further steps or actions required to maintain progress towards the plan, and to reinforce the accountability of NHS trust plans, with ultimate accountability residing with the Trust Boards.

### ICB Annual Assessment 2024-25

The annual assessment conducted by NHS England recognised strong leadership and effective governance were sustained despite ongoing systemic challenges.

### General Practice Patient Survey Results 2025

The latest general practice patient survey showed that 79% of patients in NENC reported having a good experience at their GP practice, compared to the national average of 75%. Two practices in the region, Adderlane Surgery in Prudhoe and Gainford Surgery in County Durham, reported a score of 99%.

#### Tees, Esk and Wear Valleys NHS Foundation Trust Quality Board

NHS England have formally confirmed the decision to stand down the Quality Board for Tees, Esk and Wear Valleys NHS Foundation Trust meeting, in recognition of the Trust's improvement work and assurance received in relation to the agreed quality transition criteria.

#### Gateshead Special Educational Needs and Disability (SEND)

We were pleased to receive recent feedback from the Department for Education and NHS England following the six-month progress review meeting held on 19 June 2025, as part of the national SEND improvement support offer.

The feedback acknowledged the progress made and encouraged to continue embedding good practice while addressing remaining inconsistencies. The ICB will continue to work closely with Gateshead Council and partners to build on this positive trajectory and maintain a strong focus on outcomes for children and young people.

#### West Cumbria Mental Health Services

The ICB's Service Change Advisory Group convened on 14 July 2025 to discuss the results of the independent review regarding the West Cumbria mental health service reconfiguration. The group acknowledged the review's approach and agreed that Cumbria Northumberland Tyne and Wear NHS Foundation Trust (CNTW) should present an update at the Cumberland Health Overview and Scrutiny Committee (HOSC) meeting on 17 July. The HOSC reviewed the proposed changes and next steps. The new service is anticipated to become operational as the Yewdale service discontinues in the coming weeks, subject to the outlined recommendations.

#### Measles

There have been large outbreaks of measles in England in 2024 and so far in 2025. Although levels are low in our region, we are aware of the potentially very serious consequences and continue to focus on working in partnership with NHS England (NHSE) and local authorities to improve vaccination rates among unvaccinated children.

#### Neighbourhood Health National Programme

Following national communication issued by NHSE on 9 July 2025, the ICB convened a series of system webinars with representation from local authority, Voluntary Community and Social Enterprise partners, providers and primary care to begin shaping local applications and clarify expectations regarding the national programme. The ICB will continue to work closely with national teams and local partners to maintain alignment between local priorities and the aims of the Neighbourhood Health programme.

#### **RESOLVED:**

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

#### **B/2025/44    Fit and Proper Person Test Compliance Report – June 2025 (item 9)**

The Director of Corporate Governance and Board Secretary provided the Board with an overview and assurance on the ICB's compliance with the requirements of the Fit and Proper Person Test.

The Board are asked to receive the update and be assured that the ICB is compliant with the Fit and Proper Person Test, which was published by NHS England in August 2023 in response to specific recommendations from the Kark Review 2019.

An annual Fit and Proper Person Test was conducted, and all Board members were deemed fit and proper. The NHS England return was submitted ahead of the deadline.

An internal audit was conducted during 2024-25, resulting in a 'good' assurance rating. Three recommendations were identified to further improve processes, and they have all been implemented.

The report also provided an update on some recently confirmed Board appointments.

**RESOLVED:**

The Board **RECEIVED** the update and were **ASSURED** that the ICB was compliant with the Fit and Proper Person Test.

**B/2025/45 Board Assurance Framework 2025/26 quarter 1 (agenda item 10)**

The Chief Corporate Services Officer provided the Board with a refreshed Board Assurance Framework for quarter 1, 2025/26 and an updated corporate risk register for review and consideration.

The report described recent risk activity: two risks were closed, one new risk was identified, and three risk scores were updated.

Board members were asked to review and approve the risk appetite statement which included updated guidance.

**RESOLVED**

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

The Board **APPROVED** the Board Assurance Framework for quarter 1, 2025/26 and the risk appetite statement and guidance for 2025/26.

**B/2025/46 Highlight Report and Minutes from the Executive Committee held on 13 May and 9 June 2025 (agenda item 11.1)**

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

The Committee received;

- The draft NENC ICB Procurement Strategy.
- The draft Urgent and Emergency Care Winter Plan 2025/26.
- An update on the Northern Cancer Alliance Workplan and Financial Plan 2025/26.

- An update on the delivery of the statutory learning disability and autism awareness training.

**RESOLVED:**

The Board **RECEIVED** the highlight report, decision logs and confirmed minutes for the Executive Committee meetings held on 13 May and 9 June 2025 for assurance.

**B/2025/47 Highlight Report and Minutes from the Quality and Safety Committee held on 8 May 2025 (agenda item 11.2)**

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

The Committee received;

- An update on Healthcare Associated Infection rates, which remain above trajectory and exceed national averages. Measures are being implemented to address this issue.
- The annual involvement report which is invaluable in informing the ICB in planning and configuring services. The concerns raised include practical problems such as access to services, long waits and digital exclusion. The Committee is confident these concerns are being responded to in a positive way.
- The Safeguarding Annual Report provides assurance that the ICB continues to fulfil our statutory safeguarding duties.
- An update on sickness absence rates and the efforts made to work around this issue.

It was noted that members of the public approach Healthwatch seeking reassurance that the information they provide has a tangible impact, particularly in informing the planning and reconfiguration of services. It is worth considering the development of a feedback mechanism to keep the public informed of how their contributions are utilised. There is a real opportunity to ensure we are clear of the reality and perception gap, promoting some of the really good work happening and how patient voice has shaped what we do in the future.

Sickness absence rates remain a challenge, with approximately 33% due to mental health and 33% to musculoskeletal issues. We are working with the Provider Collaborative to find creative interventions and promote early mental health support through the Health & Growth Accelerator. Updates will be shared with the Board as this remains a core focus area.

**RESOLVED**

The Board **RECEIVED** the highlight report and confirmed minutes for the Quality and Safety Committee meeting held on 8 May 2025 for information and assurance.

**B/2025/48 Highlight Report and Minutes from the Finance, Performance and Investment Committee held on 3 April 2025 (agenda item 11.3)**

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

provided.

The May – August 2025 meetings were stood down due to the prioritisation of the national Strategic Commissioning Transition Programme 2025/26. The next Committee meeting is planned for 4 September 2025.

**RESOLVED**

The Board **RECEIVED** the highlight report and confirmed minutes for the Finance, Performance and Investment Committee meeting held on 3 April 2025 for information and assurance.

**B/2025/49**

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

An overview of the discussions from the Audit Committee meetings held between February – July 2025 was provided alongside confirmed minutes.

The Committee Chair noted the meetings held on 26 February, 23 April 2025 and 12 June 2025 were extraordinary meetings.

The Committee meeting held on 24 July 2025 received updates on information governance, fit and proper person test, finance, internal audit, external audit, counter fraud and freedom to speak up. Three NHS England deep dive visits were conducted across the Integrated Care System to review efficiency plans and financial risks.

**RESOLVED**

The Board **NOTED** the key highlights from the Audit Committee meeting held on 24 July 2025 for information and assurance.

The Board **RECEIVED** the approved minutes for the Audit Committee meetings held on 26 February, 23 April, 12 June and 10 April 2025 for assurance.

**B/2025/51**

**North East and North Cumbria Integrated Care Board Safeguarding Annual Report 2024/25 (agenda item 12)**

The North East and North Cumbria Integrated Care Board Safeguarding Annual Review Report 2024/25 provided assurance to the Board regarding ICB safeguarding functions and continued fulfilment of statutory safeguarding duties.

The ICB continues to work together with statutory partners and other agencies to safeguard and promote the welfare of children and adults across North East and North Cumbria.

Key achievements during 2024-25 included;

- ICB wide assurance audit undertaken of main NHS providers which evidenced strong compliance with contractual obligations and safe and effective safeguarding arrangements.
- Revised and updated Safeguarding Health Assurance Framework issued as contractual requirement for 2025/26.
- Formalised governance and reporting into the ICB Quality and Safety Committee.

For 2025/26, as the ICB develops its strategic commissioning role, the priority will be to align with national initiatives on multiagency safeguarding, incorporate learning from reviews, and inform population health improvement priorities.

### **RESOLVED**

The Board **RECIEVED** the NENC ICB Safeguarding Annual Report 2024/25 for information and assurance.

**B/2025/52**

### **County Durham and Darlington NHS Foundation Trust Breast Services (agenda item 13)**

*Dr Neil O'Brien's wife works for CDDFT. The Chair noted the indirect conflict and confirmed Dr Neil O'Brien could remain in the meeting and take part in the discussion.*

The report shared the commissioned review of the County Durham and Darlington NHS Foundation Trust (CDDFT) Breast Surgery Service conducted by the Royal College of Surgeons (RCS).

It outlined the Trust's response, the associated patient safety incident, and the North East and North Cumbria ICB actions taken to improve service quality, safety, and oversight.

The report included a link to the version submitted to the public Board of CDDFT, which placed greater emphasis on certain actions and the underlying factors contributing to this issue. It was recommended that both reports be reviewed in conjunction to gain a comprehensive understanding.

We fully acknowledge the concern and distress this situation may cause to members of the public. It is essential for every individual undergoing cancer treatment to have complete confidence in the NHS and its services. In this instance, CDDFT has recognised that the care provided did not meet expected standards and has issued a public apology. A dedicated helpline has been established to facilitate open communication, enabling members of the public to raise concerns or seek information regarding their care in light of the report's findings. Relevant contact details, including the helpline number and email address, are included in both reports.

County Durham and Darlington NHS Foundation Trust was identified as an outlier in breast surgery outcomes during a Northern Cancer Alliance (NCA) treatment variation review. This led to a peer review, a Getting It Right First Time (GIRFT) review, and the RCS Invited Review.

The RCS was commissioned by NENC ICB and conducted its review in January 2025, concluding in April 2025. The final report, excluding patient-identifiable appendices, is now publicly available and was shared with CDDFT and NENC ICB.

In response, a Breast Surgery Oversight and Delivery Group was established, co-chaired by the Chief Medical Officer of the NENC ICB and the NHS England Regional Medical Director. This group, involving CDDFT, NENC ICB, the Care Quality Commission (CQC), and other stakeholders, was set up to coordinate and monitor progress.



The RCS report identified serious concerns about patient safety, service consistency, clinical governance, and MDT (multidisciplinary team) practices. In response, CDDFT implemented a comprehensive improvement plan including governance enhancements, service redesign, external clinical leadership, and equipment investment. The ICB made clear the need for duty of candour with patients assessed as having experienced potential harm in light of both the NCA review and the RCS review. The ICB CEO formally wrote to the Trust late last year due to delays in duty of candour and the Trust responded openly and took action.

The patient impact is significant. Three groups have been identified as potentially affected:

1. Patients who may have undergone unnecessary or excessive surgery,
2. Patients who had inadequate biopsy samples,
3. Patients whose biopsies may have missed diseased tissue.

As of July 2025, to date in total, CDDFT opened 191 incidents relating to Breast Surgery look back exercises and closed 123. CDDFT has contacted affected patients directly and maintained open communication through a helpline and email support. Twelve patients have been formally notified under duty of candour.

The Breast Surgery Oversight and Delivery Group continues to monitor implementation, ensure accountability, and coordinate support across all workstreams, including primary care and CQC engagement.

Despite several improvements and actions having been agreed by CDDFT and some clear early improvements, a patient safety incident in early 2025 revealed shortcomings in embedding the improvement work into practice. This triggered a formal independent investigation which is ongoing.

There remains continuing concern regarding the oversight and management of services delivered via a Limited Liability Partnership (LLP) or Subsidiary Organisation. As such, the ICB has written to all Trusts to ensure they have robust governance, including Board oversight of patient quality and safety for their LLPs and any subsidiary arrangements. The ICB has sought assurance of the Board oversight arrangements and reminded all Trusts of the requirement within the NHS standard contract to seek approval from the ICB for sub-contracting arrangements.

Looking ahead, the ICB will commission a Royal College of Radiologists review, strengthen subcontracting governance across providers, and realign breast services with screening centres to improve quality and consistency. CDDFT's safety review and clinical look-back remain ongoing, with plans for regular reporting and public updates.

This reflects a system-wide effort to restore service quality, maintain transparency, and rebuild patient trust.

The Board formally acknowledged and extended their gratitude to the breast units throughout the region for providing support to CDDFT and the ICB, contributing to the continued safety of women.

The Board received additional assurance that;

- An external governance review has been commissioned by CDDFT.
- A practical public-facing communications approach has been taken by CDDFT.
- The services outsourced by the breast service immediately ceased in February 2025.
- The Trust acknowledged missed opportunities and recognised that they may have overlooked some early warning signs.
- Outcome data is systematically reviewed, and any outliers investigated accordingly. However, it is acknowledged that outcome data alone may not offer a comprehensive understanding, and the integration of soft intelligence remains essential.
- NHS England will commission an independent review of the Trust to ensure proper assurance, learning, and actions are taken.
- Although the process may appear lengthy, prompt mitigation measures were implemented upon discovery. There remains a continuous commitment to reviewing and addressing any identified deficiencies in treatment.

**ACTION:**

**Royal College of Radiologists review report on County Durham and Darlington NHS Foundation Trust to be scheduled for discussion at a future Board meeting once published.**

**RESOLVED**

The Board **RECEIVED** the Royal College of Surgeons report of the CDDFT Breast Surgery Services review and **ACKNOWLEDGED** the impact on patients.

The Board **NOTED** the immediate and proposed actions to monitor and improve services and NHS England and ICB's ongoing oversight of the CDDFT breast services via the Breast Surgery Oversight and Delivery Group.

The Board **RECOGNISED** the need to commission a Royal College of Radiologists review as part of the ongoing incident management.

**B/2025/53**

**Integrated Delivery Report (agenda item 14)**

The report was the first edition of the newly formatted NENC Integrated Delivery Report (IDR) for 2025/26. The report continues to provide an overview of quality, performance and finance and aligns to the new 2025/26 operating framework and draft NHS Performance Assessment Framework for 2025/26.

The report used published performance and quality data covering April and May 2025. Finance data was for May 2025 (Month 2).

All monthly reported metrics will be included within the IDR on a monthly basis. Key updates will be received from the programme areas for the detailed report on a bi-monthly basis. In addition, twice a year (August and February) the report will be expanded to incorporate a wider suite of quarterly and annual metrics.

The Director of System Resilience presented the report to the Board and

highlighted some key performance indicators;

- A&E performance reported at 79.6% above the national average of 75.4% ranking 5/42 across England.
- The number of inappropriate out-of-area placements increased in April with one provider, but this issue has now been resolved.
- There has been a further decrease in the overall waiting list size for elective care, representing the lowest position over the last 12 months and the best referral to treatment performance in the country.
- The number of urgent dental appointments in May did not meet the planned target; however, it represented a significant improvement compared to April 2025.
- Virtual ward occupancy rate of 60.7% remained below plan (63.2%) but had significantly increased over the last 3 months.
- A&E 12 hour waits in May were reported as 4.2%, which is below both national ambition of 10% and regional ambition of 5%.

The Board acknowledged the new format, noting that more detailed information would be provided every six months. It was recommended that the detailed reports include additional breakdowns in areas where there are significant variations. The Board acknowledged there was a lot of information behind the insights dashboard and welcomed a development session to explore further.

**ACTION:**

**Data insights to be added to the Board's development forward plan.**

The objective is to make as much real-time data as possible available to the public. The insights team has created tools that can be utilised, and this year consideration should be given to developing a publicly accessible portal to promote greater transparency and openness. There is an opportunity to co-produce with the public a number of metrics important to them.

**RESOLVED**

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

*John Pearce left the meeting.*

**B/2025/54**

**Finance Report (agenda item 15)**

The Chief Finance Officer updated the Board on the financial performance of the North East and North Cumbria Integrated Care Board and Integrated Care System in the financial year 2025/26 for the two months to 31 May 2025.

**ICS Revenue Position**

As at 31 May 2025, the ICS is reporting a year-to-date deficit of £19.52m compared to a planned deficit of £22.03m. The favourable variance to plan of £2.52m largely reflects a one-off benefit of £6.5m relating to a land sale in one provider trust which was planned for later in the financial year. Excluding that benefit, the ICS financial position would be behind plan year to date.

Across the ICS, total efficiencies of just over £82m have been delivered for the two months which is £4.65m behind plan.

The month three position has reported us to be back on plan.

#### ICB Revenue Position

As at 31 May 2025 the ICB is reporting a year-to-date surplus of £2.97m compared to a plan of £1.97m, a favourable variance of £1m which largely reflects underspends on staffing costs due to vacancies.

There were three risks brought to the Board's attention around programme budgets of the ICB;

- There has been a significant increase in private sector activity with a risk of overspend of between £10-15m in mental health budgets relating to ADHD/ASD assessments.
- Prescribing consistently presents challenges, and initial data for April and May suggest that there may be increased pressure on prescribing as the year begins.
- Continuing care efficiencies equates to £30m and is considered the most challenging part of the £125m efficiency programme. While progress is being made, there is a possibility that the planned efficiencies may not be realised as quickly as intended.

#### ICS Capital

We are on track to achieve this duty. Additional funding was provided for operational UEC prior year performance plans for utilisation of this additional funding are still to be agreed by the system. It is forecast this funding will be utilised to bring capital spend in line with funding by year end.

#### ICB Running Costs

The ICB is reporting a year-to-date underspend on running cost budgets of £0.9m reflecting current vacancies within the ICB. A breakeven position is currently forecast against running cost budgets.

#### 2025/26 System Business Rules

The 2025/26 system business rules published by NHS England confirm that deficit support funding will be issued on a quarterly basis but is subject to an NHSE assessment that the system remains on track to deliver the plan position. For NENC, total deficit funding in the 2025/26 plan was £33.3m. Funding for Q1 and Q2 has been received to date (£16.7m in total).

#### Spending Review

The government released the results of the 2025 spending review in June 2025 which set out departmental budgets for revenue for three years (until 2028/29) and capital for four years (until 2029/30).

Over the spending review period, the NHS will receive a 3.0% real terms growth in day-to-day spending, with capital budgets held flat in real terms.

While the health funding increases could be considered generous in comparison to other departments, they are lower than long term averages and lower than the increases the Autumn 2024 budget set out between 2023/24 and 2025/26.

Much of the expected cash increase in funding is likely to be required to cover pay rises and NHS inflationary pressures that often exceed the Consumer Price Index. The NHS financial settlement includes a required 2% productivity

improvement each year.

#### Medium Term Financial Plan

The ICB and Providers will be updating the medium-term financial plan in line with NHSE time frames and expected guidance over the next few months.

#### Financial Risk

A number of potential financial risks were identified within the financial plan, both for the ICB and wider ICS, totaling £437m. Net unmitigated risk in the plan amounted to £244m across the system although there was inconsistency in recording of risk across the ICB. Risks largely related to the delivery of required efficiency plans which are higher than those delivered in 2024/25.

The Chief Finance Officer reported the risk had reduced to £210m at month three.

There is significant concern regarding this year's challenge as well as those anticipated in future years. While progress has been made and we are currently on track, a substantial risk remains due to unidentified efficiency opportunities and the lack of balance between recurrent and non-recurrent efficiencies.

Collaborative efforts continue to manage risk, with a consistent record in this area. Each trust recognises the importance of delivering the plan and support and oversight arrangements are in place. Approaches at both organisational and system levels are considered to optimise delivery of the plan. The goal is to take all reasonable actions. If additional funding becomes available, discussions will address potential opportunities and priorities.

The Board welcomed a further discussion around treatment to prevention and additional funding provided through public health grants.

#### **ACTION:**

**The Chief Finance Officer to link in with public health and bring something to a future Board on public health grants.**

#### **RESOLVED:**

The Board **NOTED** the latest year to date and forecast financial position for 2025/26 and the financial risks across the system still to be managed.

**B/2025/55**

#### **Intensive and Assertive Community Mental Health Care – action plan update (agenda item 16)**

*Conflicts were noted as follows:*

- *Rajesh Nadkarni – financial (CNTW) and indirect (TEWV)*
- *Tom Hall – indirect (TEWV)*
- *David Chandler – indirect (CNTW and Gateshead Health NHS FT)*
- *Sam Allen – indirect (Northumbria Healthcare NHS FT)*
- *Hilary Lloyd – indirect (CNTW)*
- *Kelly Angus – indirect (Gateshead Health NHS FT)*

*The Chair reported that there were conflicts of interest and confirmed members could take part in the discussions as this was an update on action plans and*

*there were no decisions required.*

The Chief Delivery Officer provided the Board with an overview of the Mental Health Assertive and Intensive Action Plans.

Assertive and intensive care is provided for individuals with persistent mental illness. Engagement can be challenging, requiring services to make additional efforts to connect with and track these individuals and to ensure equitable access. Many may also have increased risk factors and vulnerability.

NENC assertive and intensive community mental health service reviews concluded in September 2024 with three key themes highlighted for further review:

- There is neither a standard clinical model nor a consistency of procedures that are applied where assertive and intensive functions are needed.
- There is complexity in identifying the cohort in scope due to the delivery of intensive and assertive support being embedded into a wider community care model.
- There is a variation in practice where handovers occur between different providers e.g. Crisis care delivered by one provider with core service delivered by a different provider.

A board development session was held in October 2024 to support strategic triangulation of mental health investigations including learning from Nottingham.

The four Provider Trusts have been working to review their action plans since the independent investigation recommendations, particularly against the areas for review as indicated by the NHS England Director for Mental Health. Service level and operational actions have been set by the Provider Trusts, with assurance provided to their respective Quality Committees and Boards.

A system wide representative task and finish group has been established to coordinate and progress the assertive and intensive community action areas that need to be delivered once across the whole ICB. This is convened by the ICB with responsibility for delivery aligned across the system and reports to the ICB Mental Health, Learning Disability and Autism Subcommittee.

It was noted there had been no further clarification on any dedicated funding for expanding these models in the future. NHS England at this stage, pending the comprehensive spending review, have asked systems action planning to focus on little or no cost schemes, acknowledging that the major transformation of services cannot be achieved without additional funding allocation.

The NHS England national team outlined the next steps which included the development of gold standard guidance for embedded intensive and assertive support functions, which was expected in July 2025 but is still pending.

Collective progress to date has included;

- Tracking engagement and implementing a clear escalation policy for service disengagement.
- Providers have updated their policies to align with best practices in engaging and managing these individuals.
- Conducting a comprehensive analysis of current workforce capacity and

skill mix, recognising the potential risk of capacity or skill loss. As a system, sharing skills and informing a broader workforce and training plan is essential.

- Piloting integrated care models, such as the collaboration between Northumberland, Sunderland, adult social care, and CNTW, has resulted in more refined working methods.
- Embedding a robust risk management framework across services.
- Maintaining effective oversight of service users, including regular review of case mix and caseloads.
- Expanding the peer support workforce, particularly within adult community mental health care.
- Valuing the contributions of people with lived experience, who play an essential role in engaging individuals and partnering in service redesign and delivery.
- Aligning initiatives with the ICB Quality Strategy and Patient Safety Centre.

Next steps over the next 12 months include:

- Undertaking wider system data analysis of the cohort
- Enhancing information sharing and partnership working NENC wide
- When the national guidance is published adopt a NENC consistent model of care
- Enhancing processes systemwide to be led by the voice of lived experience
- Evaluating the integrated health and care pilot approach for wider learning
- Ensuring the learning from patient safety reviews is embedded into practice

**ACTION:**

**A further update on intensive and assertive community mental health care will be scheduled for a future Board meeting once national guidance has been refreshed.**

The Board noted the complexity in identifying the cohort in scope due to the delivery of intensive and assertive support being embedded into a wider community model.

The pilot due in Autumn working with social care will be a key factor in identifying individuals not necessarily in contact with services. Phase 1 is in progress, and phase 2 is anticipated to be completed in the second quarter. Work continues on developing a modern service framework in line with the ten-year plan.

The Chief Corporate Services Office brought to the Board's attention a question received on behalf of Keep Our NHS Public North East (KONPNE).

*Supporters of "Keep Our NHS Public North East" recognise the work of the NENC ICB and NHS Trust providers of mental health services in producing the paper at item 16 (Integrated Care Board meeting, 29th July 2025) on Assertive and Intensive Community Mental Health. This paper states that; "There has been national acknowledgment that the major transformation of services cannot*

*be achieved without additional funding allocation and the system awaits further detail on this."*

*Given the current situation in which mental health trusts are required to make very significant cost reductions during 2025/26 (7% across the whole system), and within the context of year on year cuts, please advise:*

- 1) Have all of the four NHS Trusts been required to cost out their draft action plans?*
- 2) Given current financial constraints, does NENC ICB expect that further funds will be made available from the Government for major service transformation, and will this additional funding recur annually?*
- 3) How and when will NENC ICB make public any differences between the estimated costs from the Trusts and the actual additional funding received from the Government?*
- 4) What impact will any major transformation of services within Assertive and Intensive Community Mental Health have upon the same or other areas of service delivery within the mental health trust? Please provide links to or copies of the impact and risk assessments. We fully understand the principle that it is crucial to continually look to ways to improve services to meet the needs of clients - but we are also interested and concerned about any potential reduction in clinical services or staffing that may be brought about by the requirement to make these identified changes within Assertive and Intensive Mental Health.*

*The Chief Delivery Officer responded to the questions as follows:*

*Tees, Esk and Wear Valley NHS Foundation Trust and Cumbria, Northumberland Tyne and Wear NHS Foundation Trust were asked in November 2024 to estimate costs needed to close identified care gaps, as part of a national request. This aimed to inform NHS England about resources required to implement new guidance. Gateshead Health and Northumbria Health NHS Foundation Trusts did not participate due to the very small size of the relevant cohort.*

*At this time, there is no national confirmation regarding the availability of additional funding. The next progress update will provide any additional financial information received from the national NHS England team.*

*We have, as directed by the national team, concentrated on "low and no cost actions" identified during our reviews.*

*Major transformation involves challenges related to system finances and workforce. The ICB will work with Provider Trusts to address risks, maintain communication with the national team, and coordinate all relevant national and local mental health transformation projects (for example: inpatient quality transformation (national), community mental health transformation (national), moving away from CPA (national), section 117 transformation (local), etc.) to ensure impacts are understood across all areas of mental health service delivery.*



**RESOLVED:**

The Board **RECEIVED** the report and NOTED the planned progression of the action plans.

**B/2025/56**

**North East and North Cumbria Integrated Care System Winter Plan 2025/26 (agenda item 17)**

*A financial conflict was noted for Ken Bremner in his role as a provider of the plan. As no decision was being considered and the inclusion in the discussion would not influence any future decisions no action was taken.*

The NENC ICS winter plan reflects national Urgent and Emergency Care (UEC) requirements and is underpinned by an extensive programme of work to deliver improvements across UEC that are currently in the process of being implemented. This plan, along with our NENC primary care and elective recovery plans, and the broader strategic and operational plans and priorities for the NHS, provides a firm basis for preparing for the 2025/26 winter period.

On 6th June 2025 NHSE & DHSC published the Urgent and Emergency Care Plan 2025/26 with a focus on seven key priorities for whole system improvement that will have the biggest impact on UEC improvement this coming winter. As a minimum, these are:

- Patients who are categorised as Category 2 receive an ambulance within 30 minutes.
- Eradicating last winter's lengthy ambulance handover delays to a maximum handover time of 45 minutes.
- A minimum of 78% of patients who attend an A&E to be admitted, transferred or discharged within 4 hours.
- Reducing the number of patients waiting over 12 hours in A&E, so that this occurs less than 10% of the time.
- Reducing the number of patients who remain in an ED for longer than 24 hours while awaiting a mental health admission.
- Tackling the delays in patients waiting once they are ready to be discharged.
- Seeing more children within 4 hours in A&E.

A Winter Planning Delivery & Assurance Group was established to co-ordinate the production of the system winter plan and monitor its delivery. This group is directly accountable to the ICB Executive Committee and works closely with:

- Urgent & Emergency Care Network (UECN)
- Living & Ageing Well Partnership (LAWP)
- Local A&E Delivery Boards (LAEDBs).

Winter planning and delivery of system and local priorities involves several risks that need to be carefully managed to ensure the system remains resilient and can provide safe, high-quality care. The Winter Planning Delivery and Assurance Group will monitor and manage these risks with appropriate escalation to the ICB Executive Committee.

In consideration of ongoing industrial action and its potential duration, as well as strategies to mitigate associated risks to the workforce, patients, and financial

stability, it was recommended that the plan submitted to September's Board include a financial planning perspective.

A series of local and regional testing exercises will be conducted between August and September 2025 as part of the plan, alongside a 'check & challenge' process for Local A&E Delivery Boards' plans. The final version of the 2025/26 NENC Winter Plan, including a comprehensive delivery plan, will be submitted for Board approval, with a Board Assurance Statement provided to NHS England by 30 September 2025.

**RESOLVED:**

The Board **NOTED** the planning process undertaken in preparation for winter 2025/26 across NENC, led by the ICB alongside partners across the Integrated Care System.

The Board **NOTED** the expectation that a final version of the 2025/26 NENC Winter Plan will be submitted for Executive Committee and Board approval during September and that a Board Assurance Statement needs to be submitted to NHS England by 30 September 2025.

**B/2025/57**

**North East and North Cumbria Oral Health and Dental Strategy 2025-2027 (agenda item 18)**

The Oral Health and Dental Strategy reflects the work we have already undertaken in the North East and North Cumbria and describes our plans to build on this work, aiming to stabilise and improve access to dental provision over the next two years.

As of May 2025, there are currently 324 dental contracts in North East and North Cumbria;

- 281 general access contracts
- 9 urgent dental care contracts
- 8 community dental services
- 26 additional / specialist services

There are national challenges in general dentistry, with some reforms required regarding the current contract. These issues affect service stability, and workforce difficulties further contribute to this situation. Some experienced practitioners are leaving the profession, and opportunities to optimise the role of non-dental staff, such as oral hygienists, have not been fully utilised. Expanding the responsibilities of these staff could support dentists in addressing existing problems. Entering or maintaining a contract can be difficult due to current market dynamics. Addressing dental care and oral health challenges may help relieve pressure on services.

Engagement and feedback tell us that;

- Patients are frustrated about the lack of routine care appointments
- People are confused about what dental care services are available
- People want clear, consistent information about services and how to access them
- People are struggling to access urgent care
- People in the region rate their experience of NHS dental services slightly

higher than the national figure

Additional points raised during the Board's discussion included:

- Enhancing communication is essential to improve clarity and consistency of information about dental services.
- One of the earliest Urgent Dental Access Centres in Darlington was located in a community centre rather than a dental surgery. This approach supported integration efforts.
- Could dentistry be integrated into neighbourhood health centres by including dental chairs.
- After consultation, it was agreed to fluoridate water across the North East. While the timeline is unclear, this measure should ease dental service demand and improve oral health.
- Appreciation was formally extended to the groups and organisations that contributed to the development of the strategy.
- The first 12 UDAC surgeries became operational during May 2025 with another 16-18 expected to open in September 2025.

**RESOLVED:**

The Board **APPROVED** The North East and North Cumbria Oral Health and Dental Strategy 2025-2027.

**B/2025/58**

**North East and North Cumbria Integrated Care Board Procurement Strategy (agenda item 19)**

The procurement strategy sets out some key objectives to support the ICB's priorities and ambitions to reduce inequalities, improve the experiences of our health and care services and improve the health and wellbeing of people living and working in the North East and North Cumbria.

The strategy outlines seven strategic procurement objectives aligned to support the overall strategic aims and objectives and is aligned to the future operating model of the ICB.

The Executive Committee recommends Board approval of the strategy.

**RESOLVED:**

The Board **APPROVED** the North East and North Cumbria Integrated Care Board Procurement Strategy.

**B/2025/59**

**Questions from the Public on agenda items (agenda item 20)**

A question was received as follows:

*“What savings have the ICB and Trusts identified using the NHS Supply Chain and what actions have the ICB taken to ensure the NHS Supply Chain is the preferred procurement method to ensure best value spend and recurrent in year savings?”*

The Integrated Care Board commissions hospital providers, including all NHS Foundation Trusts, using the NHS Standard Contract. This includes clauses that place obligations on providers to ensure that where medicines, products or

devices are required for service delivery that NHS Supply Chain should be used to procure these items.

Other providers, including GP practices are commissioned through national contracts, and have no contractual obligations to use the NHS Supply Chain. However, there are some national provisions made available for all practices to obtain equipment and supplies, such as needles and syringes, which is recharged to the ICB.

The Procurement workstream within the Integrated Care System focuses on achieving efficiencies through standardisation and established frameworks, reporting to the System Recovery Board. Funding supports a new tool for trusts to identify opportunities to reduce non-staff costs. Both existing and potentially enhanced tools will be used, with the current methodology adopted by all trusts to optimise spending across the organisation and system.

**B/2025/60**

**Any other business (agenda item 21)**

There were no items of any other business to discuss.

**The meeting closed at 15:30**