NHS
North East and North Cumbria

Item: 8

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

BOARD 29 JULY 2025	
Report Title:	**Chief Executive Report**

Purpose of report

The purpose of this report is to provide an overview of recent activity carried out by the ICB team, as well as some key national policy updates.

Key points

The report includes items on:

- 10 Year Health Plan
- ICB Strategic Commissioning Transition Programme
- System finance
- Living Wage Employer
- GP Patient Survey Results 2025
- GP Listening Exercise
- Reduction in Smoking
- Leng Review
- West Cumbria Mental Health Services

Risks and issues

This report highlights ongoing areas for action linked to financial pressures, the delivery of the ICB running cost reduction, quality of services and other broader issues that impact on services.

Assurances

This report provides an overview for the Board on key national and local areas of interest and highlights any new risks.

Recommendation/action required

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

Acronyms and abbreviations explained

CQC - Care Quality Commission
FDP - Federated Data Platform
HOSC – Health and Overview Scrutiny Committee

ICB - Integrated Care Board
ICS - Integrated Care System
LCSR - Locally Commissioned Services Review
LDT - Local Delivery Teams
NENC - North East and North Cumbria
NHSE - National Health Service England
SOP - Standard Operating Procedure
SOS - Secretary of State
UDAC - Urgent Dental Access Centres

Sponsor/approving executive director	Professor Sir Liam Donaldson, Chair
Report author	Samantha Allen, Chief Executive

Link to ICP strategy priorities (please tick all that apply)	
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? (please tick)	**Yes**		**No**	✓	**N/A**	
If yes, please specify						
Equality analysis completed (please tick)	**Yes**		**No**		**N/A**	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	**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.
Local Delivery 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	The ICB continues to engage with all stakeholders on a wide range of subjects.
Other resources	None noted.

NHS
North East and North Cumbria

Chief Executive Report

1. Introduction

The purpose of this report is to provide an overview of work across the Integrated Care Board (ICB) and key national policy updates and reports.

2. National

2.1 10 Year Health Plan

July saw the launch of the Government's NHS 10 Year Health Plan for England - a vital and much-anticipated moment for us all. I welcome the plan, which provides everyone working across health and care with a clear mandate for change.

The NHS of the past cannot be the NHS of the future: it must adapt to the changing needs of the communities we serve. That's why I fully support the focus on moving many services from hospitals into neighbourhoods, alongside a renewed focus on preventing sickness and making better use of technology.

As the NHS changes, so will our workforce; therefore, we must place equal emphasis on the leaders and managers of the future, without whom we won't be able to deliver this ambitious plan.

Three vital shifts

Here in the North East and North Cumbria (NENC), we are already making progress towards the three vital shifts to how the NHS works: from hospital to community, from sickness to prevention, and analogue to digital.

Acute respiratory hubs, community diagnostic centres and new services at pharmacies are helping to shift care into our communities.

Prevention is already central to our work. From the women's health programme to lung cancer screening and alcohol care teams, we are working hard to keep people healthy. WorkWell is leading the way in helping people stay at work or get back to work by overcoming health barriers. Patients with chronic kidney disease in our most deprived communities will soon be diagnosed quicker thanks to a pioneering partnership with Boehringer Ingelheim.

Sunderland fans are among those already seeing our work to promote digital technology in the NHS, with the club's Foundation of Light helping raise awareness of the NHS app both on matchdays and in the community. Overall, our digital inclusion programme is working to ensure that everyone, regardless of background or circumstance, can benefit from digital healthcare. These are just a few examples, and there are many more that we can collectively be proud of.

The NHS is a much-loved institution and plays an important role in our civic society, but reform is needed, so we are committed to continuing to work together with all our partners to ensure we deliver the 10 Year Health Plan, and the positive outcomes for our patients, public, and all those who work in the service.

As we work through the plan and consider all that it means for us, one thing is clear: success relies on coming together as a society and helping everyone reach their full potential. This isn't just a plan for the NHS - it's a call to action for all of us.

Improving patient care
Patients in Eston, on the outskirts of Middlesbrough, can now access 35,000 new appointments a year after local practices recruited a range of additional staff.

Eston Primary Care Network, made up of four local practices, secured funding from the Additional Roles Reimbursement Scheme to create new jobs around alcohol support, pharmacy, physiotherapy and young people's mental health.

Other roles include a dietician, learning disability link worker, care home coordinator and cancer care coordinator.

It's great to see primary care networks and practices across the North East and North Cumbria make such a positive use of the scheme to improve the care they offer.

2.2 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.

The review was asked to look at six specific organisations that were established to oversee the safety of care and was asked to consider whether there are overlaps and gaps in functions across organisations and make recommendations as to their future roles. The 6 organisations are: Care Quality Commission (CQC); Health Services Safety Investigations Body; Patient Safety Commissioner; National Guardian's Office; Healthwatch England and Local Healthwatch; the patient safety learning aspects of NHS Resolution.

There has been a growth in the number of organisations considering safety and the wider quality of care, resulting many recommendations and an overlap of responsibilities and the review recognised there is opportunity to ensure more consistent delivery of high-quality care and reduce variation in the outcomes of care

There were 10 main findings of the review: these included a focus on safety with considerable resources but relatively small improvements; limited strategic thinking about improving quality, including in social care; high number of recommendations from multiple reviews and investigations. The Thirlwall Inquiry has found that there have been over 1,400 recommendations from 30 inquiries that have taken place in England and Wales in the last 30 years related to its terms of reference alone. The various inquiries and reviews into maternity care over the last 5 years have resulted in over 450 recommendations. In addition, many organisations look at user experience, yet few boards in the NHS have an executive director for user or customer experience; complaints and concerns systems are confusing and not always responsiveness. Some of the organisations under review have expanded their scope beyond the original remit and some duplicate work carried out by providers. A greater strategic focus on care delivery and management is needed to improve quality of care as there is variation in the effectiveness of boards, understanding of risks and variable accountability and responsibility for high-quality care; the use of the NHS's data resources is insufficient to generate insights and support improvement**.**

These resulted in five principal conclusions:

1. Action is needed to address gaps in functions and a strategic approach to improvement and innovation in quality of care (including safety) is needed.

2. There is a need to streamline, simplify and consolidate functions where considerable duplication and overlap currently exist.
3. Too many functions sit outside of the commissioners and providers of care who are ultimately responsible for improving quality (including safety). Limiting impact from the inquiries, reviews, investigations and resulting recommendations.
4. Within commissioners and providers, there needs to be a far greater focus on building skills and capabilities; effective governance structures; clearer accountability for quality (including safety) of care
5. CQC was established as the independent regulator of health and care. It needs to rebuild public, professional and political confidence, and should house functions where independence is required.

As we transition to become a strategic commissioner, we will need to ensure there is a focus on building the skills and capabilities across the organisation to ensure a focus on safety, effectiveness and using patient and staff experience in our commissioning work. We will also want to review our quality governance considering the report and strengthen it where required.

3. ICB Transition Programme

3.1 ICB Strategic Commissioning Transition Programme - Overview and Arrangements May 2025

A huge amount of work has taken place over May and June to achieve the timeline of the 03 July 2025 for launching the 45-day consultation required to reorganise all staffing structures within the ICB.

The operating model has followed the guidance set out in the ICB blueprint document, published in May 2025. All supporting documentation to guide staff through the consultation process has been completed, including a detailed consultation report, staff engagement offer and fully costed staff structures. All job descriptions have also been updated to reflect the new ways of working.

This information was shared with the trade unions who supported the consultation to proceed on 03 July 2025. However, after much careful consideration by the ICB Board the consultation has not been able to get underway due to the projected cost of potential redundancy not being able to met in 2025/26. Commencing the consultation without clarity from NHS England on the funding of the redundancy costs associated with implementing this nationally mandated requirement would add increased risk to the delivery of the ICS plan. NHS England have been clear with all ICBs we are expected to deliver our 2025/26 plans.

This was a difficult decision to take, and staff have understandably been affected by this. Staff engagement has continued via all our communication channels to provide as much information and clarity as possible in this period of pause. I remain concerned about the delay to commencing consultation, the impact on staff but also on our ability to transition to our new role of strategic commissioners as set out in the ten year plan.

A business case has been submitted to NHS England alongside a further request from them on information. It remains our plan to launch both the consultation and voluntary redundancy schemes at the same time.

4. North East and North Cumbria

4.1 Financial Position

As noted within the finance report, at month 2 the ICS is reporting a slightly better than planned position overall on revenue budgets, however this largely reflects a one-off benefit originally planned for later in the year, without which the ICS position would be behind plan.

Contributing to that position is an under-delivery of efficiency plans for the two months, with particular challenges on delivery of recurrent efficiencies. Although we are still forecasting delivery of the ICS financial position, there continues to be significant potential financial risks to manage and the profile of efficiency plans means the challenge will increase in the second half of the year.

The position at month 2 is a deficit of almost £20m which will need to be recovered over the remainder of the year.

The System Recovery Board continues to monitor delivery of cost improvement plans and support delivery of the planned position, although it remains the accountability of each individual organisation to deliver their planned position. It will be critical this year to deliver on workforce reductions with additional initiatives like a collaborative bank and recruitment model to support an increasing grip on agency, bank and overtime.

Work will continue around the medium-term financial plan, once guidance is issued, which will be required to be formally produced and submitted to NHSE in 2025/26 following the issuing of 3-year allocations.

4.2 ICB Annual Assessment 2024-25

Each financial year NHSE is required to conduct a performance assessment of all ICB's. This assessment is in line with Section 14Z59 of the NHS Act 2006, as amended by the Health and Care Act 2022. The assessment considers evidence from our annual report and accounts, as well as feedback from ICB stakeholders and the ongoing dialogue that we have with NHSE Regional colleagues throughout the year.

On the 21 July we received a letter setting out our 2024/25 assessment of how we have performed against the objectives set by NHS England and the Secretary of State for Health and Social Care, the statutory duties (as defined in the Act) and its wider role within our Integrated Care System (ICS).

The assessment is structured to consider the role we have taken in providing leadership and good governance within our system as well as how we have contributed to each of the four fundamental purposes of an ICS.

We have been asked to share the assessment with our leadership team and consider publishing this alongside our annual report at a public meeting. It is noted that NHSE will also publish a summary of the outcomes of all ICB performance assessments in line with their statutory obligations.

A summary of the feedback we have received is provided below:

1. System Leadership and Management
    - Maintained strong leadership and governance despite system challenges.
    - Achieved a surplus of £12.9m against a revised plan of £3.6m.
    - Effective engagement with partners, Healthwatch, and VCSE.
    - Published a quality strategy and implemented safety systems.

- Continued implementation of the three-year delivery plan for maternity and neonatal care.
- Strong public engagement through surveys and collaboration.

2. Improving Population Health and Healthcare
   - UEC performance above national average.
   - Ambulance response targets met; NEAS ranked highly.
   - Top national performer for referral to treatment; significant reduction in long waits.
   - Cancer targets met for 2024/25; further improvement required for 2025/26.
   - Diagnostics improved to 90.3% but below 95% target.
   - Mixed mental health performance; progress in dementia and community access.
   - Strong primary care performance, especially in GP access and pharmacy.
   - High public health coverage; improvements needed in hypertension and diabetes.
   - Dental services underperformed; addressed through transformation and additional investment.
   - Community care progress noted; further work needed on virtual wards and long waits.

3. Tackling Unequal Outcomes, Access, and Experience
   - Healthy and Fairer Programme central to addressing inequalities.
   - Extensive engagement with underserved groups in oncology and women's health.
   - Core20Plus5 approach used to monitor and address inequalities.
   - Achieved 10% reduction in inpatient numbers for learning disability and autism.
   - Annual health check targets met; GP register growing.

4. Enhancing Productivity and Value for Money
   - Delivered £120.67m in savings, exceeding planned levels.
   - Met all statutory financial duties.
   - Delivered a £12.2m surplus; running costs within allowance.

5. Supporting Broader Social and Economic Development
   - Strong relationships with Health and Wellbeing Boards.
   - Alignment with Joint Local Health and Wellbeing Strategies.
   - Contributions to community priorities outlined in the Joint Forward Plan.
   - Continued support for Better Care Fund and joint commissioning.

4.3 Neighbourhood Health National Programme – NENC Response

Following national communication issued by NHSE on 09 July 2025, we have continued to engage proactively with partners across the region in relation to the Neighbourhood Health implementation programme. The programme builds on the strategic direction set out in the national 10-year plan and aims to enable Integrated Care Systems to test and accelerate delivery models that improve outcomes and equity at neighbourhood level, particularly for people with multiple long-term conditions.

The Neighbourhood Health programme is not a new set of national mandates or specifications. Rather, it offers a targeted coaching and support model for ICSs and their partners, helping local systems define the infrastructure, workforce and governance needed to deliver integrated neighbourhood-level care. Systems are encouraged to repurpose existing resources, build on current initiatives, and focus on scalable models that can deliver measurable improvements in outcomes, experience, and access - especially for communities with the highest need.

In response to this, we convened a series of system webinars on 18 July, structured around our three sub-regional footprints: the North East Combined Authority, the Tees Valley Combined Authority, and Cumbria. These sessions brought together Place Directors, local authority leads,

VCSE partners, provider partners and primary care leaders to begin shaping local applications and clarify expectations regarding the national programme.

Across the NENC ICS, we are committed to supporting strong, locally grounded applications that reflect population needs, build on existing transformation work, and align with emerging integrated neighbourhood team models. We are also developing a Community of Practice approach to share learning, enable cross-system collaboration, and maintain momentum. This will help ensure that we are not only submitting high-quality expressions of interest but also embedding a sustainable infrastructure for delivery.

We will continue to work closely with national teams and local partners to maintain alignment between our local priorities and the aims of the Neighbourhood Health programme. Applications for the national programme will be submitted in line with the deadline of 08 August 2025 and further updates will be shared through the Executive and Place Committee routes as this work progresses.

4.4 General Practice Patient Survey Results 2025

Further to the publication of the latest general practice patient survey results I was delighted to see that 79% of patients in the NENC had a good experience of their GP practice, against a national average of 75%, and two practices in our region, Adderlane Surgery in Prudhoe and Gainford Surgery in County Durham scoring 99%.

The survey asks about patients' experiences of their practice, how easy it was to contact them, the care they received and the confidence they had in the healthcare professional they saw.

One area where we scored just below the national average is dental services. 69% said they had a good experience of NHS dental services, against a national average of 71%. We know this is an area that requires improvement.

Another area we are keen to improve is digital access. Our region is below average for the number of patients booking appointments or finding out test results online. Following the publication of the 10 Year Health Plan where one of the priorities is the shift from analogue to digital, we want an improved NHS App to revolutionise how people interact with the NHS, in the same way as people do online banking or shopping. Part of this is also ensuring we are digitally inclusive and we know there are people who are cancelling their data contracts and not always able to access services digitally.

4.5 General Practice Listening Exercises

Dr Neil O'Brien and I have been hosting a series of GP listening events across the ICB. To date we have visited most localities and have heard from a wide range of voices from general practice. It has been useful to meet and hear from highly committed and passionate colleagues within primary care who continue to provide excellent care to our local communities. During the sessions so far, we have heard some of the challenges faced within general practice regarding access to urgent and planned appointments, the changing use of technology and the opportunities that affords, workforce pressures, financial sustainability, and the role of general practice within the wider health system. The 10-year plan outlines exciting opportunities for primary care to collaborate and lead transformation, improving outcomes for the local populations they serve.

The remaining face to face session is confirmed on 23 July with colleagues from North Cumbria. In addition, we have arranged virtual sessions for those who have been unable to attend, as well as an online survey. We will continue to receive feedback in the coming weeks, which will be captured in an engagement report ready for September. This work is invaluable,

providing insight into the day-to-day challenges and opportunities within general practice so that as an ICB we can support our colleagues in fulfilling our collective ambition.

4.6 General Practice Quality and Variation: National Dashboard, SOP and Assurance

As part of the 2025/26 operational planning guidance, ICBs have been tasked with strengthening their approach to tackling unwarranted variation in general practice, improving contract oversight, and enhancing commissioning and transformation support. This work is underpinned nationally by a new General Practice Assurance Dashboard, developed by NHSE and hosted on the Federated Data Platform (FDP). This dashboard identifies GP outliers using a suite of indicators linked to five key domains, including access, experience, prescribing and screening, with data derived from the Secretary of State (SoS) Performance Packs.

The dashboard provides a nationally mandated dataset to be used by ICBs to support consistent identification of variation and to inform a risk-based approach to reviewing GP contracts and supporting improvement. ICBs are expected to use this tool alongside local intelligence to implement targeted, structured reviews and interventions.

In response, our ICB has undertaken a significant programme of work to develop a standardised approach to quality and variation across all Local Delivery Teams (LDTs). This includes the development of a comprehensive Standard Operating Procedure (SOP), designed to provide a single, consistent framework for assessing variation, ensuring contract oversight, capturing practice insight, and deploying improvement support. The SOP includes clear requirements for data triangulation (national, local and qualitative), use of intervention tools such as Practice Level Support and Peer Ambassadors, and alignment with governance processes including reporting to the Quality and Safety Sub Committee.

Implementation of the SOP began in June 2025, with LDTs now actively embedding the approach, supported by guidance documents and training. The process includes a standardised deep dive template for reviewing practices, defined Key Lines of Enquiry and escalation mechanisms for areas of concern. Monthly Quality and Variation groups at place level will oversee this work, with regular reporting to the central Quality team and Primary Care Sub Committee.

Work is now underway to develop a refreshed Board assurance function aligned to this process. This is likely to evolve our current Primary Care Assurance Reporting Process and Integrated Delivery Report mechanisms. A future proposal will be shared with the Board to agree the structure, frequency and content of these updates, ensuring appropriate visibility and assurance across quality, variation and contract management.

Notably, NHSE has recognised the ICB's work in this area as exemplary, citing our SOP as a model of good practice. NHSE has requested to share our finalised SOP nationally to support other systems in adopting a similarly integrated and consistent approach. In their feedback, NHSE noted that our plan was the most assured of those reviewed nationally and highlighted our efforts to engage practices, understand needs (including surveying over 160 practices for digital support), and build a prioritised pipeline for improvement interventions.

In summary, this work positions the ICB strongly in meeting both delegated commissioning responsibilities and national expectations. It reflects a mature, collaborative approach and a commitment to improving outcomes and equity in general practice. Further updates will follow as the assurance model and implementation programme develop.

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

I am pleased to share NHSE have formally confirmed the decision to stand down the Quality Board for Tees, Esk and Wear Valleys NHS Foundation Trust. This decision was confirmed at a

meeting held on 29 May, in recognition of the Trust's improvement work and assurance received in relation to the agreed quality transition criteria. The ICB will have arrange future oversight arrangements in accordance with the National Quality Board guidance.

4.8 Gateshead SEND – Six Month Progress Review

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 session focused on four priority areas:

- Transparent identification of needs
- Active engagement with families
- Commissioning the right support and ensuring safety
- Supporting positive transitions

Inspectors noted the clear evidence of a maturing partnership across education, health, and social care. They welcomed the strong alignment between the local authority, ICB, schools and the Parent Carer Forum, particularly in relation to the shared articulation of need and the commitment to early identification and inclusion.

The feedback acknowledged the progress made since the previous checkpoint in November 2024 and encouraged the area 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.

4.9 Locally Commissioned Services Review

As part of our wider strategic commissioning ambitions and in support of our 2025/26 operational planning priorities, we have now launched a formal Locally Commissioned Services Review (LCSR) across the NENC ICB. This forms a core element of our work to reduce unwarranted variation, align resources to population need, and ensure locally commissioned services delivered through general practice are clinically relevant, equitable and sustainable.

The LCSR builds on work initiated during the transition to delegation, where significant variation was noted in the scope, content and value of locally commissioned primary care services across different localities. Some areas deliver upwards of 15 schemes with bespoke pricing and delivery models, while others have more limited offers. As a result, patients across the region currently receive different services depending on where they are registered - with variable outcomes and limited oversight of quality, impact or value for money.

Our review therefore seeks to provide a consistent, evidence-based framework for the future commissioning of local services through general practice. A region-wide task and finish group has been established, supported by each Strategic Head of Primary Care, with a strong focus on clinical engagement and alignment with existing neighbourhood and community models. Local teams are now working through a structured stocktake of all existing services and spend, mapped against national specifications and clinical priorities. The emerging framework will support decisions on what should be retained, re-procured or potentially decommissioned - with clear links to quality, outcomes and patient experience.

The LCSR will also support the ICB’s obligations under the planning guidance to shift care upstream, expand out-of-hospital provision, and ensure delivery models reflect local population health need. In particular, the review is being closely aligned to other workstreams such as anticipatory care, the digital front door, and the urgent care roadmap. We are also working with

local authority public health teams to avoid duplication and ensure services align with local Joint Strategic Needs Assessments.

We expect to bring forward initial recommendations in the autumn, including a proposed core specification and implementation roadmap, subject to engagement with practices, Local Medical Committee's and wider stakeholders. The review will be a key enabler for future prioritisation and investment decisions, as well as establishing a more transparent and equitable basis for local service commissioning. NHSE has welcomed the scope and approach of the LCSR and recognises it as an example of good practice. As the work progresses, we anticipate that the learning and methodology may be of value to other systems exploring similar approaches to managing variation and strengthening place-based commissioning.

Further updates will be provided as the review progresses, and we anticipate the need to bring a fuller proposal to Board later this year to support any decisions that may be required around future service models and funding frameworks.

4.10 Response to the Leng Review and Recommendations

NHS England has published the findings of the Independent Review of Physician Associates (PAs) and Anaesthesia Associates (AAs), led by Professor Gillian Leng. The review provides a comprehensive assessment of the safety, effectiveness, and future integration of these roles within multidisciplinary NHS teams. Immediate actions include updated nomenclature - Physician Associates are now ‘Physician Assistants’ and Anaesthesia Associates are ‘Physician Assistants in Anaesthesia’ alongside revised deployment guidance and support measures for affected staff.

Locally, NENC ICB has acknowledged the recommendations and is working with providers to ensure urgent review and alignment across NENC.

4.11 Significant Progress in Reducing Smoking in Pregnancy

Lifesaving work to help more pregnant women break free of tobacco dependency has resulted in a record low for rates of smoking when they give birth in the NENC.

On 19 June 2025, end of year data was released from smoking at the time of delivery data, and it highlights that our collective efforts have led to a 2.2% point reduction in smoking during pregnancy across all areas of the NENC ICB.

Our annual rate now stands at 7.8% - the lowest on record for the NENC equating to 588 fewer pregnant smokers than last year. This saves lives and improvements health outcomes and also represents a significant cost saving of approximately £1.7 million for NENC NHS maternity and neonatal services over the last year.

This achievement reflects the dedication of everyone involved in supporting pregnant women and people with tobacco dependency. Through the NENC Tobacco Dependency in Pregnancy and Postnatal Period pathway and the pregnancy incentive scheme, alongside the tireless work of trained Maternity Support Workers and strong collaboration with Local Authority partners, we have now achieved a 40% reduction in smoking at the time of delivery since 2020/21.

Some of the initiatives driving this progress have included:

- High quality training for frontline staff.
- Referral to stop smoking support and carbon monoxide monitoring by midwives.

- Provisions of approved quitting aids to stay off lethal tobacco including vapes – an approach supported by the Royal College of Midwives.
- Investment in a pregnancy financial incentives scheme.

NENC has also had the largest fall of any English region in smoking rates, from 29% to 11% between 2025 and 2024.

Looking ahead, it's vital we maintain this momentum. Continued investment in training, holistic support, and cross-sector collaboration will be key to overcoming future challenges.

Our shared goal remains clear; to have a totally smokefree future as set out in the North East declaration, and to reduce smoking at the time of delivery to 5% or less by 2030 as an interim measure. With a united, family-centred approach, we can achieve this and create healthier futures for families across our region.

4.12 Involvement and Engagement

Throughout 2024/25, we have continued to involve people in conversations around health services at community, place, area, and ICB-wide levels. This involvement demonstrates how we are supporting the implementation of the ICB's Involving People and Communities Strategy and provides assurance of our commitment to listening to patient experience and voice across the North East and North Cumbria.

Our annual involvement report (appendix 2) shows how we have listened to local people and includes real examples of how people's ideas have helped us improve services, make access easier, and come up with new ways of doing things. Throughout the year, we have continued to build strong connections and work closely with both Healthwatch and the VCSE Partnership Programme where they have helped us spread health information and listen to what matters to people and what they need from their local health services.

Some highlights from the report include:

- Our women's health 'big conversation' where we heard from around 4,500 women to help us find out what is most important to them. We heard their top five priorities were mental health and wellbeing, health ageing, menopause, cancer checks and period and gynaecological health. We also heard that many women feel ignored or not believed when they ask for help, lots of women want to see a female healthcare professional when they talk about personal health issues and schools need to teach more about women's health, including periods and mental health. The findings from the 'big conversation' are now being used to shape our implementation plans for women's health priorities.

- To find out what people thought about NHS dental care, we worked with Healthwatch to reach people across the region and over 3,800 people took part in this involvement, which included surveys, interviews, and mystery shopping. We learnt that people's experiences with NHS dentistry vary a lot with those with a regular dentist were mostly happy, however those without one were often in pain and frustrated. Many people didn't know where to get trusted information, were confused about how the system works especially around registration, costs, and what care they could expect, and some people were removed from their dentist's list after Covid and couldn't get back in. There has been a huge amount of work to start making changes based on what people told us including setting up Urgent Dental Access Centres where people can book appointments online or by phone, helping practices in areas where care is most needed and making information clearer and easier to find as well as the development of the ICB's Oral Health and Dental Strategy 2025-27.

- Listening to local people when a relocation of a musculoskeletal service in South Tyneside was being considered to understand any concerns or unintended impacts of the move. As a result of this engagement, the service was allowed to move but with extra steps in place to support patients such as assessing parking availability at different times and share this information with patients, model and communicate public transport routes and offering more flexible appointment times.

- Shaping the offer of 'Monty' a community health bus which brings care into local communities in Newcastle and Gateshead. Listening helped decide where the bus should go, what times it should be there, what services it should offer and how people wanted to use them. We heard that people wanted easier access to services, more flexible times and locations and to get care without needing an appointment. More services were added to the bus including menopause support, cervical screening, contraception, gynaecology care and sexual health services. The service is also easier to use, and people can now drop in without booking and visit the bus at times that suit them.

- We have developed a toolkit to help people make informed choices about their pregnancy, birth, and postnatal care where service users, midwives, and doctors worked together. The toolkit includes videos from local hospitals about birth options, tools to help with open and respectful conversations, leaflets and posters with QR codes linking to useful videos and information and a communication pack to help spread the word.

- Learning disability lung cancer screening where we wanted to make sure it's easy for people with a learning disability to take part. We worked with people with lived experience and health experts to check if the screening pathway was accessible, reviewing easy read information, venues, and how invites were sent and helped to create a new 'Be Screening Aware' training and social care pack. As a result of this listening, changes were made to make the screening easier to access and new tools and training are now being used to support both staff and people using services.

4.13 West Cumbria Mental Health Services

The ICB's Service Change Advisory Group met on 14 July 2025 to consider the outcome of the independent review into the West Cumbria mental health service reconfiguration. The review was commissioned by the ICB to provide assurance on the decision-making process, particularly in relation to stakeholder engagement, option appraisal, and alignment with national requirements on service change.

The Group was supportive of the approach outlined in the review and endorsed the proposal that CNTW utilise the Cumberland Health Overview and Scrutiny Committee (HOSC) meeting on 17 July to provide an update. This includes:

- Clarifying the range of options originally considered, including those discounted as not viable, and clarifying the rationale behind the current proposal.
- Providing assurance on the broader implementation of the clinical model, including investment in community and crisis services such as Hope Haven.
- Confirming that out of area admissions remain clinically driven only, with recent examples of repatriation to local services.
- Reporting on progress in resolving transport and access arrangements in partnership with NWAS, and a commitment to refreshing the broader travel impact assessment in line with the review's recommendations.

The group was clear that engagement with HOSC should support confidence in the current model and provide an opportunity to confirm whether any further formal HOSC involvement is required. Continued updates on implementation will be provided through the usual routes.

In line with the commitment to transparency, the ICB has shared the findings of the independent review and a summary of our assessment to stakeholders.

We remain in close contact with CNTW and system partners to ensure a safe and effective transition, and to support clear communication with local communities as the revised service model is implemented.

4.14 Urgent Dental Access Centre

The NHS 10 Year Health Plan includes a number of commitments to improve access to NHS dentistry, improving children's oral health, increasing the number of dentists providing NHS care by improving the contract and introducing tie- ins for NHS trained dentists. Nationally, there was already a commitment to provide 700,000 additional appointments for urgent dental care, of which the ICB's contribution is 57,599.

As reported at the last board meeting, the ICB is investing £9.5m into a network of Urgent Dental Access Centres (UDACs) across NENC based upon the two successfully implemented pilots in Darlington and Carlisle. Up to 30 UDAC surgeries (some double surgeries in one site) are planned for NENC, providing c109,000 appointments each year. These provide standardised care as part of a long term, structured approach to in hours unscheduled dental care in locations informed by population and ease of access.

Including the two pilots, 12 have now been established, with another 3 and 4 planned for August and September respectively. Discussions with potential providers are underway for another 4. The current sites are in Carlisle, Whitehaven, Alnwick, Blyth, Walker, Gateshead, Peterlee, Darlington, Middlesbrough, Normanby and Eston.

As these services commence, there is discussion with NHSE to ensure that the activity they provide is fully accounted for against the metric of 57, 599 additional appointments.

4.15 Measles

There have been large outbreaks of measles in England in 2024 and, so far in 2025. UK Health Scrutiny Agency routinely reports on measles cases. In 2024 there were 2,911 laboratory confirmed measles cases in England, the highest number of cases recorded annually since 2012. So far, since January 2025 there have been 529 confirmed cases in England. In the North East, there have been 6 confirmed cases (1.1% of total in England). These North East cases have been imported from travel abroad and then spread within household and to health care workers. We are aware of the potentially very serious consequences of measles and its capacity to spread very rapidly to large numbers of people who are not vaccinated or otherwise immune. We are also aware that MMR coverage rates have been declining and that there are parts of the population where coverage is lower than the average.

Our ICB’s actions in close partnership with NHSE and the local authorities include, for example: direct contact to parents of unvaccinated children; communications directed at a range of settings and populations; community engagement in communities with low coverage, engaging people from those communities to champion and support; enhancement of the school age immunisation

service to routinely check for MMR status and offer. Also, we have invested additional funding of £600,000 towards improving childhood vaccination coverage. We worked with NHSE and the local authorities to create six Local Immunisation Steering Groups across LDT footprints. One of the responsibilities of these groups is to direct the use of the funding to local programmes and work relevant to address the immunity gaps in their local populations. The projects are to be shaped by co-production with communities. Further we have invested additional money in Deep End Practices to provide a roving vaccination service. This is a phased-pilot and we are expecting the evaluation in September. The early results indicate a lot of additional children vaccinated through this scheme as well as good learning on what makes the difference for some parents whose child's vaccinations were not complete, including, for example, ensuring records are complete on all systems, providing highly flexible appointments and ensuring availability and time of trusted professionals to discuss as necessary.

4.16 Beyond the Now Podcast

In April we launched a new Podcast series called Beyond the Now. The purpose of this was to support broader regional and national stakeholder communications about health and leadership with the opportunity to raise awareness of our work in the North East and North Cumbria. So far, we have launched 4 episodes of the Podcast;

Episode 1 – Sir James Mackey
Episode 2 – Dr Henry Kippin
Episode 3 – Dame Lesley Powell
Episode 4 – Lt Col (Retd) Guy Benson

Overall, including any advertising costs (social media positioning) it has cost the ICB £300 (three hundred pounds) to produced, edit and advertise the Podcast and have had nearly 4000 views/plays.

We will continue to work with opinion formers and leaders across the country to bring new and interesting content for interested stakeholders and to support the development of leaders across our integrated care system.

5. Recommendations

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

Name of Author: Samantha Allen
Name of Sponsoring Director: Professor Sir Liam Donaldson
Date: 22 July 2025

Appendix 1

26 May 2025 – 21 July 2025 the NENC Executive Team have undertaken the following visits:

NENC Organisations	Number Of Visits
NHS Foundation Trust / Providers	11
Local Authority	10
Place (including community and voluntary sector)	25
Community and primary care (including general practice)	5

Appendix 2 – 2024-25 Annual Involvement Report

2024-25 Annual Involvement Report