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 25 NOVEMBER 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:

- ICB Strategic Commissioning Transition Programme
- System finance
- Industrial Action
- Winter plan
- Visit to James Cook and Menopause Café

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

ICB - Integrated Care Board
ICS - Integrated Care System
NENC - North East and North Cumbria
NHSE - National Health Service England
UECN - Urgent & Emergency Care Network

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

Link to ICP strategy priorities	
Longer and Healthier Lives	✓
Fairer Outcomes for All	✓
Better Health and Care Services	✓
Giving Children and Young People the Best Start in Life	✓

Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
Any potential/actual conflicts of interest associated with the paper?	**Yes**		**No**	✓	**N/A**	
If yes, please specify						
Equality analysis completed	**Yes**		**No**		**N/A**	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?	**Yes**		**No**		**N/A**	✓

Essential considerations	
Financial implications and considerations	Not applicable – for information and assurance only.
Contracting and Procurement	Not applicable – for information and assurance only.
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.

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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 Strategic Commissioning Framework

NHS England have published a strategic commissioning framework this month which is designed to support all ICBs to meet the ambition set for the future of strategic commissioning.

The expectation is for all ICBs to begin to adopt the strategic commissioning approach outlined in the framework as part of the NHS planning process for the financial year 2026/27. This framework is likely to be incorporated within the assessment of ICBs which we expect NHS England to undertake from 2026/27.

The expectation is that:-

- ICBs will continue to work in partnership. They will use their ability to bring together providers, local government and other stakeholders to best improve healthcare and the health and wellbeing of their local population, prioritising the achievement of system goals within total available resource.

- ICBs will work with public health and local stakeholders to assess the needs of local populations. They will use healthcare intelligence, and a clear understanding from people with lived experience, to create a strong evidence base for commissioning decisions.

- ICBs will take a biological, psychological and social view of population health. This will include assessing the impact that poor health has on children and young people's life chances and population employment outcomes as well as using strategic commissioning to integrate work, health and skills where appropriate.

- ICBs will develop a clear, evidenced-based methodology for determining priorities and the commissioning and decommissioning of services to meet these priorities.

- ICBs will be transparent in making decisions and sharing the evidence on which they are based. They will use high quality data, analysis and dialogue and a sound understanding of what or who is driving cost in a system and of any variations in productivity between providers.

- ICBs will commission across pathways of care and increasingly focus on population based care. They will be guided by population segmentation and risk stratification, to ensure commissioning models take a person centric approach to address the drivers of risk and have a sharp focus on equity in access, experience and outcomes.

- ICBs will strengthen their understanding of and ability to carry out their payor functions. In particular, they will be capable of driving efficiency and performance through cost, market and contractual management; translating payment reform nationally; and driving change locally to ensure incentives align to local need.

- ICBs will continue to fulfil their quality duties as part of strategic commissioning. They will assess procurements from a quality perspective, monitoring quality as part of contracts, using contractual levers to drive quality improvement, and proactively managing risks in accordance with the National Quality Board guidance. Within this, ICBs are responsible for both the care they directly commission for their population and the services the NHS commissions within their catchment area.

- ICBs will strengthen their understanding of the role of technology and data in how and what they commission. This includes leveraging service user and staff apps and digital health technologies, including AI, to drive prevention, integrate care provision across pathways and ease management of workforce within and across organisations.

- ICBs will continue to use their role as social and economic anchor institutions within their local communities to influence the wider determinants of health and promote social value in line with Cabinet Office guidelines on procurement.

- ICBs will continue to develop a clear set of skills and capabilities to carry out strategic commissioning. They will focus on identifying, developing and deploying their diverse workforce and growing the data, analytical and transformation capabilities required to drive change.

- ICBs will support providers to develop their commissioning and integrator capabilities as some look to take on new roles as multi-neighbourhood providers and integrated health organisations (IHOs).

- ICBs, NHS regions and their partners will share an understanding of the appropriate scale of commissioning for specific services and population groups.

We are currently working through this as part of our work linked to the planning round and updates will be shared with the Board through this planning process.

3. ICB Transition Programme

Formal redundancy procedures scheduled for July 2025 were postponed due to funding uncertainties. However, recent discussions led by NHS England (NHSE) have enabled Integrated Care Boards (ICBs) to progress with their consultation processes, supported by guaranteed funding that will partially cover redundancy costs.

On 11 November 2025, ICB leadership received guidance from NHSE regarding the Model Voluntary Redundancy Scheme. The guidance stipulates that ICBs are required to develop transition plans for 2025/26, implement restructuring within the financial year, and achieve both the mandated operating model and cost savings targets.

It is our proposal that NENC ICB will initiate a 52-day consultation beginning on 26 November 2025 and concluding on 16 January 2026. During this period, the ICB also intends to introduce a Voluntary Redundancy scheme; specific eligibility criteria and implementation timelines are currently under development and remain subject to NHS England approval.

The current structure includes 886.20 WTE, with proposed changes reducing this to 793.66 WTE, resulting in a decrease of 92.54 WTE. While some compulsory redundancies are expected, we aim to minimise them through the voluntary redundancy process.

The consultation process will also include a proposal for changes to our office estate; which if agreed will entail a change of base for some staff members, and changes to the on-call arrangements.

We will also be publishing a draft operating model for the future ICB and encouraging staff to review it and provide comment.

A staff support offer is accessible to all, and various engagement opportunities, such as in-person staff roadshows, will be held during the consultation period.

I can also confirm we have reviewed our proposed operating model and staffing structure in light of the Strategic Commissioning Framework and are content that they remain appropriate.

4. North East and North Cumbria

4.1 Financial Position

As noted within the finance report, at month 6 the overall ICS financial position is £6.0m better than plan, mainly due to a one-off land sale benefit originally planned for later in the year, with the overall year to date position being a deficit of £25.1m.

There are ongoing pressures from under-delivery of efficiencies and additional costs relating to industrial action, with particular challenges on the delivery of recurrent efficiencies which are significantly behind target. Further assurances are being sought from relevant organisations on behalf of the System Recovery Board where there are material variances on recurrent efficiency delivery and this was a focus of the mid year review process with NHS England.

The forecast for both the ICB and ICS remains in line with the plan for the year however this relies on non-recurrent measures and continued cost control. Given the level of risk in the system, a finance, workforce and performance workshop was held on 06 October 2025 with Chairs and executive team colleagues from across the ICS.

A range of actions were agreed in the workshop which are expected to reduce the remaining net financial risk across the system and support delivery of the financial position. Delivery of the resulting action plan is being monitored by the ICS System Recovery Board. A mid-year review process has also now been completed by NHS England which included a review of the ICB and ICS position along with detailed reviews of three provider trusts.

Alongside this, in the current year, each organisation is now asked, as part of the early planning round, to model their own medium-term financial plan, including review of underlying recurrent financial positions. Detailed guidance and allocations are expected imminently with first submissions of plans due in on 18th December 2025.

4.2 Industrial Action

The British Medical Association Resident Doctors Committee undertook industrial action between 7:00am on Friday 14 November until 06:59am Wednesday 19 November.

NENC ICB Emergency Preparedness Resilience and Response team worked closely with Foundation Trust's to develop robust plans to ensure that core services were maintained throughout, including:

- Emergency care, including maternity services.
- Maintaining flow, ensuring appropriate and efficient discharge and length of stay.
- Elective care to the fullest extent possible which includes rescheduling appointments and other activity should it be necessary to stand down procedures.
- Maintaining priority treatments, including urgent elective surgery and cancer care.

The System Coordination Centre provided oversight, coordination and managed any escalations to ensure all operational and service delivery risks, issues and patient safety concerns were addressed and mitigated.

4.3 Winter Plan

The NENC ICB Winter Planning Assurance and Delivery Group continues to have oversight of all system risks, reporting into the Urgent and Emergency Care Network Board and the Living and Ageing Well Partnership and is directly accountable to the ICB Executive Committee. Following completion of the regional testing exercises in September, the ICB and Trust Boards signed off winter plans and submitted a Board Assurance Statement which provided assurance that Boards have robustly tested the specific key lines of enquiry to make sure that patients can access the care they need this winter.

At an ICS system level, performance against all key UEC metrics has deteriorated in October and November (month to date), however this is in line with the expected seasonal variation of these metrics and our planned trajectories also account for a deterioration in performance. Performance against all key metrics remains in better position than the same period last year.

We are on track to achieve the national ambition of 78.0% A&E 4 hour performance in March 2026, however 3 of our 8 Trusts were significantly below their submitted plan in October and as a result have developed a Winter Recovery 'waterfall' plan to indicate how they will improve performance to get back in line with plan.

Our main Ambulance Provider, NEAS, has maintained their strong performance for all ambulance response time metrics, ranking 1/11 in England for Category 1, 2, 3 & 4. Our average handover delay performance remains very strong compared to regional and national position.

For percentage of ambulance arrivals waiting over 45 minutes, at a Trust level we have a wide range in performance across the NENC. Gateshead are the best performing Trust in the country (from 116), consistently across the year. Whilst our worst performing, Newcastle, reports significantly greater numbers but still falls within the interquartile range, when compared nationally.

We continue to focus on our key winter priorities as we move from planning to implementation. Key progress to highlight includes:

- Rollout of Acute Respiratory Hubs continues across NENC with full mobilisation across NENC by December, providing additional capacity to support primary and secondary care pressures.

- 175 practices have signed up to the OPTIMISE initiative aiming to support those patients at risk of exacerbation during winter, through delivery of proactive patient reviews enhancing patient care and supporting a reduction in hospital attendances and admissions.

- Care Coordination programmes are prioritising implementation of Call Before Convey across the region with the aim to reduce unnecessary hospital admissions, allowing ambulance clinicians to assess patients and direct them to the most appropriate setting.

4.4 Vaccines – Prevention to Support the Winter Plan

As of the 17 November, the ICB has delivered 227,959 COVID and 834,181 Flu vaccinations. NHSE set ICB minimum ambition targets for this Autumn / Winter campaign. Progress against these targets are as follows.

For COVID, the ICB has exceeded its target for care home residents by 1.5%, with current uptake at 67.62%. For 75 and over, at 60.85% uptake, which is 0.96% away from target. For 6 months to 74 with immunosuppression, the ICB ambition has been exceeded by 1.49%, at 27.78%. The ICB overall uptake for COVID is 54.97%, and there are a further 3,105 NBS appointments booked, with providers offering walk in vaccination on NHS Site Finder across the ICB.

New to this Autumn / Winter is the NHSE expanded offer of nasal flu offer for 2 - 3 year olds provided by Community Pharmacies.

The ICB flu programme uptake is at 48.24%, and only 0.01% down from the same time last season at 48.25%. For the immunosuppressed (41.39%), frontline health care workers (42.05%), children aged 2 – 3 (40.57%), pregnant women (36.04%), and secondary school children (25.60%). These cohorts are all above delivery uptake when comparing the 24/25 to 25/26 seasons. For care home residents (69.44%), aged 65 and over (69.37%), primary school children (37.86%), clinical risk non immunosuppressed (37.05%) and household contacts (5.51%). These are lower when comparing the 24/25 to 25/26 seasons, but the variance is a total of 4,208 eligible population.

4.5 Visit to James Cook Urgent Care and Menopause Café

In October, I had the pleasure of spending time with colleagues from Hartlepool & Stockton Health (H&SH). The visit was in two parts – starting at the Urgent Treatment Centre at James Cook Hospital with Dr Lucy Falcus, followed by a visit to a Menopause Café at Remember Me Tea Rooms in Stockton.

It was a wonderful afternoon seeing first-hand the fantastic work happening across the UTC and in the community; it reminded me of what makes our local services so special. The clinical leadership and GP-led model that underpins the H&SH approach are real strengths, not only improving care for patients but also creating new career and work opportunities for local GPs.

At the Menopause Café, we met women sharing experiences and supporting each other in a relaxed and welcoming space. Whether talking about symptoms, finding out about local services, or simply connecting over shared experiences, the café offers an inspiring example of how health and community can come together to make a real difference.

A huge thank you to Fiona for suggesting the visits, Lucy, Lin and all the team at H&SH for the warm welcome and for your continued commitment to improving care and connection across our communities. The passion, teamwork and innovation we saw are something to be proud of, and a model to be shared far and wide.

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: 17 November 2025

Appendix 1

22 September – 14 November 2025 the NENC Executive Team have undertaken the following visits:

NENC Organisations	Number Of Visits
NHS Foundation Trust / Providers	13
Local Authority	9
Place (including community and voluntary sector)	6
Community and primary care (including general practice)	6