

Keep Our NHS Public North East understand the significance of item 9.1: The 25/26 Financial and Operational Plan.

We have noted the government's priorities to improve patient outcomes in 2025/26 :

- Reduce the time people wait for elective care
- Improve A&E waiting times and ambulance response times
- Improve patients access to general practice and to urgent dental care
- Improve patient flow through mental health crisis and acute pathways and improve access to children and young people's (CYP) mental health services.

The Financial and Operational Plan identifies several risks associated with the 2025/26 financial plan, including:

1. Unmitigated Financial Risks:

- *Total net unmitigated risk of £244m across the ICS, including £34m within the ICB.*
- This is a significant increase compared to the £160m unmitigated risk in the 2024/25 financial plan.

2. Efficiency Delivery Challenges:

- *Efficiencies required are higher than those delivered in 2024/25, with a target of 7% efficiency across the ICS.*
- Many efficiencies in 2024/25 were non-recurrent, making the 2025/26 targets more challenging.

3. Prescribing Costs:

- Potential growth in prescribing costs, including risks around weight management drugs.

4. Continuing Healthcare Costs:

- Growth in costs for continuing healthcare and individual care packages.

5. Elective Activity Growth:

- Risk of continued activity growth on acute independent sector contracts, exceeding available elective recovery funding caps.

6. ADHD and ASD Assessments:

- Risks associated with assessments at non-NHS providers.
- 7. Cost Growth and Inflationary Pressures:**
 - Risks related to cost growth and inflation across the ICS.
- 8. Capacity Pressures:**
 - Additional costs associated with capacity pressures.
- 9. Non-Recurrent Measures:**
 - Reliance on non-recurrent measures and one-off benefits, which are not expected to be available at the same level in 2025/26.
- 10. Delivery of Efficiency Savings:**
 - Significant risk around achieving the required efficiency savings, which are higher than previous years.

Keep Our NHS Public North East note that there are significant risks and that, additionally, relevant equality and quality impact assessments will take place on all efficiency plans.

We also noted the statement made at the last ICB meeting by the CEO Sam Allen about considering how some services that are currently provided could become 'discretionary' in future.

Keep Our NHS Public North East ask;

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

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