

# Integrated Delivery report

**Dec 2024**

(Reporting period November/October 2024)

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## Executive Summary

The NENC Integrated Delivery Report provides an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions. The report also provides an overview of the ICS position on the NHS Oversight Framework and CQC ratings of organisations.

The report focusses on the objectives specified within the 2024/25 operational planning requirements; this encompasses a wide range of recovery objectives as well as some NHS Long Term Plan (LTP) and NHS People Plan commitments. The report is discussed in detail at the Finance Performance and Investment Committee and the Quality and Safety Committee. The report is also received by the ICB Executive Committee and the NENC ICB Board.

### Reporting period covered:

November 2024 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism services. There continues to be delays with the national Mental Health Core Data Pack, with no data available beyond March 2024; where other data sources are available these have been included in the report.

October 2024 – all other standards unless otherwise specified.

### Key changes from previous report

<b>CQC</b>	<b>North Cumbria Integrated Care NHS FT:</b> Following the CQC inspection, all actions have been completed except for the Mental Health strategy which is now in draft following the Core Service and Well Led Inspection. Maternity Services continue to work to progress their two outstanding sub-actions. With regards to the IR(ME)R inspection, the Trust Radiation Safety Group continue to have oversight and monitoring of must do actions and arrangements are in place to ensure that all individual actions are supported by robust evidence. Two sub-actions have been closed since the last report, with only 1 remaining open, with a revised target date.
<b>Learning Disabilities and Autism: In patient Care</b>	NENC ICB Complex Care team structure continues to develop, with an Interim Senior Head of Complex Case Management and four Heads of Complex Care now in post this is expected to positively impact on capacity for case management.  Assuring Transformation (AT) dashboard is now live, however concerns remain around data quality and discussions are ongoing with NHSE to seek direct access to the data source.
<b>Access to Transformed PCN Community Mental Health Services for Adults with SMI Number of 2+ contacts (Sep24)</b>	The number of 2+ contacts has significantly increased from the last reporting period. This is due to an increase in the number of PCNs declared as transformed. The latest position is noted as above monthly plan but slightly under year end plan.
<b>Talking Therapies – Reliable Improvement and Reliable Recovery</b>	Whilst there has been an increase in both reliable improvement and recovery rates, these remain below the national standard of 68% and 50% respectively. A Talking Therapies transformation workshop took place in early December and provided opportunity for providers and commissioners to come together to understand pressures in more detail, identify areas of

good practice and where system wide transformation/improvements can be made. Report outs and recommendations are expected later in the month.

## Key performance updates

<b>A&amp;E 4 hr waits</b>	Nov24 A&E performance at 75.7% remains above the national average of 72.1% however behind the NENC Nov24 plan (78.9%). NENC has seen a deterioration from Oct24 from 75.9%.
<b>Ambulance Handover Delays (AHDs)</b>	<p>Ambulance handovers improved in Nov24 but risks remain around the volume of handover delays across 6 of our 8 Acute Providers. Processes to support improvements in AHDs are being developed via Strategic Co-ordination Centre (SCC) and a system-wide group has been established bringing together system partners (Acute Trusts, Ambulance Trusts and ICB) to implement new ways of working at a system level. Individual Trust level trajectories, to reduce &gt;59-minute delays and average handover times, are being developed.</p> <p>Winter priorities have been developed following the System Resilience Event held in Oct24 including improvements in navigation, capacity and alternatives to ED to support avoidance of inappropriate admissions.</p>
<b>NEAS Cat 2 response</b>	Ambulance response time Cat 2 mean has improved in Nov24 compared to Oct24. YTD performance remains ahead of plan, however, as a result of deteriorating performance NEAS have remodelled their forecast position and reported to NHSE that the average 30mins national ambition, across 24/25, will not be achieved, forecasting to report 31:24 mins. NEAS national ranking for Cat2 performance is 2/11.
<b>Elective long waits</b>	<p>NENC ICS continue to be the best performing nationally in Oct24 for RTT performance with 68.8% of people on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks. This compares to national performance of 58.9%.</p> <p>Published Oct24 data for the ICB reported two 104+ week waiters. The number of 78+ww reduced from 36 to 31 (Oct24)</p> <p>Further improvement in the number of 65+ww from 329 (Sep24) to 301 (Oct24) making it five consecutive reporting decreases. Despite the decrease this represents a continued challenge to eliminate these long waiters. Targeted ICB/provider meetings continue with NUTH and South Tees; NCIC operating within Tier 2 (NHSE and ICB) support structure with formal bi-weekly meetings.</p> <p>Oct24 data for 52+ww shows a notable drop from the previous reporting period down from 5,970 (Sep24) to 5,174 (Oct24). Not only does this improvement deliver below plan it is the lowest reported position post COVID.</p>
<b>Cancer 62 day performance and 28 day Faster Diagnosis</b>	<p>Cancer 62 day performance increased from 65.8% (Sep24) to 68.9% (Oct24) though falls short of the Operational planning trajectory of 69.8%.</p> <p>Most challenged pathways for 62 day performance in Oct24 include; Lung (50.5%), Lower GI (63.2%) and Urology (63.5%). Improvement plans are in place which include transformation and financial support from the Northern Cancer Alliance and via regional and national support offers including the Intensive Support Team (IST). NCIC remain in Tier 2 escalation for cancer. Cancer Faster Diagnosis performance increased from 77.4% (Sep24) to 79.6% putting performance above the national expectation of 77% by Mar25 and the Operational planning trajectory of 77.7%.</p>

## Other areas of note/risk

<b>Community Mental Health waiting times – 104+ week challenge</b>	Following completion of the NHSE 104+ challenge, further national direction is still waited as NHSE continue to analyse the findings from the exercise. Feedback has been provided to the national team around potential inconsistencies in relation to their identified methodologies. The parameters for what is captured as a contact (and what is defined as contact) is dependent upon the team to which the patient was referred and not the referral reason. Where a patient is referred to a discrete neurodevelopment team, they are not included in the scope of this exercise – it is only referrals to community teams. Our two main Trusts do not have consistent operating models therefore for one provider neuro waits have been included, whereas the other has not, thus not providing a consistent position but wholly in line with the methodologies provided by NHSE.
<b>Out of Area Placements</b>	The national definition for the out of area placements metric has been amended in 2024/25 to count the number of people out of area, compared to total number of out of area bed days which was the measure in 2023/24 as has been reported in previous reports. The plan for Sept24 is 4 placements across NENC but, however given data below 5 is suppressed, we are unable to confirm that plan has been met. Trend analysis is not available for this metric based on the suppressed number position.
<b>Patients who no longer meet the criteria to reside</b>	The proportion of patients not meeting the criteria to reside reduced in Nov24 to 9.5% of patients occupying hospital beds. Despite being above plan, performance remains the best in NEY and below the national position. Actions are in place locally with partners across the health and care system via the Better Care Fund to reduce the number of patients in hospital who are fit for discharge.
<b>Community waiting lists</b>	The total number of patients on a community waiting list increased in Oct24 but is expected to reduce later in the year due to some targeted work with providers around data quality. The wait time is also expected to reduce for children which is a key national priority. An improvement plan is being developed to support this work including engagement with the Getting it Right First Time Community Musculoskeletal programme.

## Operational plan delivery - summary dashboard

A broad range of metrics are reviewed and monitored through strategic programmes and through ICB oversight and contracting arrangements. This supports the delivery of standards and improvement. Where appropriate this is underpinned using a Statistical Process Control (SPC) approach which is considered best practice to enable systems to understand where there is significant variation and most risk and therefore focus attention on those areas that require improvement support.

This report includes a sub-set of those metrics primarily focussed on the national objectives for 2024/25. The metrics are reported at ICB level, and the narrative refers to place or organisations by exception. Other metrics, not routinely included in this report, will be added by exception if there is significant improvement or deterioration or concern about progress. These will be escalated via programme or oversight routes.

The dashboard is in three parts:

### **Part 1 - Recovering core services and improving productivity – national objectives 2024/25**

These are the key metrics specified in the 2024/25 priorities and operational planning guidance for the NHS to support recovery of core services and improve productivity. They predominantly link to access or responsiveness of services and patient experience but some link to effectiveness/outcomes e.g., cancers diagnosed at an earlier stage are more likely to result in a better outcome. Others have a link to safety e.g., the maternity metrics. Use of resources is also included in this section given the importance of delivering a balanced net position to recovery and sustainability.

### **Part 2 - NHS Long Term Plan and transformation – national objectives 2024/25**

These metrics are also specified in the 2024/25 priorities and operational planning guidance but link to commitments from the NHS Long Term Plan and service transformation. Many of these link to access to services, effectiveness, improving outcomes and personalisation.

### **Part 3 – National safety metrics**
















This includes important metrics/data linked to patient safety.

The dashboard Part 1 and 2 includes the metrics that are listed as objectives in the national planning guidance, however the delivery section later in the report also includes some additional metrics, either associated with the actions in the operational planning guidance or local priorities.

### **Executive Oversight for each Objective is as follows:**

<b>Executive Lead</b>	<b>Portfolio Area</b>
Levi Buckley	Community Care Mental Health Learning Disability and Autism Primary Care (Excluding Pharmacy, Optometry and Dentistry)
David Chandler	Use of Resources
David Gallagher	Pharmacy, Optometry and Dentistry – David Gallagher
Jacqueline Myers	Elective Care (including Cancer and Diagnostics)
Dr Neil O'Brien	Mortality Prevention and Reducing Health Inequalities Urgent and Emergency Care
Ann Fox	Workforce Never Events and Health Care Acquired Infections

## DASHBOARD KEY

National objective	This provides a brief description of the national objective and associated timeframe, most aim for achievement by end of March 2025 and have a local month by month trajectory. Some objectives have a longer time frame. A full description of the objectives is included in Appendix 1. The dashboard also includes 2022/23 objectives linked to elective care long waits that have not yet been achieved (104 and 78 week waits).						
Plan – March 2025	NENC's plan for end of March 2025 (From the final operational planning submission in June 2024)						
Plan – month	This specifies the NENC operational planning trajectory or national required standard for the month that is reported against in the report. The reporting period varies between metrics e.g., UEC metrics have more recently published data than other metrics.						
Actual	This number represents the actual performance in the most recent reported month. This is primarily monthly published data, where more recent unpublished data is available the narrative later in the report often uses this to provide an indication of the direction of travel.  The colour shading in the 'actual' column draws attention to those metrics that are well ahead or well behind plan in that month. Colour coding is not applied where the plan has been met or missed by a small margin.  <table border="1" data-bbox="371 987 852 1061"> <tr> <td></td> <td>Met – well ahead of plan</td> </tr> <tr> <td></td> <td>Not met – well behind plan</td> </tr> </table>		Met – well ahead of plan		Not met – well behind plan		
	Met – well ahead of plan						
	Not met – well behind plan						
Trend	This indicates whether performance over time is <b>improving</b> or <b>worsening</b> . Where Statistical Process Control (SPC) is used, the trend category relates to the variation output generated by SPC and therefore indicates significant improvement or deterioration. Where SPC is not appropriate a number of data points are used to ensure it reflects a trend rather than normal variation.						
Benchmark	Where possible the NENC performance is compared with the England or North East and Yorkshire (NEY) position as a benchmark. The number represents the England position unless otherwise stated and the colour shading indicates:  <table border="1" data-bbox="371 1464 1023 1574"> <tr> <td></td> <td>NENC compares favourably</td> </tr> <tr> <td></td> <td>NENC does not compare favourably</td> </tr> <tr> <td></td> <td>No comparative data available</td> </tr> </table> For ambulance response times the bench mark is expressed as a ranking position out of the 11 ambulance providers.		NENC compares favourably		NENC does not compare favourably		No comparative data available
	NENC compares favourably						
	NENC does not compare favourably						
	No comparative data available						

Data flow is not yet established against some of the new objectives and will be included as soon as possible.

### Please note - Reporting period covered in this month's dashboards:

November 2024 – A&E metrics, bed occupancy, virtual wards, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism IP services, Never events. UDA  
October 2024 – all other standards unless otherwise specified.

## Part 1 Recovering core services and improving productivity – national objectives 2024/25

	National objective	March 25 Plan	Plan (Month)	Actual	Trend	Benchmark
Urgent and emergency care	A&E waiting times within 4 hrs	81.7%	78.9%	75.7%		72.1% 7/42
	Category 2 ambulance response times	26:18	26:15	28:11	Improving	2/11
	Adult general and acute bed occupancy	92.5%	92.3%	92.3%		95.4%
Community health services	2-hr urgent community response	70.0%	70.0%	77.2%	Worsening	83.2%
	Urgent Community Response Referrals	7,980	7,700	10,896		
	Virtual Ward (Hospital@Home) Occupancy	78.2%*	84.8%	66.4%		
	Community Beds Occupancy	92.0%	92.0%	92.7%		
	Community Waiting List > 52 Wks Children	519	526	734		
	Community Waiting List > 52 Weeks Adults	306	314	412		
	Community Services Waiting List > 52 Wks	825	840	1,146		
Primary care	Proportion of GP practice appointments within two weeks	85.5%	85.5%	79.4%	Worsening	78.1%
	Proportion appointments same or next day			61.1%	Worsening	61.0%
	Monthly Appointments in General Practice	1.5m	1.77m	2.16m	Improving	
	UDA delivered as proportion of UDA contracted (Sep-24)	80.0%	80.0%	72.3%		81.3%
	Percentage of unique patients seen by NHS dentist (adult) - rolling 24m (Nov-24)	42.6%	42.6%	41.6%		35.5%
	Percentage of unique patients seen by NHS dentist (child) - rolling 12m (Nov-24)	73.6%	72.7%	60.1%		56.3%
Elective care	No. patients waiting > 104 weeks - ICB	0	0	2	Improving	22/42
	No. patients waiting > 78 weeks - ICB	0	0	31	Improving	13/42
	No. patients waiting > 65 weeks - ICB	0	0	301	Improving	8/42
	No. patients waiting > 52 weeks - ICB	4,190	5,334	5,174	Improving	2/42
	Deliver 109% value weighted activity	110.6%	109.3%			
Cancer	Cancer 62-day standard to 70% by Mar 25	72.7%	69.8%	68.9%	Improving	68.2%
	Cancer faster diagnosis standard 77% by Mar 25 – ICB	79.4%	77.7%	79.6%		71.1%
Diagnostics	% diagnostic tests < 6wks (Mar 25 95%) (24/25 ICB plan required 9/15 modalities)	92.7%	86.4%	85.4%		79.3%
Use of Resources	ICB financial position (surplus)/deficit (Nov-24)		(£35.73m)	(38.81m)		
	Reduce agency spend across 24/25 (Nov-24)		£55.24m	£47.62m		

\*NENC Plan does not meet or exceed the national objective

### Reporting period covered:

November 2024 – A&E metrics, bed occupancy, virtual wards, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism IP services, Never events, UDA.

October 2024 – all other standards unless otherwise specified.

Finance is at month 8.



## Part 2 NHS Long Term Plan and transformation – national objectives 2024/25

	National objective	March 25 Plan	Plan	Actual	Trend	Benchmark
Workforce	Improve retention (turnover) (Aug-24)		12.1%	9.5%		10.3%
	Improve staff attendance (sickness) (Jul-24)		5.6%	5.8%		5.2%
Mental health	Number of CYP accessing MH Services*	59,632	58,824	59,020		
	Access to Transformed PCN Community Mental Health Services for Adults with SMI Number of 2+ contacts (Sep-24)	30,000	20,076	29,355	Improving	
	Talking Therapies Access: Number of patients discharged having received at least 2 treatment appointments, that meet caseness at the start of treatment	2,934	2,910	3,250	Improving	
	Talking Therapies - Reliable Recovery	50.0%	50.0%	48.1%		
	Talking Therapies - Reliable Improvement	68.5%	68.3%	67.4%	Worsening	
	Recover the dementia diagnosis rate to 66.7%	69.8%	69.1%	69.1%	Improving	65.7%
	People with SMI receiving full physical health check in primary care (Sep-24)	69.5%	63.1%	61.3%	Improving	
	Access to perinatal mental health services*	2,500	2,445	2,335		
	Total number of inappropriate Out of Area (OOA) Placements** (Sep-24)	0	4	<5		396
People with a learning disability and autistic people	Annual health check and plan for people on GP LD registers	75%	36.1%	36.8%		37.2%
	Reduce reliance on in-patient care – adults (ICB and Secure)* (Nov-24)	154 (Q4)	157	170		
	Reduce reliance on inpatient care <18s (Nov-24)	0	1	6	Improving	
Prevention and Health Inequalities - Adult	<b>Core20+5 Objective</b>	<b>Target (2030)</b>	<b>Plan (Month)</b>	<b>Actual</b>	<b>Inequality gap (deprivation)</b>	<b>Inequality gap (ethnicity)</b>
	% 18+ with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold. (June24)	80%		71.1%	2.2%	7.4%
	% patients 18+ with Atrial Fibrillation currently being treated (June24)	95%		92.3%	-0.1%	2.8%
	% 18+ with 20%+ QRISK score (risk of CVD) currently on lipid lowering statins (June24)	75%	65%	65.1%	-7.1%	-7.2%
	% Covid vaccination uptake (Nov24)			40.6%	20.6%	27.3%
	Proportion of people with COPD receiving a seasonal flu vaccination (Oct24)			33.4%	8.0%	
	NENC Breast cancer screening uptake <b>Slope index of inequality</b> (ages 50-70 Aug24)	8%			14.3%	
	NENC Bowel screening uptake <b>Slope index of inequality</b> (ages 60-74 Aug24)	6%			16.5%	
Prevention and Health Inequalities - Children & Young People (CYP)	Rate unplanned admissions for asthma -children aged 0-17 (per 100,000 population) (Aug-24)			190.6		
	Elective waiting list for children (<10) awaiting IP tooth extraction (Oct-24)			221		
	% CYP with type2 Diabetes receiving a Health Check (Sept 24)			47.0%	0.2%	1.8%
	% CYP with type1 Diabetes accessing Hybrid closed loop (HCL) systems Sept24			50.1%	6.0%	0.6%
	Pre-term births <37 weeks <b>Slope Index of inequality</b> (rolling 12months Aug24)	3.1%			3.3%	
	Number of CYP accessing mental Health Services	59,632	58,824	59,020		

\*NENC Plan does not meet or exceed the national objective

\*\*Adults MH - Total number of inappropriate Out of Area (OOA) Placements – number suppressed as less than 5.

### Reporting period covered:

November 2024 – A&E metrics, bed occupancy, handover delays, ambulance responsetimes, and metrics for learning disability & autism services.  
October 2024 – all other standards unless otherwise specified.

### Health Inequalities Definitions

**Slope index of inequality** – measure of social gradient ie difference in score between the least and most deprived IMD in NENC

**Inequality Gap Deprivation** – % Difference between score in the least deprived and most deprived IMD across NENC

**Inequality Gap Ethnicity** - % Difference between white and non-white ethnic background across NENC

## Part 3 – Core safety metrics – November/October 2024

	National objective	March 25 Plan	Latest Period	Plan	YTD Plan	Actual	YTD Actual	Trend	Benchmark
<b>Never Events</b>	Number of Serious Incident Never Events reported		Nov-24	0	0	0	13		
<b>Infection Prevention Control</b>	Incidence of MRSA *		Oct-24	0	0	7	35		
	Incidence of C Difficile*		Oct-24	85	595	116	723	<b>Worsening</b>	
	Incidence of E Coli*		Oct-24	235	1,647	275	1,800	<b>Worsening</b>	
<b>Mortality</b>	One Trust (CDD FT) is showing higher than the expected range for SHMI								

\* The definitions for these targets have been updated in 2024/25 [NHS Standard Contract 2024/25: AMR Targets](#) and have been reflected in the report this month and moving forward.

NB The data on the number of serious incidents is no longer reported. Providers are now underway with their transition to PSIRF and will cease the application of the former serious incident framework. Regular updates regarding PSIRF implementation, and any shared learning, will be received in the bimonthly PSIRF updates to the Quality and Safety Committee.

### Mortality

CDDFT - early analysis shows the main underlying cause is a data quality issue associated with coding and the use of a new electronic patient record system. This will take time to address, and it may be many months before the impact is seen in SHMI data. Progress will be monitored through quality review mechanisms as well as seeking assurance on quality of clinical care through mortality reviews and any serious incidents. Regular reports and updates are taken through the ICB Quality and Safety Committee for assurance.

STSFT - is no longer showing higher than the expected range for SHMI. The overall trust figures had included a hospice and the trust has requested the hospice data is extracted from the overall trust data. NHS Digital has now confirmed the removal of the hospice data from the indicator. The ICB Quality and Safety Committee continues to review regular reports on mortality for improvement and assurance.

### Clinical Coding Data quality

The ICB Insights team are actively exploring the deployment of a tool and external company that can help improve the levels of clinical coding for planned care which would help with SHMI reporting in the future.

#### Reporting period covered:

November 2024 – A&E metrics, bed occupancy, handover delays, ambulance response times, and metrics for learning disability and autism services.

October 2024 – all other standards unless otherwise specified.

Finance is at month 6.

#### Data Availability

Due to the availability of data to accurately measure performance for several key metrics, a number of metrics have been removed from the dashboard until such a time when the data becomes available. When data becomes available this will be clearly notified in future reports. Part 3 Indicators Include:

- Safety - Implement the Patient Safety Incident Response Framework (PSIRF)
- Workforce Programme page
  - Improve the working lives of doctors in training by increasing choice and flexibility in rotas
  - Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS LT Workforce Plan
- HI CYPs Programme Page
  - Rate of tooth extraction procedures undertaken within an inpatient setting for those aged <10 per 100,000 population (Apr-24)
  - Elective waiting list for children (10 years and under) awaiting IP tooth extraction (May-24)
  - Safety Programme Page - Implement the Patient Safety Incident Response Framework (PSIR)

# System Oversight

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## NHS Oversight Framework (NHS OF) Summary

This section of the report provides an overview of the current oversight segmentation and support arrangements and the ICB position against the NHS Oversight Framework metrics.

### NHS Oversight Framework Segmentation and CQC ratings

ICBs and trusts were allocated to one of four 'segments' in 2021/22. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4) and influences the oversight arrangements that are established. NHS England holds the responsibility to review and change segmentation, this is undertaken regularly by the North East and Yorkshire Regional Support Group. Oversight of trusts in segment 1 and 2 is led by the ICB and oversight of trusts in segment 3 or 4 is undertaken by NHS England in partnership with the ICB.

NENC ICB is in segment 2, the table below shows the trust level overview of segmentation, CQC rating and any other support/escalation in place.

Provider	NHS OF segment	Oversight arrangements	Additional escalation/support	CQC overall rating/recent warning notices. Other external reviews of significance.
Northumbria Healthcare NHSFT	1	ICB led		Outstanding (2019) Maternity services – good overall (safe domain also good)
Cumbria, Northumberland, Tyne and Wear NHSFT	2	ICB led	*Action plan monitored via the Quality Review Group.	Outstanding (2022) (Learning disability and autism services - requires improvement Aug 2022*)
North East Ambulance Service NHSFT	2	NHSE Quality Improvement Board	Range of support including NECS support for incident reporting.	Requires improvement (2023) Awaiting outcome of independent review
North Tees and Hartlepool NHSFT	2	ICB led	National maternity Safety Support Programme.	Requires improvement (2022) Maternity services – Requires Improvement (2022)
Sunderland and South Tyneside NHSFT	2	ICB led	Progress against CQC action plan provided through the Quality Review Group. National maternity Safety Support Programme.	Requires Improvement (2023) Maternity services – Requires Improvement (2023)
County Durham and Darlington NHSFT	3	NHSE/ICB led	Removed from Tier 2 Elective (12.4.23).	Good (2019) Maternity services at UHND and DMH rated as inadequate (Sept 23). Warning notice issued re improvements to managing each maternity service.
Newcastle Upon Tyne Hospital NHSFT	3	ICB led	Removed from Tier 1 (Apr 24) for Elective & Cancer ICB Elective focus meetings in place Northern Cancer Alliance and GIRFT support in place.	Requires Improvement overall – caring good, well-led inadequate (Jan 2024) (Warning notice Dec 22 re healthcare provided to patients with a mental health need, learning disability or autism). Maternity services rated as requires improvement (May 23).
Gateshead Health NHSFT	3	ICB led	Enhanced finance oversight/support led by NHS E.	Good (2019) Maternity services – Good overall (2023)
North Cumbria Integrated Care NHSFT	3	ICB led from Nov 23	Escalated to Tier 2 Cancer to ICB/NCA monitoring and support (Apr 24). ICB Elective focus meetings in place Enhanced finance oversight.	Requires Improvement (2020) Maternity services – good overall (Safe domain – requires improvement)
South Tees NHSFT	3	NHSE/ICB oversight of finance	Quality - supported by ICB/NHSE. Enhanced finance oversight. Removed from Tier 2 – elective (Apr 24). ICB Elective focus meetings in place	Good overall (May 2023) Maternity (Jan 24): James Cook requires improvement overall, and for being safe and well-led; Friarage Hospital requires improvement overall and for being well-led, and good for being safe (Jan 24)
Tees, Esk and Wear Valleys NHSFT	3	NHSE Quality Board	Support and additional capacity from the wider NHS to progress programme of improvement work across services.	Requires Improvement (2021)

## CQC Inspections for Adult Social Care, Primary Medical Care and Hospitals Services

The Care Quality Commission publishes a weekly report on services which have been inspected by specialist teams of inspectors. The report lists those inspections by CQC sector, i.e. Adult Social Care, Hospitals, and Primary Medical Care and include any additional detail in relation to enforcement. An overview of CQC ratings for General Practice, residential and community social care is given below.

### General Practice CQC ratings overview – Dec 2024

The table below shows the current range of CQC ratings for general practice by area. The picture is generally positive with 36 practices rated as Outstanding, 298 as Good, 1 rated as Inadequate and 6 as Requires Improvement. Support arrangements are in place for those rated as Inadequate or Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	8	24	1	
Darlington	1	10		
Durham	7	52	2	
Gateshead	1	23	1	
Hartlepool	1	10		
Middlesbrough		19		
Newcastle	2	25	1	
North Tyneside	4	19		
Northumberland	4	32		
Redcar and Cleveland		15		
South Tyneside	1	19		
Stockton	4	17		
Sunderland	3	33	1	1
ICB total	36	298	6	1

### Residential Social Care Provider Overall Rating by Local Authority - Dec 2024

The table below shows the current range of CQC ratings for residential social care providers by Local Authority. Residential care providers include care home services with nursing (CHN), care home services without nursing (CHS), and Specialist college service (SPC). Examples of providers which fit under the residential social care provider category are Nursing home, Residential home, rest home, convalescent home with or without nursing, respite care with or without nursing, mental health crisis house with or without nursing. The picture is generally positive with 44 providers rated as Outstanding, 614 as Good and 1 rated as Inadequate and 79 Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	4	76	7	0
Northumberland	4	66	16	0
North Tyneside	1	35	4	0
Newcastle upon Tyne	6	46	8	0
Gateshead	4	31	8	1
South Tyneside	1	27	1	0
Sunderland	6	75	1	0
County Durham	11	110	14	0
Stockton-on-Tees	3	33	8	0
Hartlepool	0	22	2	0
Darlington	2	25	3	0
Middlesbrough	2	35	2	0
Redcar and Cleveland	0	33	5	0
Total	44	614	79	1

## Community Social Care Provider Overall Rating by Local Authority – Dec 2024

The table below shows the current range of CQC ratings for residential social care provider by Local Authority. Community Social care category includes Domiciliary care services including those provided for children (DCC), Extra house services (ECX), Supported living services (SLS), and Shared Lives (formerly known as Adult Placement) (SHL).

The picture is generally very positive with 32 providers rated as Outstanding, 335 as Good, 19 rated as Requires Improvement and 1 rated as Inadequate.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	0	37	5	1
Northumberland	9	36	1	0
North Tyneside	4	23	0	0
Newcastle upon Tyne	5	33	1	0
Gateshead	0	36	3	0
South Tyneside	2	13	1	0
Sunderland	2	36	0	0
County Durham	5	45	4	0
Stockton-on-Tees	1	21	2	0
Hartlepool	0	10	0	0
Darlington	2	14	1	0
Middlesbrough	1	18	1	0
Redcar and Cleveland	1	13	0	0
<b>Total</b>	<b>32</b>	<b>335</b>	<b>19</b>	<b>1</b>

## ICB position on oversight framework metrics

The NHS Oversight Framework (NHS OF) includes a number of metrics across the domains of preventing ill health and inequalities; people; and quality, access and outcomes. In August 2023 the number of metrics within the NHS OF was reduced from 89 to 65. ICBs continue to be ranked according to their performance on 39 of these individual metrics and reported as being in the highest quartile, interquartile or lowest quartile range for each indicator. There is a large cross over between the oversight framework metrics and the objectives in the executive summary dashboards so individual metrics are not repeated here but the high-level summary in the table below outlines the distribution across the quartiles by domain and notes how many standards were met in this latest data period.

Domain (Total number of indicators)	Number of indicators in highest quartile	Number of indicators in Interquartile range	Number of indicators in lowest quartile	Number met against those with identified standard
Preventing ill health & reducing inequalities (11 down to 5)	4	1	0	1 of 5
People (9)	4	4	1	0 of 0
Quality, access and outcomes (50 down to 27)	6	18	8	3 of 17
<b>TOTAL</b>	<b>14</b>	<b>23</b>	<b>9</b>	<b>4 of 22</b>

### Actions

Trust oversight meetings provide an important mechanism to discuss and understand challenges associated with delivery of oversight framework metrics as well as identify any common themes and actions. Recent meetings are noted in the section below.

## ICB Oversight Meetings

### **North Cumbria Integrated Care NHS FT Oversight Meeting – 28<sup>th</sup> August 2024**

- The ICB and Foundation Trust discussed the ongoing urgent and emergency care challenge in North Cumbria. A recent Summit provided an excellent opportunity to work with partners and stakeholders in the run-up to winter. Discussion also took place on the work ongoing around ICS-wide Living and Ageing Well, including frailty and an ageing population.
- Good progress has been made since the latest CQC inspection including the introduction of an accreditation process and the implementation of a single assessment tool covering acute and community services across all sites. Work has also been undertaken to improve clinical governance processes.
- The Trust has served notice to terminate the Neurology Services contract with South Cumbria to focus on continuing delivery of services in the North with work underway to ensure safe transition of services. The Trust also recognised there is more to be done to support mental health, learning disabilities, Urology and bringing together maternity and neonatal teams.
- The Trust has made good progress on reducing health inequalities, focussing on longer-term waiters working with local authority partners, whilst recognising the importance of equality, diversity and open cultures, international recruitment and engagement with staff.

### **Northumbria Healthcare NHS FT Oversight Meeting – 2<sup>nd</sup> September 2024**

- The ICB and Trust discussed the positive steps taken with quality, safety, financial management and leadership and recognised good performance on elective care, diagnostics and the Trust's ambitious plan to reduce waiting times and eliminate over 52-week waits.
- A new front door model and navigation service in the Emergency Department is being introduced to address growth in emergency attendance with work being undertaken to understand the causes of the increase.
- Work is underway to understand mental health service provision, including a review of pathways and signposting to services, in particular around access to community crisis teams and the use of the emergency department. The increasing number of people admitted with eating disorders and those who require specialised care has also been noted.
- The Trust has made good progress in its approach to preventing ill health, reducing inequalities and ensuring inclusion with a focus on prisoner health, housing and homelessness. Positive changes have also been made on engaging with staff, reflecting on the need for open cultures in the organisation.
- The Trust is working collaboratively on primary and secondary care integration, ensuring governance and structures are in place to ensure safe and affective delivery of care closer to home, working with the Living and Ageing Well Network.

### **Cumbria, Northumberland Tyne and Wear NHS FT – 9<sup>th</sup> September 2024**

- The Trust is taking positive steps to improve quality and safety for patients and staff and aim to transfer learning across all services.



- The Trust is working collaboratively with partner FTs, with a focus on physical health, to ensure mutual support and joined up care, acknowledging there are challenges to some services such as eating disorders delivered on acute hospital sites.
- Joint working is underway with TEWV FT and primary care providers to review pathways, including those for neurodevelopmental conditions to address longer waits for admission relating to mental health, supported by the ICB and local authority colleagues. The Trust is also working closely with partners in North Cumbria to focus on the frail/elderly to enable patients to live well at home and reduce length of hospital stays.
- The Trust has made good progress in its approach to ensuring inclusion, with a focus on offender health and ongoing work on Equality, Diversity, Inclusion and culture, in particular their work with BAME staff and inclusive recruitment.
- Good progress has been made to address out of area placements and the positive impact this is having on patients and families.

### **South Tees Hospitals NHS FT Oversight Meeting – 28<sup>th</sup> October 2024**

- The Integrated Care Board and the Foundation Trust recently convened to review advancements in quality and assess progress made over the past three to four years, as highlighted in their latest Care Quality Commission inspection of the trust. Notably, significant improvements have been achieved in maternity services since the 2014 inspections, and there is an ongoing evaluation of the estate's strategy aimed at further enhancing the maternity department.
- In addition, there have been efforts to reduce long wait times for diagnosis, and initiatives are underway to address the backlog in cancer care, particularly with positive developments observed in lung and prostate care pathways. Furthermore, the trust's virtual ward is operating effectively, maintaining full occupancy, achieving good lengths of stay, and receiving favourable feedback from patients.
- The Foundation Trust is receiving support for its initiatives in areas such as Infection, Prevention and Control, management of Never Events, and enhancements in paediatric audiology, all of which are being actively pursued.

### **North Tees and Hartlepool NHS FT Oversight Meeting – 28<sup>th</sup> October 2024**

- The Integrated Care Board and the Foundation Trust have reviewed the Care Quality Commission inspection of the trust conducted in September 2022. They noted that all identified issues have been resolved, and there are no outstanding concerns. In 2023, the trust received a positive governance report and is actively prioritising the recommended actions. Additionally, for maternity services, the trust is participating in a national improvement program.
- To manage increasing demand, the trust has modified their Chemical Pathology pathways and is training new staff in Echocardiogram. They have also hired General Practitioners in Accident and Emergency and the Emergency Assessment Unit (EAU) to aid patient discharges.
- Ongoing estate issues are being tackled through a strategy focused on improving digital services, estate management, and finance. The trust has expanded their EAU assessment area using Urgent Emergency Care funding, and building work is underway to enhance facilities for patients, expected to be completed early next year.



## **South Tyneside and Sunderland NHS FT Oversight Meeting – 8<sup>th</sup> November 2024**

- The Integrated Care Board and the Foundation Trust discussed the Care Quality Commission inspection results. They noted several improvements, including the implementation of the Ward Accreditation program and enhanced training for staff. The progress being made to re-open the midwife-led maternity unit was discussed with current maternity services continuing to offer midwife-led pathways within the consultant-led service in the meantime.
- A Rapid Assessment Team (RAT) has been established to enhance the performance and safety of Urgent and Emergency Care (UEC). Although the Trust's UEC performance is currently pressured, recovery is anticipated through new initiatives.
- The Trust's elective performance is strong, with Urology performance the best in the region, supported by a best practice prostate pathway.
- The Trust discussed their role as an anchor organisation for the local economy, collaborating with Active Sunderland to address health inequalities. Their distinct strategies for South Tyneside and Sunderland significantly contribute to economic growth and emphasise the importance of community collaboration and attracting talent from outside the Northeast.
- The Trust has implemented a high user identification model for frequent attendees of the Emergency Department (ED) and is involved in an Ambassador Scheme, a Health Equity toolkit, and a community engagement team that targets specific populations.
- Additionally, the Trust is functioning effectively as a system partner at both regional and national levels, addressing local issues, particularly in terms of integration.

The following oversight meeting will be updated in the next report: Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust 2<sup>nd</sup> December 2024

## **ICB Complaints and Healthwatch Themes**

### **Complaints**

The previous update focused on the position for quarters 1 and 2 of 2024/25. This update focuses on activity in October and November 2024. The quarter 3 position will be included in full in the next report.

Responsibility for the complaints function has recently moved to the Director of Corporate Governance and Board Secretary. The service is currently managed through two separate teams due to historic arrangements:

- North of England Commissioning Support (NECS) via a service level agreement manage complaints relating to the ICB itself and its commissioning functions. This arrangement was in place prior to the delegation of primary care commissioning from NHS England to the ICB in July 2023.
- The Primary Care Complaints Team manages complaints relating to primary care services including, general practice, dental, pharmaceutical and ophthalmic contractors (responsibility for which transferred from NHS England following the full delegation of primary care commissioning to the ICB in July 2023).

Since the transfer of the management of primary care complaints we have experienced significant volumes of enquiries and formal complaints which has created a backlog of contacts that we continue to work through. Two fixed term Band 5 complaints officers have recently been appointed for a period of two years, which will double the capacity in the primary care element of the team. It is hoped that the individuals will start in post early in the New Year.

Work is underway to develop an integrated team to manage all ICB complaints. This work includes a review of the current processes for managing complaints to identify efficiencies, to streamline ways of working and to development of a more comprehensive governance structure for reporting of complaints activity to provide greater detail and assurance going forward. Reporting arrangements will include identifying areas of learning and improvement from completed complaints.

Work is also underway to in-house the ICB complaints function from NECS as part of the wider in-housing business case that was recently approved by NHS England.

The number of contacts received is set out below.

### **NECS provided Complaints Team**

During October and November 2024, we received 48 formal complaints - 25 were passed to providers with 23 relating to commissioning and therefore led by the ICB. Of these 23:

- 19 related to access to NHS dental services,
- 3 related to Continuing Health Care (CHC),
- 1 related to Covid vaccination.

There were 38 formal complaints and 50 concerns closed during October and November 2024.

### **Primary Care Complaints**

During October and November 2024, the primary care part of the team received 16 formal complaints and 263 concerns/enquiries. Five formal complaints and 80 queries were completed.

The subject of complaints/concerns received about primary care are wide-ranging. Some of the more common themes continue to be clinical care, registration/removal, prescribing issues, failure to refer and access.

Unfortunately, due to the current capacity constraints it is not possible for all the complaints, concerns and enquiries received to be processed in a timely manner, and it is expected that a significant proportion of the concerns/enquiries will translate into formal complaints. As set out in the *Local Authority Social Services and National Health Service Complaints Regulations 2009*, patients and service users are entitled to complain about the provider or commissioner of primary care services, including GPs, dentists, pharmacists and optometrists. We continue to encourage complainants to liaise directly with the providers as they are best placed to investigate the concerns that they have. We also work to resolve as many concerns as possible, without the need to go down the formal complaints process.

### **Performance against key performance indicators**

All new ICB cases received in October and November were acknowledged within the three working day target. The ICB aims to respond to single-agency complaints within 60 working days of receipt (or of receipt of consent or agreement of the complaint plan, where applicable). Where this cannot be met, a revised date is agreed with the complainant. This key performance indicator (KPI) was met for complaints against the ICB. Work is ongoing to improve the position in relation to complaints against primary care.

### **[Healthwatch themes and engagement work across NENC](#)**

The NENC Healthwatch Network includes the fourteen Healthwatch organisations from each local authority area. Each Healthwatch is independent and local Boards set priorities based on feedback from residents.

The Network provides an invaluable function within the Integrated Care System by collating key emerging priorities and independently representing the voices of those living and working in our communities, whether it be locally, sub-regionally or regionally. The Network also has a range of robust and comprehensive methods of information gathering, with particular reference to those who are seldom heard and disadvantaged, which helps us to priority areas of work.

The NENC Healthwatch network covers rural, urban and coastal communities including the most deprived communities in the country. Common themes and trends in our work include:

#### Social Care priorities:

- Nursing/Care Home settings - It is sometimes felt the care sector and the dignity that needs to be afforded to patients/residents is not given the priority required compared to the health sector. 7 of our Healthwatch organisations (Gateshead, North Tyneside, South Tyneside, Westmorland & Furness, Hartlepool, Middlesbrough and Redcar & Cleveland) are now looking at the provision & quality of care with Nursing/Care Home settings compared to only 3 in the previous year.
- Domiciliary care - Northumberland, South Tyneside and Hartlepool
- Other areas to be covered are reablement/intermediate care (Hartlepool), the Adult Social care Team (Newcastle & Redcar), Carers (North Tyneside), a directory/guide for Social Care (Sunderland) plus we now have Westmorland & Furness looking at safeguarding within their work programme.

#### Health Sector priorities:

- GP access – the majority of Healthwatch still have concerns relating to GP access. There are 10 of the Healthwatch raising this as an item within their work programmes with a further Healthwatch considering this for inclusion.
- Dentistry Access – this still remains one of the highest reasons residents are contacting Healthwatch for help & guidance. The Healthwatch Network has concluded a NENC engagement exercise on Dentistry but remains a feature on now 6 of the 14 work programmes. This may increase depending on the outcome of our most recent Network-wide engagement that has been shared with the ICB.
- Pharmacy is beginning to feature more in the concerns by Healthwatch given many pharmacies are removing their supplementary hours. 8 Healthwatch have this within their work programmes.
- Hospital discharge - identified by a further 2 Healthwatch compared to the previous reporting in September.
- Community mental health services – There are now 10 Healthwatch looking at this area which is a further increase.
- Learning Disability & Autism - there is a great deal of concern across the Network looking at the provision of services. In some areas this will examine performance in Primary Care of ensuring Annual Health checks are carried out in a timely manner.
- Access for those with a sensory disability - continues to be an area of concern as does the wider concern in ensuring all Health & Care services adhere to the Accessibility Information Standard.
- 12 of the 14 Healthwatch (exc. North Cumbria) have worked with the NEAS and VONNE to review the Trust's Clinical Strategy. Place based engagement events have been held across the NENC region with our final report & recommendations presented to the Trust in November.

# **Operational Planning Priorities 2024/25**

# Urgent and Emergency Care – Nov 24

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
A&E waiting times < 4hrs (78% by March 25)	81.7%	78.9%	75.7%		72.1% 7/42
Category 2 ambulance response (NEAS)	26:18	26:15	28:11	Improving	2/11
Adult G&A bed occupancy	92.5%	92.3%	92.3%		95.4%
Patients not meeting the criteria to reside (CtR)	8.9%	7.6%	9.5%		
Ambulance handovers >59mins:59s	0	0	4.0%		
111 Call Abandonment (NEAS plan)	3%	3%	2.5%	Improving	
Mean 999 call answering time	<10s	9s	0.7s	Improving	6.1s

## Observations

- In month A&E performance at 75.7% remains above the national average of 72.1% however behind the NENC Nov24 plan (78.9%). NENC has seen a deterioration from Oct24 of 0.2% (down from 75.9%).
- Ambulance response times Cat 2 mean response has improved in Nov24 compared to Oct24 and performance remains ahead of plan. NEAS national ranking is 2/11 (NEAS also ranked 1/11 for Cat 1, 3, and 4 mean response).
- Bed occupancy compares favourably to the national and regional position. Nov-24 reported slightly lower rate from Oct24.
- Patients not meeting Criteria to Reside (CtR) continues to be behind plan but has slightly improved in Nov24 and remains lower than the NEY and national position.
- Ambulance handover delays over 1 hour decreased in Nov24 to 881 (4.5% of arrivals).

## Actions/interventions/learning/risks

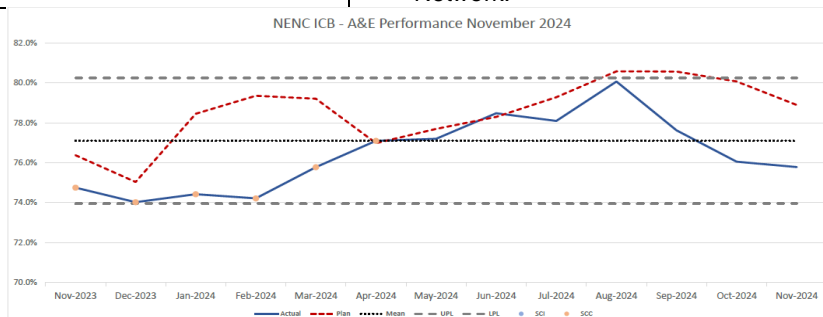
- Focus on A&E performance and NENC achieving the plan of 81.7% by Mar25 (National target of 78%).
- Continued focus on escalation processes for ambulance handover delays. Ambulance Handover System Working Group established. Immediate Release Procedure trialled.
- NEAS are continuing to recruit to their CAS and clinical validation team, early evidence shows improvement in Hear & Treat.
- Revised discharge reporting including delays per pathway enabling further level of granularity to identify opportunities and barriers.
- Acute Respiratory Infection Hubs – All LDTs have established ARI hubs with local PCNs and GP Federations for additional respiratory capacity for a minimum period of 10 weeks.
- Ambulance focus on high impact actions such as HCP triage process, additional clinical capacity and validation and recruitment of paramedics.
- NHSE monthly flow packs (A&E, Ambulance) shared with 5 x NENC Local Accident and Emergency Delivery Boards (LAEDB) and are routinely discussed within meetings.

## Quality and Health inequality implications

- Continued focus on reducing ambulance handover delays. Specific working group established to identify improvements. Individual Trust trajectories to be agreed for reduction in >59-minute delays and reduction in average handover time.
- Development of Urgent and Emergency Care (UEC) model of care to focus on patient pathways and health inequalities to determine priorities; including reducing patient harm.

## Recovery/delivery

- Winter priority initiatives ongoing including improvements in navigation, capacity and alternatives to ED to support avoidance of inappropriate admissions.
- Remodelled UEC dashboard embedded into governance.
- NENC winter resilience plans received from all Trusts and assured through UECN.
- SDEC community of practice event took place 7<sup>th</sup> Nov. Focus on direct access principles. Principles and implementation plan being taken through CAG and UECN in December
- ARI Hubs – All LDT have established ARI hubs with local PCNs and GP Federations for additional respiratory capacity for a minimum period of 10 weeks. All hubs operational from December 2024 until mid to end of February 2025.
- Integrated Care Coordination – supporting shift out of hospital – developing plan across primary, community and UEC. ICB Urgent Responsive Care group has been expanded to cover Urgent Community Response, Virtual Wards and Care co-ordination Hub oversight and support with the aim of co-ordinating a combined increase in community activity and a divert away from secondary care acute activity.
- Review of UEC governance by Urgent and Emergency Care Network.



# Primary and Community Care – Oct 24 (except \*data)

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Monthly Appointments in General Practice	1.51m	1.77m	2.16m	Improving	
Proportion of GP practice appointments within two weeks and	85.5%	85.5%	79.4%	Worsening	78.1%
Proportion of appointments the same or next day			61.1%	Worsening	61.0%
Additional Roles Reimbursement Scheme - All Roles (Mar24)		1,526	1,515	Improving	
UDA delivered as proportion of UDA contracted (Sep24)	80.0%	80.0%	72.3%		81.3%
Percentage of unique patients seen by NHS dentist (adult) - rolling 24m (Nov24)	42.6%	42.6%	41.6%		35.5%
Percentage of unique patients seen by NHS dentist (child) - rolling 12m (Nov24)	73.6%	72.7%	60.1%		56.3%
2-hour urgent community response (UCR)	70.0%	70.0%	77.2%	Worsening	83.2%
Increase referrals to UCR services	7,980	7,700	10,896		
Improve access to virtual wards by ensuring utilisation is consistently above 80% (Nov24)	78.2%*	84.8%	66.4%		
Community Beds Occupancy (Nov24)	92.0%	92.0%	92.7%		
Improve community services waiting times, with a focus on reducing long waits - All	825 Q4	840	1,146		

## Observations

**GP appts** Oct24 actual appts were significantly higher than plan.  
**ARRs** plan was met Mar24, not included in 24/25 plans.  
**Dental UDAs** Q2 actual is below plan and under England average of 81.3%.  
**UCR:** 2 hr standard and activity targets exceeded but with a downward trend in % within 2-hrs  
**Virtual wards:** Below plan but improving trend.  
**Community services waiting times** long median waits in Adult Podiatry for NCIC, Children Young People Therapy interventions: OT for NUTH and adult weight management & obesity STHFT

## Actions/interventions/learning/risks

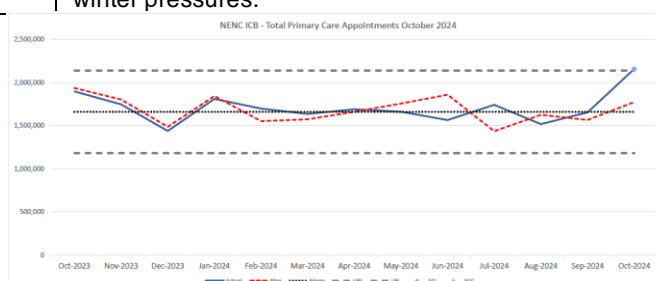
**NENC ICB Primary Care Access Recovery plan (PCARP):** Continued roll out of Modern General Practice Access, utilising digital tools to improve access, using outcomes/data to inform planning and future priorities, sharing good practice/lessons learnt.  
**GP Collective Action Risk:** The delivery of GP Services to patients is impacted by GP collective action, limiting the number of GP consultations per session.  
**System Development Funding (SDF):** Schemes for 2024/25 funding have been approved. **Issue:** Due to new contractual requirements most schemes are now delayed with continuation of existing schemes at risk. Mitigations identified however risk that these programmes of work will not be delivered in year, resulting in significant slippage.  
**Patient Experience Survey:** Data shows positive progress against PCARP aims and the national requirements, analysis from the survey indicates further work required to correlate delivery of change and positively impact patient experience when accessing primary care services. Working Group established to develop themes and more targeted work.  
**National dental recovery plan,** in addition to initiatives previously reported, approval has recently been given for the roll out of urgent dental access centres as well as a plan to commissioning additional general dental access. In the interim non-recurrent funding continues to be used to fund UDA over-performance/additional activity where possible but delivery is impacted by contract hand backs.  
**Integrated Care Coordination:** ICB Urgent Responsive Care group has been expanded to cover Urgent Community Response, Virtual Wards and Care co-ordination Hub oversight, targeting increase in community activity and divert away from secondary care.

## Quality and Health inequality implications

ICB wide Primary Care quality reporting system in place and LDTs determining arrangements for actioning and feeding into wider ICB quality reporting.  
 Integrated Care Co-ordination: develop greater integration in our communities, support to remain at home.

## Recovery/delivery

**PCARP:** Implementation of Modern General Practice Access continuing.  
**Greater use of NHS App and digital access,** 90% of practices offering key App functions.  
**Pharmacy services** continuing to expand - Pharmacy First delivered by 99% pharmacies.  
**Estates** supporting priority practices to utilise funding to provide additional clinical rooms.  
**Peer Ambassadors Programme:** Three NENC Peer ambassadors have been identified, who will support with the implementation of Modern General Practice Access and Transformation Projects  
**UCR:** Focus remains on increasing UCR referrals, including 999/111, TEC responders and care homes. Co-ordinated focus at ICB level within Urgent Responsive Care group.  
**Virtual Wards:** In-depth stock-take of services and 1:1s with providers to discuss current position, future ambitions and overcoming barriers to delivery with a view to planning for winter pressures.



\*NENC ICB 24/25 Plan does not meet national planning objective  
 Integrated Delivery Report December 2024



# Elective care – Oct 24 Actual data displayed at commissioner aggregate level

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Number of patients waiting > 104 weeks	0	0	2	Improving	22/42
Number of patients waiting > 78 weeks	0	0	31	Improving	13/42
Number of patients waiting > 65 weeks (0 by Sep24)	0	0	301	Improving	8/42
Number of patients waiting > 52 weeks	4,190	5,334	5,174	Improving	2/42
The number of incomplete Referral to Treatment (RTT) pathways (waiting list)	327,044	334,177	354,743		
Proportion of patients on the waiting list who have been waiting for less than 18 weeks (92%)			68.8%		58.9%
Deliver 109% value weighted activity	110.6%	109.3%			
Increase the proportion of all OP attendances that are for 1st or FU appointments attracting a procedure tariff to 46% (NENC 46.6%) across 2024/25* (Mar24)	44.5%		42.7%		
Make significant improvement towards the 85% day case rate	87.3%				

## Observations

- Whilst the waiting list is above plan it has stabilised since May24 and has decreased over the last two reporting periods and remains lower than the peak in 23/24.
- NENC ICS continue to be the best performing across the country in Oct24 for RTT performance with 68.8% of people on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks.
- Published Oct24 data reported two unexpected 104+ week waiters, follow up with Newcastle, Nuffield and Connect Health to confirm suspected DQ issues
- Oct24 data confirmed a further decrease to 78+ww from 36 (Sep24) to 31 (Oct24).
- Further improvement in 65+ww from 329 (Sep24) to 301 (Oct24) making it five consecutive reporting decreases. Despite the decrease this still represents continued challenge to eliminate long waiters.
- Oct24 data for 52+ww shows a notable drop from the previous reporting period down from 5,970 (Sep24) to 5,174 (Oct24). Not only does this improvement deliver below plan it is the lowest reported position post COVID.
- Improved RTT validation levels from Aug24
- 24/25 operational plan introduced a new Outpatient metric focussing on the proportion of all OP attendances that are for 1st or Follow Up appointments attracting a procedure tariff. Guidance also reinforced progress towards a day case rate greater than 85%.
- 24/25 Operational planning guidance focussed on elective recovery including reductions in long waits, waiting list size and completion of patient treatment pathways.

## Actions/interventions/learning/risks

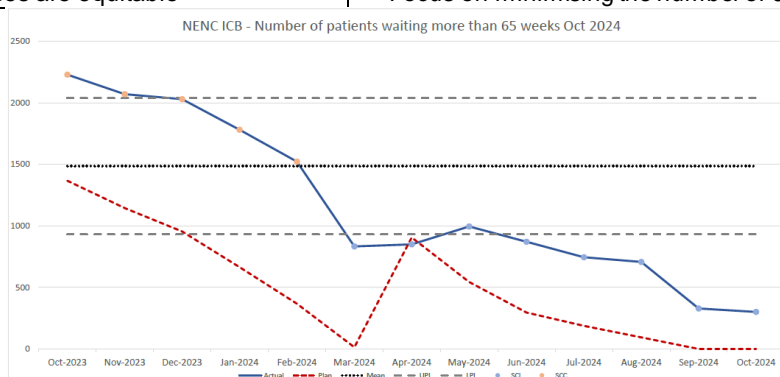
- Focus on elective recovery for NENC including reductions in long waits, waiting list size and completion of patient treatment pathways.
- Targeted meetings continue with NuTH and STees in conjunction with Further Faster 20 (FF20); NCIC operating within Tier 2 (NHSE and ICB) support structure with formal bi-weekly meetings.
- Mutual Support Coordination Group (MSCG) facilitated conversations regarding over 1,150 patients across 20 specialities, fostering a collaborative environment where providers can learn from each other and implement best practice, supporting requests across pressured specialities for 65ww for approximately 550 patients so far in 24/25.
- A review undertaken of total number of fallow laminar flow theatre sessions across NENC, combined with identification of clinicians from various hospital sites who are available and willing to travel to support mutual aid.
- Detailed long waiters briefing for high-risk providers identifying issues at specialty level including planned recovery actions and future risks.
- Theatre and Peri-operative group established with key priorities for the group identified as: early risk assessment and pre-operative assessment, supporting patient optimisation and mobilisation; sharing best practice in scheduling and planning to optimise efficiency and productivity of theatres; and developing a sustainable workforce.
- Getting It Right First Time NENC system visit undertaken in November with subsequent priorities highlighted for action including single point of access for Ophthalmology and MSK services, length of stay for Fractured Neck of Femur, Neurology outpatient pathway transformation and optimising day case procedures within Gynaecology.

## Quality and Health inequality implications

- Patient choice may result in treatment delays and impact on the ability to improve the overall waiting list position.
- Work on shared approaches to validation (Clinical, Digital, and Administrative), access policies and patient support to ensure access to services are equitable

## Recovery/delivery

- Recovery impacted by seasonal urgent and emergency care demands
- Frequent ICB meetings with providers that continue to have long waiters more than 65 weeks (NCIC, NUTH and S Tees)
- Focus on minimising the number of 65+ww across NENC by Dec24



\*NENC ICB 24/25 plan does not meet national planning objective  
Integrated Delivery Report December 2024

# Cancer & Diagnostics – Oct24 Actual data displayed at commissioner aggregate level

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Improve performance against the headline 62-day standard to 70% by Mar25	72.7%	69.8%	68.9%	Improving	68.2%
Cancer faster diagnosis standard 77% by Mar25 - ICB	79.4%	77.7%	79.6%		77.1%
Number of patients waiting over 62 days (Nov24)	817	817	777	Improving	
31 days from decision to treat/earliest clinically appropriate date to treatment of cancer (96% target)			87.6%		
Lower GI (at least 80% of referrals accompanied by a FIT result) (Aug-24)	80.5%	80.5%	80.6%	Worsening	
Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2030 (12 month rolling, Jul24)			55.4%		
% of patients that receive a diagnostic test within six weeks in line with the Mar25 ambition of 95% (24/25 ICB plan required for 9/15 modalities only)	92.7%	86.4%	85.4%		79.3%

## Observations

### Cancer

- 55.4% of cancers diagnosed in the 12 months to Jul24 were at stages 1 and 2, against a planning ambition of 75% early diagnosis by 2030. (\*see appendices)
- 28-day faster diagnosis (79.6%, Oct24) maintained its position above the national standard (75%), and above Operational plan trajectory (77.7%).
- 31-day performance decreased from 88.7% (Sep24) to 87.6% (Oct24) and remains below the national standard (96%). Radiotherapy treatments are most challenged with performance below 70%.
- Cancer 62-day performance increased from 66.1% (Sep24) to 68.9% (Oct24) just below the ICB Plan trajectory (69.8%).
- Most challenged pathways include, Lung, Urology, Lower GI, with performance below 65%.
- Cancer PTL backlog has been retired from the National Cancer performance reporting schedule with a move back to the CWT measures. This will continue to be monitored by the Northern Cancer Alliance.

### Diagnostics

- Second month of improvement, particularly in MRI and Non Obstetric Ultrasound with a combined reduction of 2,787 6 week waits in two month period
- Audiology continues to have the lowest percentage compliance for patients to be seen within six weeks at 41.2%. This is expected to improve to 77% by March 25.

## Actions/interventions/learning/risks

### Cancer

- Work to improve early diagnosis continues to focus on health and healthcare inequalities and includes; Behavioural Science Awareness campaigns, Mobile Cervical Screening pilot into areas of deprivation, "Know your lemons" breast cancer work with South Asian community, continued and effective use of FIT testing and Targeted Lung Health Checks.
- Working with Trusts to improve staging data completeness at tumour level.
- Unmet need call focused on Early diagnosis launched in October in a bid to find further early diagnosis innovations as this ambition is unlikely to be achieved by 2030 with only existing interventions.
- NCIC is part of NHS E tiering process for Cancer as a tier 2 provider. Additional performance recovery funds from Alliance and NHS E have been made available to support actions to improve Skin, Gynae and Urology performance.
- Breast pain pathway now live in all but one provider, removing people from triple assessment clinics and reducing unnecessary imaging.

### Faster Diagnosis Standard:

- Strong performance at provider level with 5/8 providers achieving 77% England 24/25 objective for FDS standard
- Challenges still exist at tumour level – Urology being the furthest away from trajectory.

### Diagnostics

- Review of H2 24/25 trajectories to ensure that plan of 92.7% can be met by end of year

## Quality and Health inequality implications

### Cancer

- Currently unable to monitor reduction in health inequality in cancer pathways, we are working with the ICB Healthcare inequalities group to develop a meaningful measure

### Diagnostics

- Improved equity in access to diagnostic services
- Timely diagnosis improves treatment opportunity.

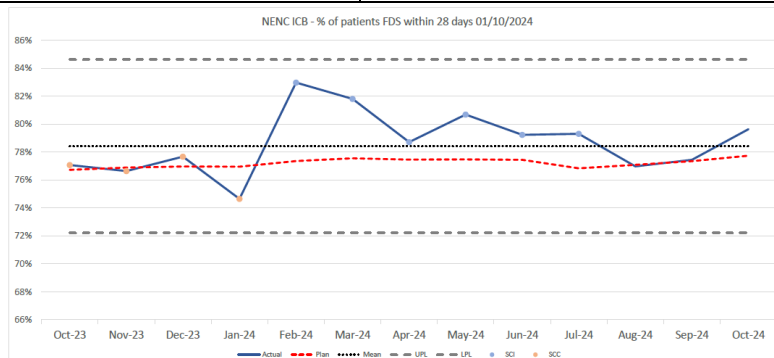
## Recovery/delivery

### Cancer

- FDS strong performance continues in 2024/25.

### Diagnostics

- Currently off track against overall trajectory





# Maternity and Neonatal

Objective	RAG Rating
Perinatal Pelvic Health Services are operational and available in line with the service specification across the ICB	Green
Agreement is in place to sustainably commission Perinatal Pelvic Health Services from Apr-24	Green
Maternal Mental Health Services are operational and available across the whole of the ICB	Red
Agreement is in place to sustainably commission Maternal Mental Health Services from Apr-24	Red
7 Day Bereavement services in place in all Trusts	Orange
Publication of Maternity equity and equality action plans	Green
Are all Providers compliant with Saving Babies' Lives Safety Action 6	Orange
<p><b>Observations</b></p> <ul style="list-style-type: none"> <li>Implementation and access to the Maternity and Neonatal Senior Advocate (MNISA) service has been added to the ICB risk register</li> <li>The Intergrowth Estimated Fetal Weight (EFW) chart (IG-21) used within maternity services has been added to the ICB risk register</li> <li>Since April 2024 there have been nine maternal deaths in seven trusts (Gateshead, South Tyneside and Sunderland, County Durham and Darlington, North Cumbria, Northumbria and North Tees/South Tees).</li> <li>MNSI (Maternity and Newborn Safety Investigations) are investigating five of these maternal deaths. LMNS has met with MNSI to discuss the number of maternal death cases and MNSI colleagues acknowledge that there appears to be a "spike" in the number of cases, so far they have not identified any specific themes.</li> <li>Each of the cases, apart from the latest case in North Tees/South Tees have been reported to the LMNS via the LMNS quarterly Perinatal Quality Surveillance reporting and discussed at the quarterly meetings.</li> <li>The newly appointed LMNS Head of Quality &amp; Safety is implementing a new process for the LMNS supporting the investigation of the maternal deaths in the North East and North Cumbria and attended the rapid review of the latest case in North Tees/South Tees. The LMNS will attend rapid review meetings for any future cases.</li> <li>Any learning from the cases will be shared by the NENC Maternity and Neonatal Patient Safety Learning Network in due course.</li> </ul>	<p><b>Actions/interventions/learning/risks</b></p> <ul style="list-style-type: none"> <li>GHFT has seen a significant increase in birth numbers and acuity. Average birth numbers normally 140 births, with increases seen in Aug (185 births) &amp; Sept (205 births) leading to mutual aid request and review of bookings. At the start of 24/25 Q3, Trust has developed a plan to manage increasing birth numbers, this has involved capping bookings up until Mar 25 and developing and mutual aid request to neighbouring Trusts.</li> <li>North N'land Midwifery Led birth units and homebirth service suspended for 12 weeks following homebirth and subsequent MNSI referral/investigation. Immediate actions to rotate midwives to increase exposure to frequent intrapartum care (through some practice development rotation to NSECH) before resuming the intrapartum service in North N'land. This will affect up to 10 women, personalised alternative birth options are being explored with service users. Meetings held with Regional Chief Midwife and ICB to appraise of situation.</li> <li>STSFT - home birth service suspended and Maternity Led Birthing Centre suspended. Rates of Born Before Arrival (BBA) are increasing. Currently analysing each BBA case to identify trends and to determine whether the suspension of the homebirth service has impacted on these rates. Trust has been requested to confirm a plan including a timescale for when the homebirth service will be reinstated.</li> <li>CDDFT - Continued suspension of homebirth service due to staffing pressures in community midwifery services. Agreement reached to provide independent midwifery services for service users requesting homebirth.</li> <li>Low APGAR Scores &lt;7 at 5 minutes seen in four trusts. STSFT has had two 'alarms' on the LMNS maternity dashboard and Newcastle has had two 'alerts' which have triggered an investigation for both trusts. N Tees and S Tees have both had one alert in 2024/25 in quarter 1. Following the STSFT presentation of audit and deep dive findings of term APGAR scores &lt;7 at 5 minutes at LMNS Quality and Safety Group, the Trust has been requested to audit additional metrics identified for further analysis. This will be joint work with NUTH.</li> </ul>
<p><b>Quality and Health inequality implications</b></p> <p><b>Maternal Mental Health Services (MMHS)</b></p> <ul style="list-style-type: none"> <li>The NENC ICB/LMNS is not expected to fully achieve this deliverable until 1 April 2026.</li> </ul> <p><b>Compliance with the Saving Babies Lives Care Bundle</b></p> <ul style="list-style-type: none"> <li>The audit requirement to assure compliance with the safety actions are comprehensive, and as such, requires significant staff time and resource to compile. Reflecting on the MIS Year 5 submissions, the approach taken to audit, and the methodology, was variable providing varying degrees of assurance.</li> <li>Audit compliance is reviewed at a quarterly joint meeting between the LMNS and Provider Trust.</li> </ul> <p><b>Other Relevant Programme Updates</b></p> <ul style="list-style-type: none"> <li>Recruitment and retention of multi-disciplinary team (MDT) staffing across our providers is a pressure – development and collaboration across NENC in workforce capacity continues.</li> </ul>	<p><b>Recovery/delivery</b></p> <p><b>Other Relevant Programme Updates</b></p> <ul style="list-style-type: none"> <li>Three maternity units (North Tees &amp; Hartlepool, STSFT and CCDFT) remain under the national Maternity Safety Support Programme (MSSP)</li> <li>Following a diagnostic assessment by the MSSP national team, it has been agreed that STees will also join the programme on the basis of the group model with NTees &amp; Hartlepool.</li> <li>The LMNS is currently undertaking its Perinatal Quality Surveillance Annual Peer Review Assurance Visits, the last one being North Cumbria Trust on the 12<sup>th</sup> December 2024.</li> <li>The LMNS has been successful in its bid for Labour Ward Coordinator Funding of £36,000 to support the 8 NENC Provider Trusts in the implementation of the LWC Education and Development Framework. The funding will be utilised to support in releasing staff to attend any required training or support in the payment of Higher Education fees.</li> </ul>

## Use of resources Data period M8 (November 24)

	Month 8 YTD plan	Month 8 YTD actual	2024/25 Annual plan	2024/25 Forecast
ICS financial position (surplus)/deficit	£19.85m	£18.56m	£0.00m	£0.00m
ICB financial position (surplus)/deficit	(£35.73m)	(38.81m)	(£53.60m)	(£53.60m)
Running cost position	£30.64m	£28.72m	£52.02m	£47.42m
Capital funding	£135.17m	£112.20m	£288.29m	£294.10m
Agency spend	£55.24m	£47.62m	£80.93m	£68.74m
Efficiency savings	£306.69m	£304.15m	£520.80m	£533.56m
Mental health investment standard	6.60%	6.60%	6.60%	6.60%

### Observations

- Deficit support funding of £49.95m was received in month 6 to offset the agreed deficit plan for the year. As a result, the full year ICS financial plan is now a breakeven position.
- As at 30 November 2024, the ICS is reporting a year to date deficit of £18.56m compared to a planned deficit of £19.85m. This is an improved position compared to the previous month although that largely relates to a one-off benefit in month
- The position includes significant additional cost pressures relating to the pay award, estimated at £20m for the full year. Further work is underway to review this pressure.
- The position also includes specific pressures relating to drugs and devices, estimated at £25m, and escalation beds.
- The year to date deficit position is expected to be recovered over the second half of the year, reflecting the phasing of efficiency plans.
- The ICB is reporting a year to date surplus of £38.81m, slightly ahead of plan, and a forecast surplus of £53.60m in line with plan.
- Running costs – an underspend is expected on running cost budgets (£4.6m forecast) largely due to vacancies. This helps to mitigate pressures on programme budgets.
- Capital spending figures now include the impact of International Financial Reporting Standards (IFRS) 16. The forecast overspend against plan has reduced significantly from previous month with the remaining pressure relating to IFRS 16.
- Agency spend continues to be below plan and forecast to be well within the system level agency ceiling of £101.3m.
- The ICS is reporting efficiency savings which are slightly ahead of planned levels overall, with forecast over-delivery of £11.3m. Within this however there is an increasing under-delivery reported against recurrent efficiency savings (£31.0m year to date and £36.1m forecast).

### Actions/interventions/learning/risks

- The ICS must deliver the agreed financial plan or if not will need to repay the £49.95m of deficit support funding.
- The submitted 2024/25 plan including significant unmitigated financial risks across the ICS, totalling almost £161m.
- The level of unmitigated financial risk has reduced over recent months and at month 8 was estimated at £47.5m (reduced from £61.4m at month 7).
- This includes unmitigated net risks of just under £5m for the ICB, predominantly relating to prescribing, CHC and delivery of efficiencies.
- Work continues across the system to manage these potential risks and identify additional mitigations.
- Pro-active discussions are taking place across the system to gain a better understanding of financial risk between now and year end and also to seek to identify mitigations that may be needed to balance the position.
- To support delivery of the financial position, an independent review of financial grip and control measures across all organisations within the ICS has been undertaken. The review was intended to both provide assurance around controls in place as well as identifying areas for potential improvement and agreeing resulting actions for individual organisations and across the system. Reports are currently being reviewed and related action plans developed which will be monitored through relevant committees within individual provider organisations and the ICB.

### Quality and Health inequality implications

- Good financial management supports delivery of high-quality services and reduction of health inequalities.
- All efficiency plans across the system are subject to quality impact assessments. Specific health inequalities funding is included within budgets for 2024/25.

### Recovery/delivery

- Work is continuing across the system on the medium-term financial strategy and delivery of related financial recovery plans via the System Recovery Board.

# Workforce – Aug/Jul 2024 24/25 metrics in development

Objective	Plan Mar 25	Plan (Month)	Actual	Trend	Benchmark
Improve the working lives of all staff and increase staff retention (Aug-24)		12.1%	9.5%		10.3%
Improve the working lives of all staff and increase staff attendance (Jul-24)		5.6%	5.8%		5.2%

## Observations

### Sickness

- The nationally reported in-month ESR recorded sickness rate for M3 24/25 has remained the same as at M12 23/24 of 5.5%, which is under the plan for March 25 of 5.6%. This remains above the national average of 4.9%.

### Turnover

- Definition of turnover is leavers, plus other staff who remain in the NHS but who have changed profession or employer in the last 12 months.
- NENC turnover rate has remained the same from June 24 to July 24, this is following a downward trend seen over a 12-month rolling period. However, this remains well below plan and national average.

### Data

- Work is continuing to understand the different sources of reporting of this information to ensure consistency of reporting and monitoring across the ICB.
- Data included in this report is based on the nationally available data through reporting by NHSE (NHS Digital)

## Actions/interventions/learning/risks

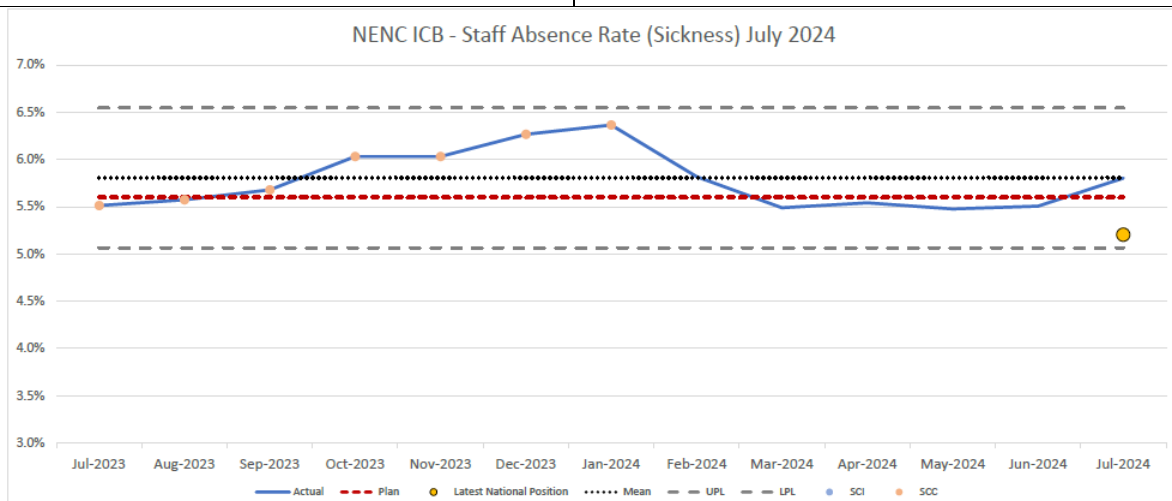
- Sickness and turnover rates continue as priorities in 24/25.
- Introduction of the Health and Growth Accelerator scheme funded through the Government's *Get Britain Working* white paper.
- Further deep dive sessions on 'we are recognised and rewarded' and 'we work flexibly' undertaken to support learning and sharing regarding the NHS People Promise.
- A draft IVF policy has been developed by a task and finish group. Work is commencing on the consultation of the policy by system partners.
- Continuation of the Wellbeing Hub until March 25 will support the health and wellbeing of staff giving people the best opportunity to remain in work.
- The menopause lead continues to run clinics and train staff around menopause across the system.
- Talent and leadership diagnostic in development to assess system development capability to deliver the three shifts outlined in the 10yr Health Plan.
- Boost learning and improvement community now over 9000 members and entering Phase 2 development.
- Oliver McGowan mandatory training (OMMT) is now live on the Boost Learning Academy, focused on training the NHS workforce. ICB SRO has signed an MOU with NHSE for OMMT funding.
- NENC ICB leading the NEY region (4+1) on an Anti-Racist approach for the region.

## Quality and Health inequality implications

- Higher levels of sickness affect patient safety & quality with increased reliance on agency staff.
- Staff turnover impacts quality due to: Lack of continuity of care, staff shortages through vacancies putting pressure on remaining staff, time and effort involved in recruiting, training, and inducting new staff members adding further pressure to existing staff.
- Provider trusts have all articulated they have plans in place to reduce sickness absence, improve retention, and reduce turnover and agreed to provide mutual support across all organisational boundaries where there are particular pressures on service areas.

## Recovery/delivery

- We are taking a learning and improvement approach to the delivery of the NENC People & Culture Strategy.
- Delivery plans across the 6 pillars of the NENC People & Culture Strategy are being developed to support the health and care workforce across NENC.
- New governance arrangements have been adopted to ensure system ownership and delivery of the strategy.
- A refreshed narrative is being developed for Boost that will draw together and build upon all previous models for change.



# Mental Health Adults – Oct 24 unless otherwise specified.

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Access to Transformed PCN Community Mental Health Services for Adults with SMI Number of 2+ contacts (Sep24)	30,000	20,076	29,355	Improving	
Access: Number of patients discharged having received at least 2 treatment appointments, that meet caseness at the start of treatment	2,934	2,910	3,250	Improving	
Talking Therapies - Reliable Recovery	50.0%	50.0%	48.1%		
Talking Therapies - Reliable Improvement	68.5%	68.3%	67.4%	Worsening	
Dementia Diagnosis Rate	69.8%	69.1%	69.1%	Improving	65.7%
People with SMI receiving full physical health check in primary care (Sep24)	69.5%	63.1%	61.3%	Improving	
Access to perinatal mental health services*	2,500	2,445	2,335		
Total number of inappropriate Out of Area (OOA) Placements** (Sep24)	0	4	<5		
MHSDS Data Quality Maturity Index (DQMI) Score (Aug24)			57.9	Worsening	64.9
Talking therapies - In treatment waiting times >90 days	10%	10%	39.8%		24.9%

## Observations

**Access to transformed PCNs:** The number of 2+ contacts has significantly increased and is over plan following the rise in number of confirmed transformed PCNs.

**TTAD:** Target exceeded for caseness, however there remains an under performance against reliable recovery and improvement rates. Secondary waits (in-treatment waiting times) remain a pressure.

**Dementia:** Performance has improved and is now marginally under target and therefore is described as unmet.

**Perinatal:** Following a continued spell of improvement, the target has not been met for this reporting period.

## Actions/interventions/learning

**TTAD:** System wide transformation workshop held in early December bringing together all key partners from providers and commissioners. Key outputs, themes and recommendations to support system wide transformation and recovery are currently being complied.

**Perinatal:** A deep dive into Perinatal and Maternal Mental Health is planned for the December Mental Health Performance Overview Group. This will help identify pressure areas as well as identify areas of good practice that can be replication across the system.

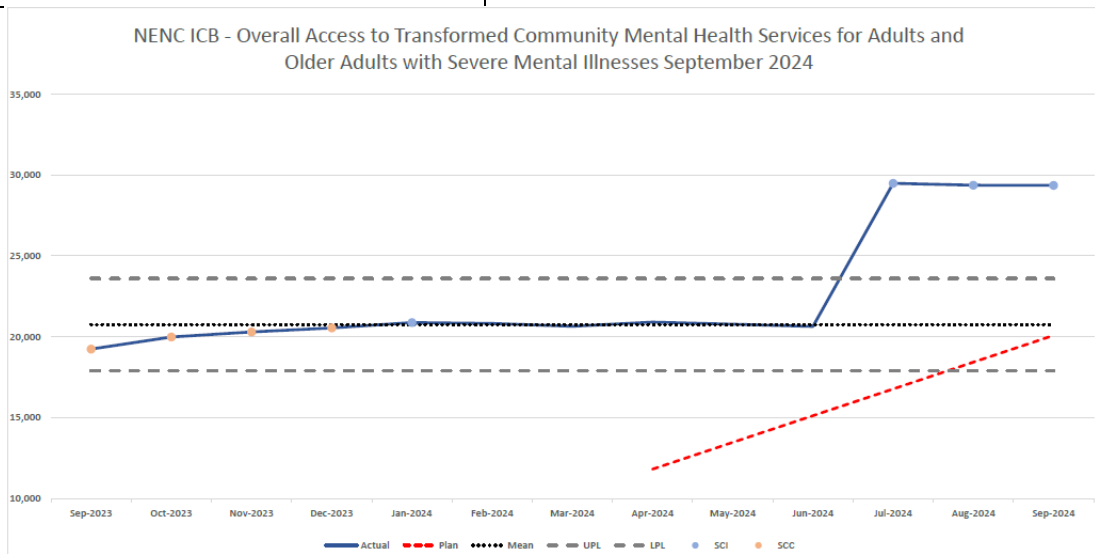
## Quality and Health inequality implications

Negative impact on mental health whilst waiting. Patients awaiting repatriation to their home area have poorer outcomes and less likely to receive frequent family visits due to distance. Resettlement/rehabilitation may not be as timely as when placed in home area. Patients with SMI are known to have a reduced life expectancy therefore health checks are important to identify physical health needs and support access to, and engagement, with services.

## Recovery/delivery

**TTAD:** Transformation Team planning workshop outputs to improve pathways and system wide recovery options currently being developed and will be incorporated into the draft recovery plan that has been penned.

**AMH Waiting Times:** Pressures remain within adult waiting times, specifically relating to neurodevelopmental pathways. An all age ADHD and Autism pathway transformation group has been established and met for the first time in early December. The group will work across the system to address key issues in terms of capacity and demand.



\*NENC ICB 24/25 Plan does not meet national planning objective

# Mental Health: CYP – Oct 24 unless otherwise specified

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Number of CYP accessing Mental Health Services*	59,632	58,824	59,020		
CYP Eating disorders (ED) - urgent within 1 week	95%		76.0%		
CYP Eating disorders (ED) – routine within 4 weeks	95%		88.0%		
MH CYP waiting time (WT) for 2nd contact >52 weeks**			13,833	<b>Worsening</b>	
MH CYP WT Autism & Neurodevelopmental >52 weeks**			8,738	<b>Worsening</b>	

## Observations

**CYP Access:** NENC exceeded the plan for Mar24. Moving into 24/25 the plan for March 25 is marginally below the national objective, however locally this continues to be met.

**CYP Waiting Times:** Referrals continue to increase, predominantly in Neuro pathways, more so in relation to ADHD, meaning pressures remain within this area.

**CYP Eating Disorders:** Pressures remain in this pathway for patients seen within one week (urgent) and four weeks (routine). However, we are noting a 7% improvement in performance against urgent within 1 week and a slight improvement of 1% against the 4 week metric from the last reporting period.

## Actions/interventions/learning/risks

Neurodevelopmental pathways continue to report pressures (this is also applicable to adult MH pathways). Additional financial support has been secured to assist in reducing waiting times in these pathways, however there is recognition that waiting lists/times have grown significantly within Neuro pathways over many years. Subsequently actions instigated to support recovery are not expected to have an immediate impact and may take a prolonged period. Work is continuing with providers to agree expected impact (develop improvement trajectories) and the underpinning actions that will support recovery and improvement.

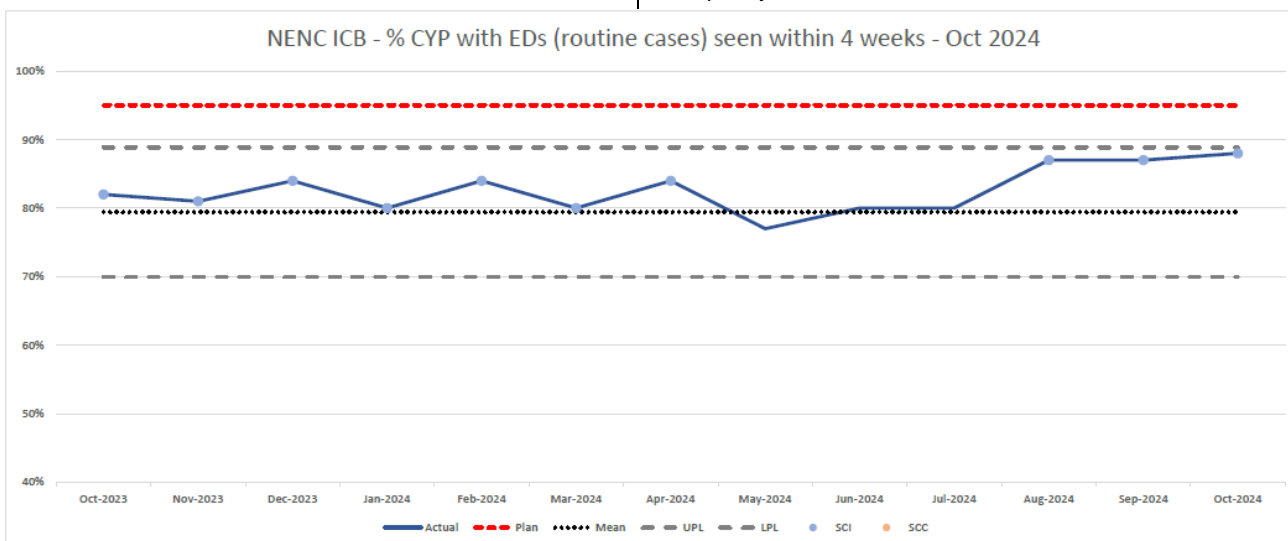
## Quality and Health inequality implications

Children, young people and families may experience exacerbation of difficulties as they wait to be assessed or start treatment.

## Recovery/delivery

**CYP Access:** Operational plan trajectory is currently being exceeded, however the long term plan trajectory will not be achieved.

**CYP Waiting Times:** Pressures remain within CYP waiting times, specifically relating to neurodevelopmental pathways. An all age ADHD and Autism pathway transformation group has been established and met for the first time in early December. The group will work across the system to address key issues in terms of capacity and demand.



\*NENC ICB 24/25 Plan does not meet national planning objective

\*\*MHSDS data subject to variable data quality between providers. All providers submitting to MHSDS included. Definition "Children and Young People (0-17) with an accepted referral waiting for 1st or 2nd direct or indirect appointment" open to differences in interpretation. Reporting to move to new national standard.



# People with a learning disability and autistic people – Oct 2024

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Bench mark
Annual Health Check and plan for people on GP Learning Disability registers	75%	36.1%	36.8%		37.2%
Reduce reliance on in-patient care – adults (ICB and Secure)* (Nov-24)	154 (Q4)	157	170		
Reduce reliance on inpatient care – under 18s (Nov-24)	0	1	6	Improving	
CTRs (Adult) compliance for non-secure (target 75%)	Fully Compliant	October 2024 CTR Metric compliance: Adult pre-post: 18% (2 of 11) Non-secure repeat: 56% (39 of 70) Secure repeat: 92% (60 of 65)			
CETRs (Children & Young People) compliance	Fully Compliant	October 2024 CETR Metric: Under 18 pre-post: 33% (1 of 3) Under 18 repeat: 60% (3 of 5)			
Learning from Death Review (LeDeR) compliance – Eligible Reviews	Fully Compliant	November 2024: 94% completed			
Eligible reviews completed within 6 months of notification	Fully Compliant	August 2024: 16% within 6 months			

## Observations

### In-patients Adults only, as reported via the Assuring Transformation (AT) database Oct and Nov 2024

- 17 discharges (16 ICB, 1 Secure), including one with length of stay (LOS) over 10 years, one with LOS over 4 years and 9 with LOS less than 6 months.
- One transfer from ICB to Secure commissioned
- 6 admissions from Community (6 ICB), including 1 readmission. 1 new diagnosis whilst an inpatient (ICB).

### CTR Compliance - October 2024 Metric:

- Adults: Pre/Post non-complaint (9) includes 4 with short lengths of stay having now been discharged; 1 readmission 9 days after discharge, Non-secure repeat non-compliant (31). Improved position as a result of the focus on reducing the backlog. Figures include 3 refusing consent, 1 late notification and 1 individual on Extended S17 leave.
- U18s: Pre/post figures included 2 short admissions who were subsequently discharged. Repeat figure included one new autism diagnosis as an inpatient.

## Actions / Interventions / Learning / Risks

- NENC ICB Complex Care team structure continues to develop. Two new Business Support Administrators are now in post with 2 further appointments underway. Recruitment progressing for Case Management team and Head of Complex Care.
- NHSE NEY C(E)TR Workshop for Chairs of C(E)TRs held 18<sup>th</sup> October 2024.

**Annual Health Checks:** Strategic workplan in place working collaboratively with Good Access to Primary Care Services Network (learning disability health facilitation teams) and learning disability clinical leads across ICS to improve quality and uptake of AHC's.

## Quality and Health inequality implications

### LeDeR:

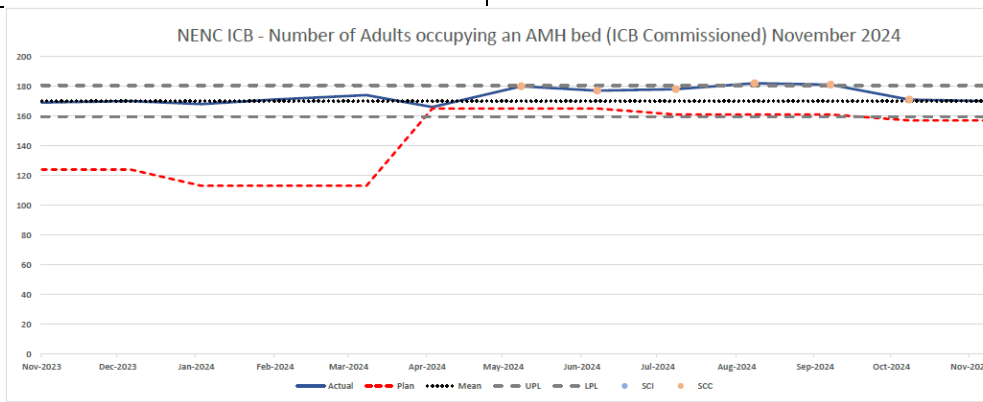
- All meetings to support LeDeR *new ways of working* are in progress.
- Contract awarded to NECS to complete 'backlog' of reviews – expected completion by March 2025.

The NENC LeDeR Annual Report 2023 has been published and can be found [here](#). The Easy Read Summary can be found [here](#) and the Learning into Action report can be found [here](#).

## Recovery/delivery

### Care Education and Treatment Reviews:

- Focussed efforts on addressing the backlog of CTRs continue. Where there is still pressure on capacity, Community CTRs are being prioritised to prevent avoidable admissions.
- Pressure from reduced staffing capacity in Complex Care team to support CTR workload continues. On-going recruitment for Business Support Administrators and additional Case Managers.
- Review of DSRs has been completed. Work to review CTRs and improve compliance is underway.



\*NENC ICB 24/25 Plan does not meet national planning objective

## Prevention and Health Inequalities including Core20+5: Adults

Core20+5 Objective	Target (2030)	Plan (Month)	Actual	Inequality gap (deprivation)	Inequality gap (ethnicity)
% 18+ with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold. (June24)	80%		71.1%	2.2%	7.4%
% patients 18+ with Atrial Fibrillation currently being treated (June24)	95%		92.3%	-0.1%	2.8%
% 18+ with 20%+ QRISK score (risk of CVD) currently on lipid lowering statins (June24)	75%	65%	65.1%	-7.1%	-7.2%
% Covid vaccination uptake (Oct24)			40.6%	20.6%	27.3%
Proportion of people with COPD receiving a seasonal flu vaccination (Sept24)			33.4%	8.0%	
NENC Breast cancer screening uptake <b>Slope index of inequality</b> (ages 50-70 Aug24)	8%			14.3%	
NENC ENC Bowel screening uptake <b>Slope index of inequality</b> (ages 60-74 Aug24)	6%			16.5%	

### Observations

- The format of the report has been updated to reflect a focus on inequalities over overall ICB activity.
- The targets for the reduction of inequalities by 2030 are currently being worked up with ICB Leads, Medical Directors and Directors.
- Plan (Month) will not be disaggregated out of the 2030 target as impacting on inequalities is not a linear process that is demonstrated on a month-by-month change, hence the target being over a 5-year period.
- The inequalities reported within the report will be supplemented with a comprehensive health and healthcare inequalities report, next due in March 25.
- Inequality gaps represented by more appropriate dumbbell charts can be found within the appendices.

### Actions/interventions/learning/risks

- No change in narrative from previous submission
- CVD** - Community blood pressure kiosk project / targeted improvement with primary care / Health Inequalities NENC Healthy Hearts Project / Regional Lipid Survey
- COVID / Flu** – regional and national campaigns to increase uptake in low uptake communities.
- Cancer** - there are projects aimed at reducing inequalities in access and uptake of screening for populations with poor outcomes and a history of later diagnosis, including improving access to breast screening and self-examination for South Asian women, mobile cervical screening targeting populations living in areas of high deprivation, the targeted lung health checks with a focus on areas of high deprivation, and participation in the NHS Galleri clinical trial.

### Quality and Health inequality implications

- 71% of patients with hypertension across the ICB are reported as treated to threshold against a national ambition of 80%. NENC are currently highest nationally but this is not equal across different communities within the ICB. A smaller proportion of those with hypertension within the most deprived are receiving treatment to threshold compared with the least deprived and a smaller proportion within Ethnic minority communities are treated to threshold than those of white ethnicity.
- 92.3% of people with AF are receiving treatment against a national ambition of 95%. There are currently no inequalities by deprivation for NENC ICB but a lower proportion of those from Ethnic minority communities are receiving treatment compared with those of white ethnicity.
- There is an inverse inequality in people with risk factors who are on Lipid lowering therapy, with more from ethnic minority or deprived communities receiving treatment.
- There are significant inequalities in cancer screening by deprivation.

### Recovery/delivery

- All CORE20Plus5 Clinical Pathways are currently subject to review from a delivery perspective, including aligning delivery within the operating model between the Strategy & Transformation Directorate, the Local Delivery Teams, and other ICB teams with lead responsibility for CORE20Plus5 clinical pathway delivery.
- Work has commenced on mapping the journey to 2030. All inequality metrics will be subject to plans on interventions that will either narrow or eliminate the inequality gap. These will be represented through waterfall charts that outline the expected impact of individual interventions.
- The year-end report is due for Executive consideration in March ahead of inclusion in the ICB Annual Report and Accounts.

# Prevention and Health Inequalities including Core20+5: CYP

Core20+5 Objective	Target (2030)	Plan (Month)	Actual	Inequality gap (deprivation)	Inequality gap (ethnicity)
Rate unplanned admissions for asthma -children aged 0-17 (per 100,000 population) (Aug-24)			190.6		
Elective waiting list for children (<10) awaiting IP tooth extraction (Oct-24)			221		
% CYP with type2 Diabetes receiving a Health Check (Sept 24)			47.0%	0.2%	1.8%
% CYP with type1 Diabetes accessing Hybrid closed loop (HCL) systems Sept24			50.1%	6.0%	0.6%
Pre-term births <37 weeks <b>Slope Index of inequality</b> (rolling 12months Aug24)	3.1%			3.3%	
Number of CYP accessing mental Health Services	59,632	58,824	59,020		

## Observations

- The format of the report has been updated to reflect a focus on inequalities over overall ICB activity.
- The targets for the reduction of inequalities by 2030 are currently being worked up with ICB Leads, Medical Directors and Directors.
- Plan (Month) will not be disaggregated out of the 2030 target as impacting on inequalities is not a linear process that is demonstrated on a month-by-month change, hence the target being over a 5-year period.
- The inequalities reported within the report will be supplemented with a comprehensive health and healthcare inequalities report, next due in March 25. Inequality gaps represented by more appropriate dumbbell charts can be found within the appendices.

## Actions/interventions/learning/risks

- No change in narrative from previous submission
- Work continues in sourcing accurate data flows to determine inequality gaps against ethnicity and deprivation for oral health and epilepsy.
- Project are commencing by the Child Health and Wellbeing Network in partnership with Health Innovation NENC for CYP Asthma and Epilepsy.
- Implementation of hybrid-closed loop technology for CYP diabetes has ensured no inequality gaps in provision for deprivation or ethnicity.

## Quality and Health inequality implications

- As of September 2024, 57.7% of children with type 2 diabetes received an annual health check. This relates to relatively small numbers but there were slight inequalities in uptake by deprivation.
- 58% if children with type 1 diabetes were reported as receiving hybrid closed loop therapy in the latest date. There was a 6.6%pt difference between those children from the most deprived communities and those from the least deprived.

## Recovery/delivery

- All CORE20Plus5 Clinical Pathways are currently subject to review from a delivery perspective, including aligning delivery within the operating model between the Strategy & Transformation Directorate, the Local Delivery Teams, and other ICB teams with lead responsibility for CORE20Plus5 clinical pathway delivery.
- Work has commenced on mapping the journey to 2030. All inequality metrics will be subject to plans on interventions that will either narrow or eliminate the inequality gap. These will be represented through waterfall charts that outline the expected impact of individual interventions.
- The year-end report is due for Exec consideration in March ahead of inclusion in the ICB Annual Report and Account.



# Safety – Nov/Oct 24/25 (PSIRF metrics in development)

Objective	Plan Mar 25	Plan YTD	Actual (month)	Actual YTD	Trend	Benchmark
Never events Nov-24	0	0	0	13		
MRSA Oct-24	0	0	7	35		
C diff Oct-24	85	595	116	723	<b>Worsening</b>	
E coli Oct-24	235	1,647	275	1,800	<b>Worsening</b>	
Mortality	One Trust (CDD FT) is showing higher than the expected range for SHMI					

## Observations

- NENC is over trajectory for the key HCAI infections.
- Despite good progress pre-pandemic, infection control management progress continues as a challenge with a deteriorating national picture.
- Increased demand on Trust estate and daily challenge to ensure patient flow through the hospitals is adding to current pressures for infection control management.
- 1 Trust is showing higher than expected for the Summary Hospital Mortality Indicator (SHMI) for data up to June 2024 (published 14 November 2024). All other Trusts are within expected range. NHS Digital has implemented various methodological changes from May 2024, e.g., inclusion of COVID-19 activity (previously excluded), and exclusion of hospice sites operated by acute Trusts.
- Between 01 April 2024 and 30 November 2024:
  - 13 Never Events have been reported on StEIS by 8 Trusts; these will be managed via PSIRF.
- 25 Regulation 28s have been reported about Trusts/Providers within the NENC region.

## Actions/Interventions/Learning/Risks

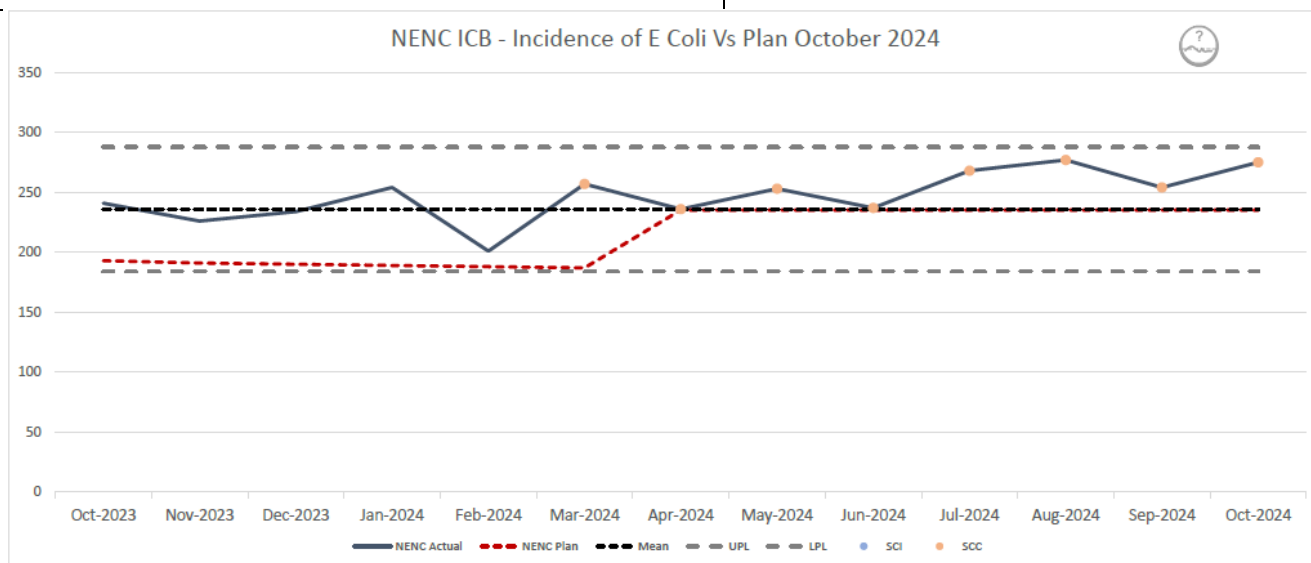
- Oversight across NENC through the AMR/HCAI subcommittee where learning and good practice is shared for discussion at place and local QRGs.
- HCAI and gram-negative improvement plans in place, with some areas looking to complete research.
- Greater communication with patient flow teams and Infection control teams to ensure safe flow through patient pathways without unnecessarily compromising the cleaning standards.
- All our Trusts are raising the importance of the fundamental precautions such as improving hand hygiene and reducing the use of disposable gloves.
- Quality and Safety Committee (QSC) monitor data relating to mortality and there is a regional mortality network in place to support quality improvements.
- Themes for Never Events are monitored by the QSC to gain appropriate assurances to ensure learning has been identified and shared and appropriate action taken.

## Quality and Health Inequality Implications

- MRSA cases have been subject to post infection review to explore any lapses in care and learning.
- Impact of increased infection risk on patient safety and length of stay in hospital.
- Never Event learning is shared through established forums and clinical networks.
- Mortality reviews undertaken, with increased scrutiny being applied through the medical examiner process.

## Recovery/Delivery

- The ICB is looking to establish a learning platform to support learning across the region.
- Sound risk assessments have been developed by our Trusts for management of HCAI.



## Appendix 1 – 2024/25 National objectives description

Area	Objective
Quality and patient safety	<ul style="list-style-type: none"> <li>Implement the Patient Safety Incident Response Framework (PSIRF)</li> </ul>
Urgent and emergency care	<ul style="list-style-type: none"> <li>Improve A&amp;E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025</li> <li>Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25</li> </ul>
Primary and community services	<ul style="list-style-type: none"> <li>Improve community services waiting times, with a focus on reducing long waits</li> <li>Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need</li> <li>Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels</li> </ul>
Elective care	<ul style="list-style-type: none"> <li>Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)</li> <li>Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%</li> <li>Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25</li> <li>Improve patients' experience of choice at point of referral</li> </ul>
Cancer	<ul style="list-style-type: none"> <li>Improve performance against the headline 62-day standard to 70% by March 2025</li> <li>Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026</li> <li>Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028</li> </ul>
Diagnostics	<ul style="list-style-type: none"> <li>Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%</li> </ul>
Maternity, neonatal and women's health	<ul style="list-style-type: none"> <li>Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment</li> <li>Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities</li> </ul>
Mental health	<ul style="list-style-type: none"> <li>Improve patient flow and work towards eliminating inappropriate out of area placements</li> <li>Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019)</li> <li>Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery</li> <li>Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025</li> <li>Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025</li> </ul>
People with a learning disability and autistic people	<ul style="list-style-type: none"> <li>Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025</li> <li>Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population</li> </ul>
Prevention and health inequalities	<ul style="list-style-type: none"> <li>Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025</li> <li>Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025</li> <li>Increase vaccination uptake for children and young people year on year towards WHO recommended levels</li> <li>Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions</li> <li>Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors</li> <li>Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan</li> </ul>
Use of resources	<ul style="list-style-type: none"> <li>Deliver a balanced net system financial position for 2024/25</li> <li>Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25</li> </ul>