

Our Reference North East and North Cumbria ICB\  
FOI ICB 25–474

North East and North Cumbria ICB  
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By Email

5 March 2026

Dear Applicant

**Freedom of Information Act 2000 – Request for Information – NHS North East and North Cumbria Integrated Care Board (NENC ICB)**

Thank you for your request received on 16 February 2026 for information held by NHS North East and North Cumbria Integrated Care Board (the ICB) under the provisions of the Freedom of Information Act 2000. The ICB covers the areas of County Durham, Newcastle Gateshead, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland, and Tees Valley.

Please find the information you requested on behalf of the ICB as follows.

**Your Request**

I am writing to make a request under the Freedom of Information Act 2000. This relates to governance, decision making, policy and processes concerning the Dynamic Support Register and Care and Treatment Reviews. This request is made to support understanding of the ICB decision making and escalation processes and contested risk decisions. This request does not seek access to clinical records or personal health information.

1. Risk Criteria and Thresholds

Please provide copies of any policies, guidance documents, threshold criteria and risk frameworks used by the ICB to determine:

- Eligibility for inclusion on the DSR
- Removal from the DSR
- Refusal to add and re-add an individual to the DSR
- Risk Frameworks

This should include

- How 'risk of hospital admission' is defined or assessed
- Whether risk of family breakdown, placement breakdown (home) or system failure is considered
- Whether absence or instability of a commissioned care package is considered a risk factor

## 2. Care (Education) and Treatment Reviews

Please provide:

- The ICB's policy, guidance or threshold criteria used to decide whether to approve or refuse a C(E)TR request
- Any written guidance on how C(E)TR requests are
  - Logged
  - Reviewed
  - Approved or declined
  - Communicated to families

## 3. Recording and Communication of decisions

Please provide information on:

- How DSR decisions (addition, removal, refusal) are formally recorded
- How C(E)TR requests (agreement, disagreement) are formally recorded
- How and when these decisions are communicated to families
- Whether written rationale is standard practice when families disagree with decisions

## 4. Professional Disagreement and Challenge

Please provide:

- The ICB's process for handling professional challenge or disagreement in relation to:
  - DSR inclusion or removal
  - Refusal to add or re-add to the DSR
  - Refusal to progress a C(E)TR
- Including:
  - How such challenges are recorded
  - Whether they trigger escalation or review
  - Whether disagreement is minuted or formally acknowledged

## 5. Governance and Oversight

Please confirm:

- Whether involvement of a Senior Leader (e.g. Director of Nursing) replaces or suspends:
  - DSR consideration
  - C(E)TR consideration
  - Formal escalation routes
- How this is documented and communicated

If any part of this request is refused, please specify:

- The exemption relied upon
- The reasoning for its application
- And provide any information that can be disclosed within the scope of the Act

I understand that under the Freedom of Information Act you are required to respond within 20 working days.

For context, I previously sought written clarification of DSR decisions including dates, rationales and decision makers, but did not receive a response. This request is therefore submitted under the Freedom of Information Act to obtain the formally recorded information relied upon in decision making.

## Our Response

We can confirm, as per Section 1(1) of the Freedom of Information Act 2000, the ICB does hold the information requested.

### 1. Risk Criteria and Thresholds

The NENC ICB adheres to and follows the national 'Dynamic support register and Care Education and Treatment Review policy and guidance' (attached) which includes details of eligibility for inclusion on the DSR and a clear risk stratification framework. If an individual does not meet the criteria defined within the risk stratification framework, they would not be included on the DSR.

Risk of hospital admission is defined as the individual being at risk of mental health hospital admission.

Other factors of risk are considered if they are linked to the risk of an individual being admitted to mental health hospital.

### 2. Care (Education) and Treatment Reviews

The ICB follow and adhere to the national C(E)TR policy and guidance in making a decision as to if an individual referred needs a C(E)TR.

The ICB does not have formal written guidance as to how all decisions are logged. However, all decisions are documented within the relevant case management records, in line with the ICB's record-keeping practices.

### 3. Recording and Communication of decisions

A DSR decision will be discussed and recorded during the DSR meeting and be present on the DSR minutes.

C(E)TR requests are considered by the ICB and the decision to proceed with a C(E)TR or not is formally communicated to the referrer.

The decision to proceed or not with a C(E)TR should be communicated to families by the referrer following notification of the decision by the ICB.

All DSR decisions are discussed and recorded during the DSR meeting and are recorded on the DSR minutes.

All C(E)TR decisions are documented within relevant case management records.

A decision to not include / not include an individual on the DSR should be communicated to the individual, and their family if the individual has consented to this, by the referrer, who should then communicate that decision to the individual and / or their family.

A standard letter of explanation is provided to the referrer with reasons for declining a C(E)TR for an individual, with any recommendations of alternative support recommended by the ICB case manager.

#### 4. Professional Disagreement and Challenge

Professional disagreement and challenge in relation to inclusion, removal and decisions around adding or re-adding is discussed and recorded during the DSR meeting and recorded on DSR minutes.

Professional disagreement and challenge to the decision to not to progress a C(E)TR referral to a C(E)TR is considered fully by the ICB Case Manager, and the decision to not arrange a C(E)TR, and the rationale as to why, is communicated to the referrer. All decisions are documented within the relevant case management records, in line with the ICB's record-keeping practices.

#### 5. Governance and Oversight

The involvement of a Senior Leader (e.g. Director of Nursing) does not replace or suspend established governance processes, including Dynamic Support Register consideration, Care (Education) and Treatment Review consideration, or formal escalation routes.

C(E)TRs and DSR processes operate within nationally defined policy frameworks and local governance arrangements. Where a Senior Leader becomes involved in a case, this is for oversight, support or additional assurance. Any decisions relating to DSR status, C(E)TR recommendations or escalation routes remain within the appropriate formal structures and are not superseded by individual senior review.

Where senior oversight occurs, this is documented within the relevant case management records, in line with the ICB's record-keeping practices.

In accordance with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log. Therefore, a version of our response which will protect your anonymity will be posted on the NHS ICB website <https://northeastnorthcumbria.nhs.uk/>.

If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me on the above telephone number or at the above address.

If you are unhappy with the service you have received in relation to your request and wish to request a review of our decision, you should write to the Information Governance Manager using the contact details at the top of this letter quoting the appropriate reference number.

If you are not content with the outcome your review, you do have the right of complaint to the Information Commissioner as established by section 50 of the Freedom of Information Act 2000. Generally, the Information Commissioner cannot make a decision unless you have exhausted the ICB's complaints procedure.

The Information Commissioner can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or [www.ico.org.uk](http://www.ico.org.uk).

Any information we provide following your request under the Freedom of Information Act will not confer an automatic right for you to re-use that information, for example to publish it. If you wish to re-use the information that we provide and you do not specify this in your initial application for information then you must make a further request for its re-use as per the Re-Use of Public Sector Information Regulations 2015 [www.legislation.gov.uk](http://www.legislation.gov.uk). This will not affect your initial information request.

Yours faithfully

*Information Governance Support Officer*

**Information Governance Support Officer  
North East and North Cumbria Integrated Care Board**