

Integrated Delivery report

August 2024

(Reporting period June/July 2024)

**Better health
and wellbeing for all...**

Contents

		Page
Executive summary	Key changes from previous report	3
	Other areas of note/risk	5
	Dashboard – national objectives and patient safety dashboard	7
System Oversight	NHS Oversight Framework segmentation and CQC summary	12
	NHS Oversight Framework metrics summary	15
	ICB Oversight Meetings	16
	ICB Complaints and Healthwatch Themes	16
Delivery of 24/25 objectives	Urgent and Emergency Care (UEC)	20
	Primary Care	21
	Elective care	22
	Cancer and diagnostics	23
	Maternity	24
	Use of resources	25
	Workforce	26
	Mental health – adults	27
	Mental health – children	28
	People with a learning disability and autistic people	29
	Prevention and health inequalities - adults	30
	Prevention and health inequalities - children	31
Safety	32	
Appendices	1. National Objectives description summary	33

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:

July 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.

June 2024 – all other standards unless otherwise specified.

Key changes from previous report

CQC

NCIC - National Maternity Inspection Programme: Action plans progressing, with 90% of action complete and process of sustainability checks commenced.

Core Service and Well Led Inspection: 94% actions complete and remaining actions being progressed as per the action plan. Process of sustainability checks commenced.

Engagement Meeting: The next NCICFT engagement meeting is scheduled to take place on the 28 August 2024.

Independent Providers: The Priory Hospital Darlington

Following the CQC inspection visit report published on 3 June 2024, The Priory Hospital have completed all 'must do' actions and have shared the action plan with the CQC, they are awaiting a response.

Independent Providers – Butterwick Hospice All CQC restrictions have now been lifted and the hospice are now initiating their mobilisation plan to fully re-open.

A&E four hour wait and ambulance handovers

A&E four hour wait performance deteriorated in Jul24 after a period of improvement from Feb24. Performance for Jul24 was below plan reporting 78.0% against a plan of 79.3%.

Ambulance handovers improved this month, but risks remain around the volume of handover delays across the ICS. There is a continued focus on escalation processes for ambulance handover delays and an Ambulance Handover System Working Group has been established which will include regular performance discussions with providers around handover delays.

Winter priorities have been developed following the System Resilience Event including improvements in navigation, capacity and alternatives to ED to support avoidance of inappropriate admissions.

NEAS Cat 2 response

The Cat 2 mean response time improved slightly in Jul24 and performance remains in a positive position in relation to the NEAS plan and national

expectations. NEAS has improved rank to 2/11 of ambulance providers nationally (NEAS also ranked 1/11 for Cat 1, 3, and 4 mean response).

NHS England agreed to a NEAS improvement plan which will see additional funding from Aug24 and recurrently from 2025/26. This will see an improved trajectory for Cat 2 performance going forward in future reports.

Elective long waits

A transformation programme has been implemented across the ICS which will deliver improved hear and treat rates and Cat 2 performance.

NENC ICS continue to be the best performing nationally in Jun24 for RTT performance with 68.8% of people on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks.

Published Jun24 data for the ICB reported two 104+ week waiters. This patient had their clock stopped in Jul24 and is no longer.

Jun24 data confirmed a further increase to 78+ww up from a 23/24 low of 11 to 43. The ambition remains to have no 78+ww beyond Aug24.

The focus is now on eradicating 65+ww by Sep24. The Jun24 data shows a continued increase in patients waiting 65+w and there is a notable risk to the provider ambition of eliminating these by Sep24.

Cancer 62 day performance and 28 day Faster Diagnosis

Cancer 62-day performance increased slightly from 65.5% (May24) to 65.6% (Jun24); this however remains below the trajectory of 66.1%.

The Faster Diagnosis Standard remains above trajectory and above the national expectation of 77% by Mar25 with performance of 79.2% in Jun'24.

Most challenged pathways for 62 day include, Lung, Urology and Lower GI, with performance below 60%. Improvement plans are in place which includes transformation and financial support from the Northern Cancer Alliance and via regional and national support offers including the Intensive Support Team (IST).

Talking Therapies access metrics

From 24/25, national reporting has moved from the number of people accessing talking therapies to an access rate which relates to the number of patients discharged having received at least 2 treatment appointments that meet caseness at the start of treatment. Although this has dropped below plan for June 2024, patient outcomes remain positive with reliable improvement rates and recovery rates achieving target, though recovery rates are noted as slightly below plan for June 2024.

The term caseness will be used throughout the report. Caseness is the term used when a referral is assessed as being a clinical case. This is determined by the scores which are recorded using tools designed to measure anxiety and depression. If patients score above the clinical/non-clinical cut-off for anxiety, depression or both, they are classified as clinical cases.

Other areas of note/risk

Performance 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 referenced and identified in future reports.
GP Collective Action	The BMA announced that general practitioners will take collective action on 1 st August 2024. At the point of writing this report the impact of collective action has been minimal across the ICB as a whole, however experiences have differed across Local Delivery Team areas. The response to the collective action is being managed by national, regional and local System Control Centre arrangements with support from Local Delivery Teams.
Mental health Recovery Plan	<p>A mental health, learning disability and neurodiversity plan is being developed to inform a wider recovery plan for underperformance on metrics from the NHS Long Term Plan and the 2024/25 Operational Plan submission. Appendices within this report support the analysis to understand where key pressures exist.</p> <p>The mental health core data pack has been further delayed until September 2024 therefore for some metrics there is no data beyond March 2024.</p> <p>Adult and older adult (AMD) MH Waiting Times and Children and Young People (CYP) MH waiting times remain a risk. Reporting is to move to the new national standard throughout 24/25 once this is supported by accurate MHSDS submissions.</p>
Dental Care recovery	A separate detailed report has been undertaken to highlight key recovery actions in relation to dental care within NENC. This report includes implementation dates for urgent dental services in Darlington and North Cumbria, detail of Healthwatch engagement, dental contract arrangements to achieve 2024/25 plan and metrics to measure access to NHS dental patient lists.
Learning Disabilities and Autism: In Patient Care	<p>Learning Disability register has increased by 1,481 patients, however this has not had a negative impact on the delivery of annual health checks, which continues to exceed target.</p> <p>In-patient Quality Transformation (IPQT) final plan has been approved by the sub-committee and submitted to NHSE. The final version is now published on the ICB website.</p>
Patients who no longer meet the criteria to reside	The proportion of patients not meeting the criteria to reside increased again this month with 9.6% 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.

Virtual Ward occupancy

Virtual ward occupancy improved this month with performance up to 58.9% which is a marked improvement on the previous month. Work continues to improve data recording and reporting in this area and to increase occupancy through increased step up of patients rather than a focus on step down.

Community waiting lists

The total number of patients on a community waiting list and those waiting over 52wks both decreased in Jun24 with the latter expected to reduce further 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.

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:

Executive Lead	Portfolio Area
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
David Purdue	Workforce Never Events and Health Care Acquired Infections

DASHBOARD KEY

National objective	<p>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.</p> <p>The dashboard also includes 2022/23 objectives linked to elective care long waits that have not yet been achieved (104 and 78 week waits).</p>						
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	<p>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.</p> <p>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.</p> <table border="1"> <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	<p>This indicates whether performance over time is improving or worsening. 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.</p>						
Benchmark	<p>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:</p> <table border="1"> <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> <p>For ambulance response times the bench mark is expressed as a ranking position out of the 11 ambulance providers.</p>		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:

July 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 June 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%	79.3%	78.0%		74.4% 4/42
	Category 2 ambulance response times	26:18	28:45	27:09	Improving	2/11
	Adult general and acute bed occupancy	92.5%	89.9%	90.7%		94.5%
Community health services	2-hr urgent community response	70.0%	70.0%	82.4%		83.2%
	Urgent Community Response Referrals	7,980	7,483	9,511	Improving	
	Virtual Ward (Hospital@Home) Occupancy	78.2%*	66.9%	58.9%		
	Community Beds Occupancy	92.0%	92.0%	93.1%		
	Community Waiting List > 52 Wks Children	519	540	574		
	Community Waiting List > 52 Weeks Adults	306	330	448		
	Community Services Waiting List > 52 Wks	825	870	1,022		
Primary care	Proportion of GP practice appointments within two weeks	85.5%	85.5%	79.6%	Worsening	
	Proportion appointments same or next day			62.6%		
	Monthly Appointments in General Practice	1.5m	1.86m	1.57m		
	Additional Roles Reimbursement Scheme - All Roles (Mar-24)		1,526	1,700	Improving	
	Improving Units of dental activity (UDA)	4.09m	1.02m (Q1)	807,926		
Elective care	No. patients waiting > 104 weeks - ICB	0	0	1		18/42
	No. patients waiting > 78 weeks - ICB	0	0	43		18/42
	No. patients waiting > 65 weeks - ICB	0	296	871		2/42
	No. patients waiting > 52 weeks - ICB	4,190	6,162	6,722		2/42
	Deliver 109% value weighted activity	110.6%	103%	102%		
Cancer	Cancer 62-day standard to 70% by Mar 25	72.7%	66.9%	65.9%	Improving	67.4%
	Cancer faster diagnosis standard Provider	79.1%	77.2%	79.2%		
	Cancer faster diagnosis standard 77% by Mar 25 – ICB	79.4%	77.4%	79.2%		76.3%
Diagnostics	% diagnostic tests < 6wks (Mar 25 95%) (24/25 ICB plan required 9/15 modalities)	92.7%	83.6%	81.5%		
Use of Resources	ICB financial position (surplus)/deficit (Jul-24)		(£17.87)	(£18.23m)		
	Reduce agency spend across 24/25 (Jul-24)		£28.88m	£25.78m		

*NENC Plan does not meet or exceed the national objective

Reporting period covered:

July 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.

June 2024 – all other standards unless otherwise specified.

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 1 indicators include:

- Primary Care
 - Unique Patients seen by a dentist (Adults)
 - Unique Patients seen by a dentist (CYP)

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) (Apr-24)		12.1%	8.8%	Improving	10.5%
	Improve staff attendance (sickness) (Mar-24)		5.6%	5.5%		4.7%
Mental health	Number of CYP accessing MH Services*	59,632	58,176	58,835		
	Access: Number of patients discharged having received at least 2 treatment appointments, that meet caseness at the start of treatment	35,000	2,920	2,769		
	Talking Therapies - Reliable Recovery	50.0%	50.0%	48.8%		
	Talking Therapies - Reliable Improvement	68.5%	68.5%	68.4%	Worsening	
	Total number of inappropriate Out of Area (OOA) Bed days* (Mar-24)		162	910		
	Recover the dementia diagnosis rate to 66.7%	69.8%	68.5%	68.2%		63.8%
	People with SMI receiving full physical health check in primary care (Mar-24)	18,671		20,406		
	Access to perinatal mental health services* (Mar-24)	2,500	2,340	2,335	Improving	
People with a learning disability and autistic people	Annual health check and plan for people on GP LD registers	75%	12.1%	12.7%		
	Reduce reliance on in-patient care – adults (ICB and Secure)* 31 Jul 24	154 (Q4)	165 (Q2)	178		
	Reduce reliance on inpatient care – under 18s 31 Jul 24	0	2	3		
Prevention and Health Inequalities - Adult	Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold. (Mar-24)	77%	77%	73.1%		
	% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins (Mar-24)	65%	60%	64.7%		
	Proportion of people over 65 receiving a seasonal flu vaccination (Feb-24)		85%	81.0%		77.8%
	% of pregnant women from BAME groups on continuity of carer pathway 29 weeks (May-24)			9%		
	% of pregnant women from 20% most deprived areas on continuity of carer pathway by 29 weeks (May-24)			12%		
Prevention and Health Inequalities - Children & Young People (CYP)	Rate of unplanned admissions for asthma for children aged 0-17 (per 100,000 population) (Jun-24)	Tbc		6		
	Rate of tooth extraction procedures undertaken within an inpatient setting for those aged <10 per 100,000 population (Jun-24)	N/A		31	Worsening	
	Elective waiting list for children (10 years and under) awaiting IP tooth extraction (Jun-24)	Tbc		268	Worsening	
	Number of CYP accessing mental Health Services (Jun-24)	59,632	58,176	58,835		

*NENC Plan does not meet or exceed the national objective

Reporting period covered:

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

June 2024 – all other standards unless otherwise specified.

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 2 indicators include:

- Maternity
 - 3 year delivery plan for maternity and neonatal services. Metrics in development
 - Establish and develop at least one women's health hub by Dec 24.
- Adults MH
 - Community mental health services with 2+ contacts in a transformed PCN * (Mar-24)
 - Total number of inappropriate Out of Area (OOA) Placements (Apr-24)

Part 3 – Core safety metrics – July/June 2024

	National objective	March 25 Plan	Latest Period	Plan	YTD Plan	Actual	YTD Actual	Trend	Benchmark
Never Events	Number of Serious Incident Never Events reported		Jul-24	0	0	4	8		
Infection Prevention Control	Incidence of MRSA -		Jun-24	0	0	1	29		
	Incidence of C Difficile		Jun-24	0	549	57	842		
	Incidence of E Coli		Jun-24	0	854	80	1,299		
Mortality	One Trust (CDD FT) is showing higher than the expected range for SHMI								

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:

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

June 2024 – all other standards unless otherwise specified.

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
- Adults MH Programme Page
 - Community mental health services with 2+ contacts in a transformed PCN * (Mar-24)
 - Total number of inappropriate Out of Area (OOA) Placements (Apr-24)
 - Talking therapies number of patients completing treatment – i.e. received at least 2 appointments
- 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 (PSIRF)

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.
Cumbria, Northumberland, Tyne and Wear NHSFT	1	ICB led	*Action plan monitored via the Quality Review Group.	Outstanding (2022) (Learning disability and autism services - requires improvement Aug 2022*)
Northumbria Healthcare NHSFT	1	ICB led		Outstanding (2019) Maternity services – good overall (safe domain also good)
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	NHS E/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)
North East Ambulance Service NHSFT	3	NHSE Quality Improvement Board	Range of support including NECS support for incident reporting.	Requires improvement (2023) Awaiting outcome of independent review
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 – Aug 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, 300 as Good, 1 rated as Inadequate and 4 as Requires Improvement. Support arrangements are in place for those rated as Inadequate or Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	8	25	0	0
Darlington	1	10	0	0
Durham	7	52	2	0
Gateshead	1	23	0	0
Hartlepool	1	10	0	0
Middlesbrough	0	19	0	0
Newcastle	2	25	2	0
North Tyneside	4	19	0	0
Northumberland	4	32	0	0
Redcar and Cleveland	0	15	0	0
South Tyneside	1	19	0	0
Stockton	4	17	0	0
Sunderland	3	34	0	1
ICB total	36	300	4	1

Residential Social Care Provider Overall Rating by Local Authority - Aug 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, 629 as Good and 4 rated as Inadequate and 86 Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	4	76	7	0
Northumberland	4	67	17	1
North Tyneside	1	37	4	0
Newcastle upon Tyne	6	48	11	1
Gateshead	4	32	9	1
South Tyneside	1	29	1	0
Sunderland	6	75	1	0
County Durham	11	111	14	0
Stockton-on-Tees	3	37	9	0
Hartlepool	0	23	3	0
Darlington	2	24	3	1
Middlesbrough	2	38	2	0
Redcar and Cleveland	0	32	5	0
Total	44	629	86	4

Community Social Care Provider Overall Rating by Local Authority – Aug 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 30 providers rated as Outstanding, 350 as Good, 22 rated as Requires Improvement and 1 rated as Inadequate.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	0	37	5	1
Northumberland	7	37	2	0
North Tyneside	4	24	0	0
Newcastle upon Tyne	5	35	1	0
Gateshead	0	36	4	0
South Tyneside	2	14	1	0
Sunderland	2	36	0	0
County Durham	5	48	4	0
Stockton-on-Tees	1	25	3	0
Hartlepool	0	11	0	0
Darlington	2	14	1	0
Middlesbrough	1	19	1	0
Redcar and Cleveland	1	14	0	0
Total	30	350	22	1

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	19	9	3 of 20
TOTAL	14	24	10	4 of 25

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

County Durham and Darlington NHS FT Oversight Meeting – 27th June 2024

The ICB and the FT recently had a productive discussion about certain areas, particularly focusing on breast cancer surgery. The treatment variation data from model hospitals highlighted differences in practice among NENC service providers in terms of resection within 12 months of breast cancer surgery. The Northern Cancer Alliance has agreed to collaborate with the trust to understand this variation. A surgical peer review has been conducted and the findings have been shared. The ICB is working with the Trust to ensure immediate improvements are made and actions are taken to address the broader findings outlined in the peer review. Clinical leads from across the region have been involved in developing and agreeing on improvement plans.

There have been improvements in maternity services since the last CQC inspection, with reduced unfilled positions and ongoing enhancements. The trust has made progress in addressing challenges related to infection prevention and control, focusing on hand hygiene, PPE use, cleaning equipment, and sampling. Efforts are underway to address a surge in activity, with a focus on emergency care, frailty, and discharge processes. Measures are being taken to alleviate pressure in urgent and emergency care and reduce length of stay, with a focus on dermatology and paediatric cardiology. Additional capacity is being added for dermatology, and a new paediatric cardiologist has been appointed.

Oversight meetings have been scheduled in throughout August and September as follows:

- North Cumbria Integrated Care NHS Foundation Trust 28th August 2024
- Northumbria Healthcare NHS Foundation Trust 2nd September 2024
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust 9th September 2024
- South Tees Hospitals NHS Foundation Trust 28th October 2024
- North Tees and Hartlepool NHS Foundation Trust 28th October 2024

ICB Complaints and Healthwatch Themes

Complaints

The Complaints Annual Report for 2023/24 in relation to complaints made against the ICB was taken to the Quality and Safety Committee in July 2024. The team handled a total of 326 new complaints/concerns about NENC ICB, compared to 156 in 2022/23. Of these 126 cases were handled under the NHS complaints procedures. The remainder were managed via other processes, for example, as informal concerns or by signposting.

40 compliments were recorded relating to NECS and NHS providers in 2023/24.

The main themes of ICB complaints/concerns in the year were:

- access to NHS dental care,
- continuing healthcare,
- eligibility criteria/individual funding request decisions, and
- COVID-19/vaccinations.

One former ICB complaint was investigated during the year by the Parliamentary and Health Services Ombudsman (PHSO); this was not upheld, the PHSO's recommendations were subsequently implemented by the ICB.

141 ICB formal complaints were responded to/closed during the year:

- 105 were upheld/partially upheld,
- 28 were not upheld, and
- 8 were withdrawn.

The categories of upheld/partially upheld ICB complaints were as follows:

	Central	North	North Cumbria	South	Not Specified	Total
Primary Care Dental	28	10	8	16	4	66
All Age Continuing Healthcare	11	7	2	8	0	28
Mental Health	0	1	1	1	0	3
COVID 19 Issues	1	1	0	0	0	2
Secondary Care	1	0	0	1	0	2
Clinical Treatment	0	1	0	0	0	1
Medicines Optimisation	0	1	0	0	0	1
Commissioning Decision - Other	0	0	0	1	0	1
Patient Transport Commissioning	0	0	0	1	0	1
Total	41	21	11	28	4	105

In relation to primary care complaints, the responsibility for handling primary care complaints was transferred to the ICB from NHS England on 1 July 2023. As per the 2009 NHS Complaints Regulations, patients and service users are entitled to complain about the provider *or* commissioner of primary care services, including GPs, dentists, pharmacists and optometrists.

Since the function was transferred to the ICB we have experienced significant volumes of enquiries and formal complaints which has created a backlog of contacts that we continue to work through. In June 2024 the ICB executive agreed a recovery plan including additional staffing resources and streamlined primary care complaints handling processes.

During 2023/2024 a total of 238 formal primary care complaints were received by the ICB. A significant number of other informal contacts were received which our complaints team continues to work through, and which may add to the overall number of formal complaints.

95 formal primary care complaints were responded to and resolved during 2023/2024, of which:

- 7 were upheld,
- 14 were partially upheld, and
- 74 were not upheld.

The 2024/2025 annual report will be an integrated report covering both ICB complaints and primary care complaints and including thematic analysis of both categories of complaint.

Performance against key performance indicators

All new ICB cases received during 2023/24 were acknowledged within the 3 working day target. The ICB now 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 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.

Regular reports from the Network are discussed at the ICB's Patient Voice group and this intelligence is triangulated alongside other sources of patient and stakeholder feedback. Patient Voice has been paused since it met in February to allow for a governance review. This is now complete and there will

be a Patient Voice subgroup meeting in September and as such there will be a detailed update within the next report.

It is important to note that we are working in partnership with the Network on our Women's Health 'big conversation' to listen to the voices of women and girls across the region about what matters to them. The Network has also carried out a piece of extensive engagement about dental care. This was in response to earlier discussions at Patient Voice where access to dental care was an emerging theme of feedback from several sources and mechanisms.

Operational Planning Priorities 2024/25

**Better health
and wellbeing for all...**

Urgent and Emergency Care – Jul 24 (except *data)

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
A&E waiting times < 4hrs (78% by March 25)	81.7%	79.3%	78.0%		74.4% 4/42
Category 2 ambulance response (NEAS)	26:18	28:45	27:09	Improving	2/11
Adult G&A bed occupancy	92.5%	89.9%	90.7%		94.5%
Patients not meeting the criteria to reside (CtR)	8.9%	7.7%	9.6%		
Ambulance handovers >59mins:59s*	0	0	4.0%		
111 Call Abandonment (NEAS plan)*	3%	3%	1.7%		
Mean 999 call answering time*	<10s	9s	1.6s		6.2s

Observations

- In month A&E performance at 78.0% remains above the national average of 75.2% however behind the NENC Jul-24 plan (79.3%). NENC has seen a deterioration from Jun-24 of 0.4% (down from 78.4%).
- Ambulance response times Cat 2 mean response have improved in Jul-24 compared to Jun-24 and performance remains well ahead of plan. NEAS has increased national ranking to 2/11 (NEAS also ranked 1/11 for Cat 1, 3, and 4 mean response). NEAS have been awarded additional national funding which will result in an improved Cat2 trajectory (to be included from Sep-24 reporting).
- Bed occupancy compares favourably to the national and regional position, but Jul-24 reported slightly increased rate from Jun-24 and is tracking above plan, but still below national requirement of 92.0%.
- Patients not meeting CtR continues to be behind plan and on a worsening trajectory but still better than the NEY and national position.
- Ambulance handover delays over 1 hour increased in Jul-24 to 827 (4.6% of arrivals), up from 627 in Jun-24.

Actions/interventions/learning/risks

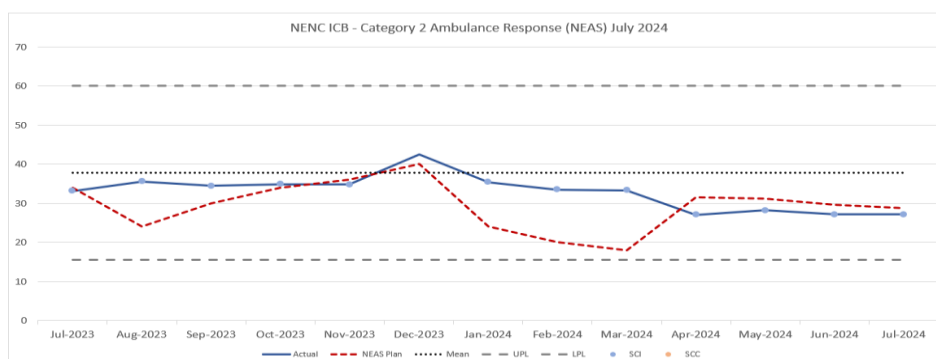
- Focus on A&E performance and NENC achieving the plan of 81.7% by March 25 (National target of 78%).
- Continued focus on escalation processes for ambulance handover delays. Ambulance Handover System Working Group established.
- Planning underway for expansion of NEAS CAS and clinical validation.
- Revised discharge reporting including delays per pathway enabling further level of granularity to identify opportunities and barriers.
- ARI Hubs – evaluation of winter 23/24 hubs presented at UECN. Evaluation identified need to step up for winter 24/25 (subject to funding approval).
- C2 – plan achieved. Focus on fewer high impact actions such as HCP triage process, additional clinical capacity and validation and recruitment of paramedics.
- NHSE monthly flow packs are shared with 5 x NENC LADB's and are routinely discussed within meetings.

Quality and Health inequality implications

- Continued focus on reducing ambulance handover delays. Average arrival to handover times continue to reduce. Breach report supporting ongoing review.
- Development of UEC strategic long-term plan to focus on patient pathways and health inequalities to determine priorities- including reducing patient harm.

Recovery/delivery

- Winter priorities developed following System Resilience Event including improvements in navigation, capacity and alternatives to ED to support avoidance of inappropriate admissions.
- Implementation of remodelled UEC dashboard.
- SDEC steering group continued focus on standardising and improving access and planning community of practice event.
- Acute Respiratory Infections plan in development. Focus on ICB principles for service offer.
- Integrated Care Coordination integration / interface – shift out of hospital – developing plan across primary, community and UEC.
- Review of UEC governance underway to make further improvements to escalation and visibility of plans incorporating all local A&E delivery board priorities
- Better Care Fund arrangements across the ICB signed off by NHS England



Primary and Community Care – June 24 (except *data)

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Monthly Appointments in General Practice	1.51m	1.86m	1.57m		
Proportion of GP practice appointments within two weeks and Proportion of appointments the same or next day	85.5%	85.5%	79.6%	Worsening	
Additional Roles Reimbursement Scheme - All Roles (Mar-24)		1,526	1,515	Improving	
Improving Units of dental activity (UDA)	4.09m	1.02m (Q1)	807,926		
Number of Unique Patients seen by a dentist (CYP)	73.6% (Q4)	71.0% (Q1)	Not available		
Number of Unique Patients seen by a dentist (Adults)	42.6% (Q4)	42.5% (Q1)	Not available		
2-hour urgent community response (UCR)	70.0%	70.0%	82.4%		83.2%
Increase referrals to UCR services	7,980	7,483	9,511	Improving	
Improve access to virtual wards by ensuring utilisation is consistently above 80% (Jul-24)	78.2%*	66.9%	58.9%		
Community Beds Occupancy (Jul-24)	92.0%	92.0%	93.1%		
Improve community services waiting times, with a focus on reducing long waits - All	825 Q4	870	1,022		

Observations

GP appts planning trajectory for Jun-24 saw a steep increase and actual appts did not meet this plan. An improving position is noted in appts within 2 weeks.

ARRs plan was met Mar24, not included in 24/25 plans.

Dental UDAs on track to meet Q1 plan – YTD to May-24 723K.

UCR: 2 hr standard and activity targets exceeded but with a slight downward trend in Jun-24.

Virtual wards: Below plan but improving trend.

Community services waiting times long median waits in Adult Podiatry for NCIC (57 weeks), CYP Therapy interventions: OT for NUTH (49 weeks) and adult weight management & obesity services for South Tees (37 weeks) but reporting an improving/downward trend in Jun-24.

Actions/interventions/learning/risks

NENC ICB Primary Care Access Recovery plan (PCARP): Greater focus on outcomes and measuring delivery/achievement, and self-referral pathways, primary & secondary care interface. Additional clinical space through premises survey.

GP Collective Action Risk: The BMA announced that general practitioners will take collective action on 1st August 2024. At the point of writing this report the impact of collective action has been minimal across the ICB as a whole however experiences have differed across Local Delivery Team areas. The response to the collective action is being managed by national, regional and local System Control Centre arrangements with support from Local Delivery Teams.

Patient Survey: PCARP focused patient survey developed to capture patient experience, where we hope to see an increase in patient experience re access to primary care over the last 12 months since PCARP was introduced. Output report end August.

National dental recovery plan, in addition to the national dental recovery plan initiatives previously reported, locally a Phase 3 transformation plan has been agreed to stabilise NHS dental provision which includes as a first step an increase to the local min UDA rate (+£3.46 above min £28 national rate). Continuation of short-term initiatives to increase access for patients in greatest clinical need. Two short-term urgent dental access centres (UDACs) commissioned as pilots which if successful could provide an enhanced and more reliable solution to the provision of in-hours urgent dental care for patients. Proposals being developed to improve access to general dental services following a limited response to the recent procurement process.

UCR: Work ongoing to improve data quality and increase referral activity.

Virtual wards: Exploring patient level data set to enable benefits realisation of the service and improve data quality. Progressing with trajectory and financial mapping against current performance to understand current position.

Community waiting times: Work on-going to review the data and target specific providers to understand issues.

Quality and Health inequality implications

ICB wide Primary Care quality reporting system in place and Local Delivery Teams determining arrangements for actioning and feeding more fully into wider ICB quality reporting. Integrated Care Co-ordination: develop greater integration in our communities, support to remain at home for a co-ordinated approach.

Recovery/delivery

- Practices underway with PCARP improvement programme.
- Majority of practices have converted to digital telephony systems and launch of the pharmacy first scheme.
- Project planning to evolve primary secondary care interface
- Further survey work and prioritisation for premises to deliver additional clinical rooms during 2024/25 within current £1.4m capital budget.

UCR: Focus remains on increasing UCR referrals from a range of sources, including 999/111, TEC responders and care homes. 1:1s with providers running in parallel to Virtual Wards.

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

Elective care – June 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		
Number of patients waiting > 78 weeks	0	0	43		
Number of patients waiting > 65 weeks (0 by Sept24)	0	315	974	Improving	
Number of patients waiting > 52 weeks	4,382	6,514	7,335	Improving	
Deliver 109% value weighted activity	110.6%	103%	102%		
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*	44.5%				
Make significant improvement towards the 85% day case rate	87.3%				

Observations

- Whilst the waiting list has increased over the last couple of months, it remains lower than the peak of 23/24.
- NENC ICS continue to be the best performing across the country in Jun24 for RTT performance with 68.8% of people on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks.
- Published Jun24 data reported two 104+ week waiters, both patients have been seen.
- Jun24 data confirmed a further increase to 78+ww up from a 23/24 low of 11 to 43.
- Jun24 data for 65+ww represents continued struggles to get on top of these long waiters recording 974 patients. There is a notable risk to the provider ambition of eliminating these by Sep24.
- Jun24 data reveals increasing numbers of patients waiting 52+ww with several providers across NENC above their planning trajectory. Providers have set a 24/25 monthly trajectory for this cohort of patients with a reducing plan over the year.
- 24/25 operational plan introduced a new Outpatient metric focussing on the proportion of all OP attendances that are for 1st or FU 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

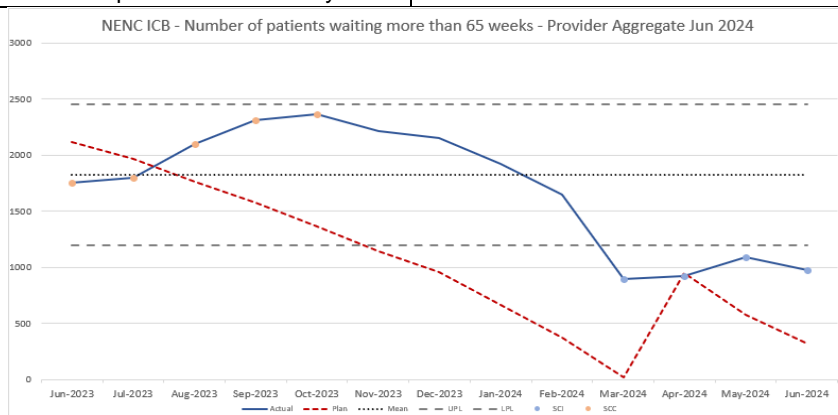
- North Cumbria entered Tier 2 escalation for electives.
- SECB Governance review completed and updated subgroup structure in place. Professor Tim Briggs attended SECB to provide an update on National Elective Care Programme and opportunities for improvement in NENC.
- Mutual Support Coordination Group (MSCG) supporting requests across a number of pressured specialities for 78ww and 65ww with (approximately 250) patients supported in 24/25. Work underway in MSCG to understand capacity of theatres across system and capacity required to support improved utilisation.
- Theatre and Peri-operative group workshop held which identified key themes including early risk and pre-operative assessment, scheduling and planning, data utilisation and sustainable workforce.
- GIRFT Co-ordination Group relaunched, and dates set for remainder of 24/25. The group will support NENC system visits across a range of specialities including the GIRFT NENC system visit in November.
- Alliance calendar produced for 24/25 for General Surgery, Gynaecology, ENT, MSK and Eyecare. Discussions ongoing to support Urology and Dermatology.
- Continue to engage in the development of Alliance delivery plans to support the elective care delivery plan and overarching strategy.
- Children and Young People (CYP) Steering group: Data packs highlighted and development on workplan moving forwards to support CYP recovery.

Quality and Health inequality implications

- Patient choice may result in treatment being deferred 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 across the system.

Recovery/delivery

- Recovery impacted by periods of Industrial action and more recently civil unrest.
- Work on validation continues across trusts.
- Bi-weekly ICB meetings with high-risk trusts focusing on eliminating 78+ww and 65+ww (NCIC, NUTH and S Tees).



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

Cancer & Diagnostics – June 24 Actual data displayed at provider aggregate level.

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Improve performance against the headline 62-day standard to 70% by March 2025	72.7%	66.9%	65.9%	Improving	67.4%
Number of patients waiting over 62 days (Aug 24)			774	Improving	
Cancer faster diagnosis standard 77% by March 2025 - Provider Aggregate	79.1%	77.2%	79.2%		
Cancer faster diagnosis standard 77% by March 2025 - ICB	79.4%	77.4%	79.2%		76.3%
Lower GI (at least 80% of referrals accompanied by a FIT result)	80.5%	80.5%	80.8%	Improving	
Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95% (24/25 ICB plan required for 9/15 modalities only)	92.7%	83.6%	81.5%		81.0%

Observations

Cancer

- 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.
- Cancer 62-day performance increased slightly from 65.5% (May24) to 65.6% (Jun24); this is below the Operational Plan trajectory of 66.1%.
- Most challenged pathways include, Lung, Urology, Lower GI, with performance below 60%.
- 28-day faster diagnosis (79.2%, Jun24) maintained its position above the national standard (75%) and above Operational plan trajectory (77.2%).

Diagnostics

- There has been a deterioration in position this month, largely driven by Audiology, Non-Obstetric Ultrasound and Echo.
- Activity levels are on plan with the exception of audiology which is behind plan.

Actions/interventions/learning/risks

Cancer

- NCIC is part of NHS E tiering process for Cancer as a tier 2 provider. Regional NHS E and ICB oversight of recovery action plans is in place with Biweekly meetings.
- IST visit in June, resulted in recommendations for the Trust.
- Additional performance recovery funds from Alliance and NHS E have been made available to support actions to improve Skin, Gynae and Urology performance.

Faster Diagnosis Standard:

- Strong performance at provider level with 5 out of 8 providers achieving 77% England 24/25 objective for FDS standard (Jun24).
- Patients diagnosed with cancer at 28 days dropped from 61.3% (Mar24) to 56.0% (Apr24)
- Challenges still exist at tumour level – Urology being the furthest away from trajectory.

Diagnostics

- Diagnostic Programme continues to engage with providers through Mutual Support Co-ordination group.
- Audiology continues to be a risk with staffing pressures across all providers exacerbated by the impact of the actions to respond to the paediatric audiology review.
- Review of commissioning arrangements in audiology underway

Quality and Health inequality implications

Cancer

- FDS provides a timely diagnosis and improves opportunity for treatments.

Diagnostics

- Improved equity in access to diagnostic services
- Reducing backlog improves quality of life
- Timely diagnosis improves treatment opportunity.

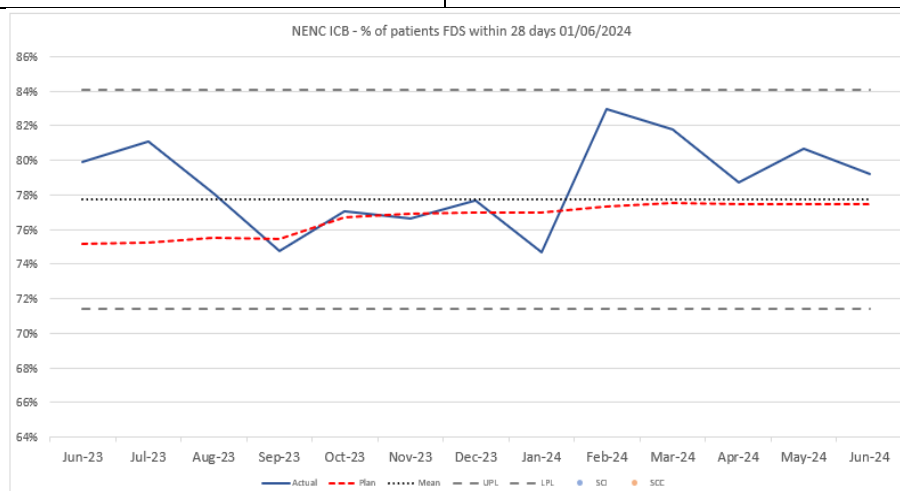
Recovery/delivery

Cancer

- FDS strong performance continues in 2024/25.

Diagnostics

- Weekly data shows improvement expected in July 24.
- Mutual support required in audiology for Newcastle, discussions ongoing through Mutual Support Co-ordination Group



Maternity and Neonatal

Objective	RAG Rating
Perinatal Pelvic Health Services are operational and available in line with the service specification across the ICB	Orange
Agreement is in place to sustainably commission Perinatal Pelvic Health Services from Apr-24	Orange
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>Observations</p> <p>Perinatal Pelvic Health Service (PPHS)</p> <ul style="list-style-type: none"> Funding for midwifery, physiotherapy and urogynaecology leads extended until the 30th Sept-24 to complete work in respect of standardised education packages with a view to adapting this as part of the core competency framework in 25/26. <p>Maternal Mental Health Services (MMHS)</p> <ul style="list-style-type: none"> Commissioning of MMHS provision is led by the ICB Mental Health Transformation Team and not the LMNS. <p>Seven Day Bereavement Services</p> <ul style="list-style-type: none"> 7 of the 8 NENC Provider Trusts provide 7-day bereavement services, assurance regarding delivery will be provided at perinatal quality surveillance meetings. <p>Publication of Maternity Equity and Equality Action Plans</p> <ul style="list-style-type: none"> Complete, ongoing monitoring of plan is through the NENC LMNS Equity and Equality steering group with assurance provided via NENC LMNS Board. <p>Compliance with the Saving Babies Lives Care Bundle</p> <ul style="list-style-type: none"> The Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) Year 6 ICB & LMNS Assurance Framework outlines the evidence required to be shared with the ICB and Local Maternity and Neonatal System (LMNS) to fulfil the requirements of the MIS guidance and technical specification. 	<p>Actions/interventions/learning/risks</p> <p>Perinatal Pelvic Health Service (PPHS)</p> <ul style="list-style-type: none"> 24/25 Fair share funding allocations have been agreed based on BadgerNet data in line with national service specification requirements jointly agreed with NENC provider trusts. <p>Maternal Mental Health Services (MMHS)</p> <ul style="list-style-type: none"> Dedicated funding to scale up MMHS to cover all 8 maternity settings in the NENC has now been identified by the ICB (approved July 2024). Scaling up of the MMHS coverage will start in 2025/26. <p>Seven Day Bereavement Services</p> <ul style="list-style-type: none"> Plan to establish a NENC LMNS Perinatal Bereavement Delivery Group by the end of 2024. <p>Compliance with the Saving Babies Lives Care Bundle</p> <ul style="list-style-type: none"> A report was being presented to the NENC LMNS Board on 16 Jul-24 which summarises the co-designed audit processes for MIS Safety Action 4 and 6 (Saving Babies' Lives Care Bundle version 3), including the minimum and stretch targets. The audit processes document has since been updated further to reflect the new MatNeo SIP measures and will be ratified at LMNS Board in Sept-24. <p>Other Relevant Programme Updates</p> <ul style="list-style-type: none"> The LMNS have appointed an additional Obstetric Clinical Lead role for 1 day per week, Dr Paul Moran commenced on the 1st Aug-24 Paul works at NuTH FT as a Consultant Obstetrician. The LMNS have provided a narrative update for the COREPLUS25 indicator in the reduction of pre-term births under 37 weeks and closing of the inequity gap between the most and least deprived areas.
<p>Quality and Health inequality implications</p> <p>Maternal Mental Health Services (MMHS)</p> <ul style="list-style-type: none"> The NENC ICB/LMNS is not expected to fully achieve this deliverable until 1 April 2026. <p>Compliance with the Saving Babies Lives Care Bundle</p> <ul style="list-style-type: none"> 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. <p>Other Relevant Programme Updates</p> <ul style="list-style-type: none"> Recruitment and retention of multi-disciplinary team (MDT) staffing across our providers is a pressure – development and collaboration across NENC in workforce capacity continues. 	<p>Recovery/delivery</p> <ul style="list-style-type: none"> PPHS service provision will commence from the 1st Oct-24 in each of the 8 NENC provider trusts. Further engagement is required regarding the future management of OASI patients between tertiary and non-tertiary units, and this will form part of continued service development. <p>Compliance with the Saving Babies Lives Care Bundle</p> <ul style="list-style-type: none"> 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. <p>Other Relevant Programme Updates</p> <ul style="list-style-type: none"> Three maternity units (North Tees & Hartlepool, Sunderland & South Tyneside and Country Durham and Darlington) remain under the national Maternity Safety Support Programme.

Use of resources Data period M4 (July 24)

	Month 4 YTD plan	Month 4 YTD actual	2024/25 Annual plan	2024/25 Forecast
ICS financial position (surplus)/deficit	£36.95m	£38.67m	£49.95m	£49.95m
ICB financial position (surplus)/deficit	(£17.87m)	(18.23m)	(£53.60m)	(£53.60m)
Running cost position	£14.95m	£13.37m	£50.31m	£47.41m
Capital funding	£47.29m	£37.81m	£213.46m	£222.57m
Agency spend	£28.88m	£25.78m	£80.93m	£73.39m
Efficiency savings	£134.98m	£132.06m	£520.80m	£520.80m
Mental health investment standard	4.0%	4.0%	4.0%	4.0%

Observations

- As at 31 July 2024, the ICS is reporting a year to date deficit of £38.67m compared to a planned deficit of £36.95m, an adverse variance of £1.7m. This is an improvement on the position last month (adverse variance £3.8m).
- The adverse variance relates to pressures associated with industrial action, drugs and devices, escalation beds and under-delivery of efficiency plans.
- The forecast position across the ICS continues to be a deficit of £49.95m in line with the agreed plan for the year.
- The ICB is reporting a year-to-date surplus of £18.23m and forecast surplus of £53.60m in line with plan.
- Running costs – an underspend is expected on running cost budgets, (£1.58m year to date and £2.9m forecast) largely due to vacancies. This helps to mitigate pressures on programme budgets.
- Capital spending forecasts are currently in line with plan, but this includes an allowable 5% 'over programming'. Excluding this, the forecast is £9.1m more than the ICS capital allocation. This is expected to be managed over the remainder of the year.
- Agency spend is currently below plan with forecast spend expected to be within the system level agency ceiling of £101.3m.
- The ICS is reporting efficiency savings which are slightly below original planned levels (£2.92m YTD under-delivery with forecast savings in line with plan). Of additional concern is an under-delivery reported against recurrent efficiency savings (£7.7m year to date and £17.5m forecast).

Actions/interventions/learning/risks

- At this stage of the year there is still very limited data available which creates a level of risk and uncertainty in the forecast outturn position.
- The submitted 2024/25 plan including significant unmitigated financial risks across the ICS, totalling almost £161m.
- At month 4 this unmitigated financial risk is estimated at £98m although further work is required across the system to review this for month 5 following a change in NHSE reporting.
- This includes unmitigated net risks of almost £20m 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.
- To support delivery of the financial position, an independent review of financial grip and control measures across all organisations within the ICS is being undertaken. The scope of this work is currently being finalised, but the review is 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.

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

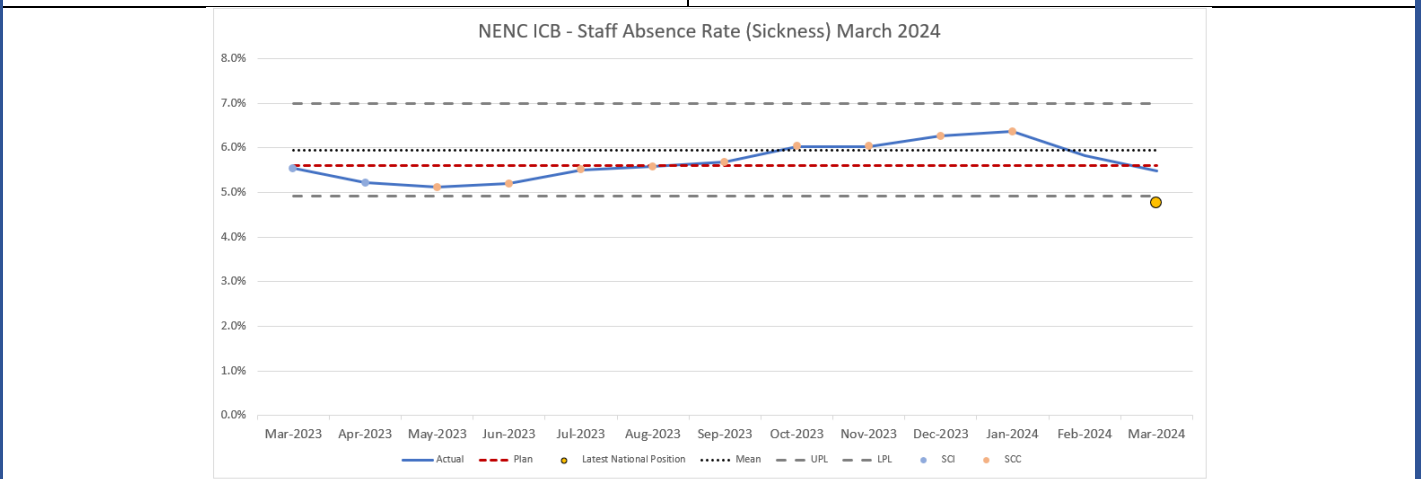
- Work is continuing across the system on the medium-term financial strategy and delivery of related financial recovery plans via the System Recovery Board.

Workforce – Mar/Apr 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 (Apr-24)		12.1%	8.8%	Improving	10.5%
Improve the working lives of all staff and increase staff attendance (Mar-24)		5.6%	5.5%		4.7%

<p>Observations</p> <p>Sickness The nationally reported in-month ESR recorded sickness rate for M12 23/24 has improved from 6.4% to 5.5% which is under the plan for March 24 of 5.6%. This still remains above the national average of 4.7%.</p> <p>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 continues to improve their turnover rate with another small decrease from 9% to 8.8% turnover rate against a plan of 12.1%.</p> <p>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)</p>	<p>Actions/interventions/learning/risks</p> <ul style="list-style-type: none"> Sickness and turnover rates continue as priorities into 24/25. 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. Work is continuing across the 8 cohort 2 People Promise sites to embed the People Promise principles in some trust and primary care settings. Retention Network is established and is working closely with the People Promise network to ensure learning is shared across the system. The learning and improvement platform Boost continues to be developed, reaching out to all health and care staff across the system. This also contains a wellbeing offer. Compassionate leadership community of practice continues to be developed. Menopause clinics and training continue. Learning academy for health inequalities is currently in testing phase with a Sept 24 start. Oliver McGowan training continues across the health and care system.
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<p>Quality and Health inequality implications</p> <ul style="list-style-type: none"> 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. 	<p>Recovery/delivery</p> <ul style="list-style-type: none"> Final Planning submissions have been submitted and show plans to continue to reduce sickness and absence rates across NENC. We are linking the 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.
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Mental Health Adults – June 24 unless otherwise specified. Delays with Core data pack

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Access: Number of patients discharged having received at least 2 treatment appointments, that meet caseness at the start of treatment	35,000	2,920	2,769		
Talking Therapies - Reliable Recovery	50.0%	50%	48.8%		
Talking Therapies - Reliable Improvement	68.5%	68.5%	68.4%	Worsening	
SMI Physical Health Checks (Mar-24)	18,671		20,406		
Inappropriate Out of Area Bed Days (Mar-24)		162	910		
Dementia Diagnosis Rate	69.8%	68.5%	68.2%		63.8%
Perinatal Mental Health* (Mar-24)	2,500		2,335	Improving	
MHSDS Data Quality Maturity Index (DQMI) Score (Apr-24)			59.4		
Talking therapies - In treatment waiting times >90 days	10%	10%	38.2%		
Talking Therapies Access previous metric – Number of patients accessing TT	N/A	N/A	5,525		

Observations

TTAD: Access remains below plan and target. At system level, recovery targets are consistently met and often exceeded at place.

CMH: Targets have been met across the region and the number of transformed PCNs has increased.

Dementia: Slight reduction in performance against target but primarily, rate remains in excess of NENC target, a continuing trend since May 2023.

SMI Health Checks: Target has been exceeded, however recognise the seasonal drop at the start of the year reflecting check is undertaken on an annual basis.

Adult MH Waiting Times: National definitions to be determined by NHSE.

Perinatal: Position continues to demonstrate an improvement but does not yet meet plan.

DQMI: requirement to report data quality metrics and will be included going forwards – trends confirmed in appendices,

Actions/interventions/learning

TTAD: Transformation Team working with place colleagues to develop a standardised service specification, alongside exploring contractual options to standardise offer across NENC. Additional investment agreed from 25/26 to expand services to meet increased access rate. Recognition that those patients who access services, report an increase in their recovery and improvement.

CMH: Number of transformed PCNs has increased from 24 in quarter 4 of 23/24 to 35 in Q1 which is expected to increase the number of patients having 2+ contacts. Work also continues in relation to supporting VCSE colleagues to submit activity to MHSDS.

AMH Waiting Times: Significant pressures in Neuro pathways contributing to majority of long waiters. Financial support secured and scoping work now underway to consider how to progress any waiting list initiatives or scaffolding support which could reduce waiting lists/times.

Dementia: Horizon Scanning required in relation to potential roll out of Disease Modifying Therapies (DMT's) in management of early Alzheimers disease subject to UK market licensing. Additional services and capacity may be required if drugs are NICE recommended.

Quality and Health inequality implications

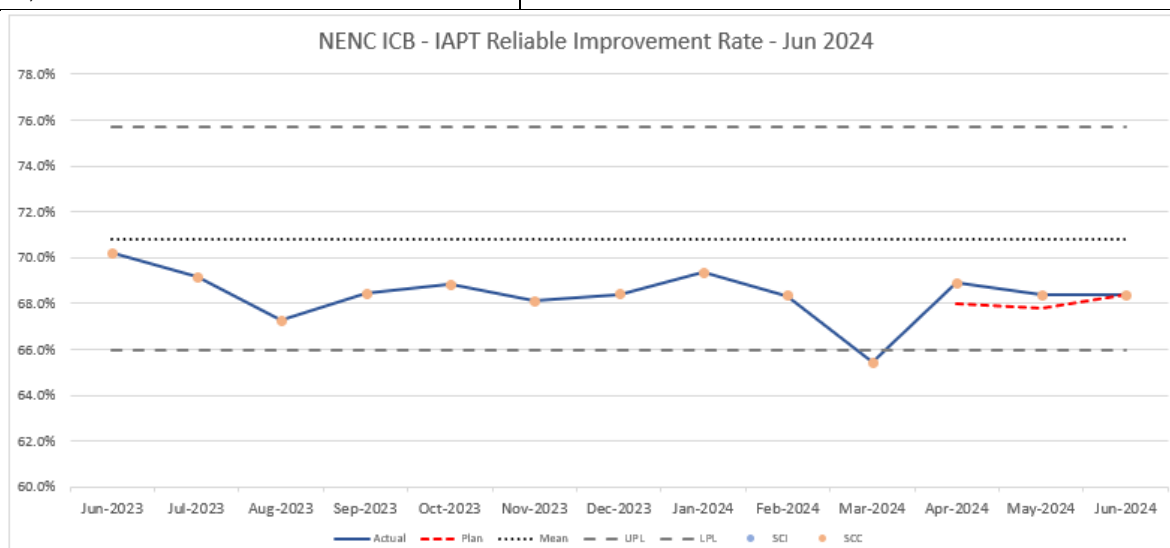
Negative impact on mental health whilst waiting. Patients awaiting repatriation to their home area have poorer outcomes and less likely to receive frequent family visits due to distance. Resettlement/rehabilitation may not be as timely as when placed in home area. Patients with SMI are known to have 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 working to identify options and recommendations consideration by the ICB.

CMH: System Development Funding (SDF) is currently being agreed and will support the expansion of the transformation programme, this includes increasing workforces within the MH ARRS roles in Primary Care.

AMH Waiting Times: Further analysis of waiting list pressures to be coordinated through NENC MHLDA Performance Oversight group with associated recovery plans.



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

Mental Health: CYP – June 24 unless otherwise specified

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Number of CYP accessing Mental Health Services*	59,632	58,176	58,835		
CYP Eating disorders (ED) - urgent within 1 week	95%		73.0%		
CYP Eating disorders (ED) – routine within 4 weeks	95%		80.0%		
MH CYP waiting time (WT) for 2nd contact >52 weeks**			10,400	Worsening	
MH CYP WT Autism & Neurodevelopmental >52 weeks**			7,796	Worsening	

Observations

CYP Access: NENC exceeded the plan for March 24. 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. Awaiting national methodologies to be released to confirm 4 and 18 week waiting times standards.

CYP Eating Disorders: Pressures remain in this pathway for patients seen within one week (urgent) and four weeks (routine).

Actions/interventions/learning/risks

National direction around reducing 104-week waits expected in Autumn which will focus drive to reduce waiting lists.

TEVV have implemented a revised assessment process for ADHD and ASD pathways with Primary Care Colleague. Visible impact expected at the end of September. A deep dive on current caseload is planned for late August to determine further actions required.

CNTW are continuing to standardise the Neuro pathway across all areas. In addition, North Cumbria are progressing with the Portsmouth model. The aim is to provide the right care at the earliest opportunity, identifying those in need for services and directing people to the correct services.

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.

Quality and Health inequality implications

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

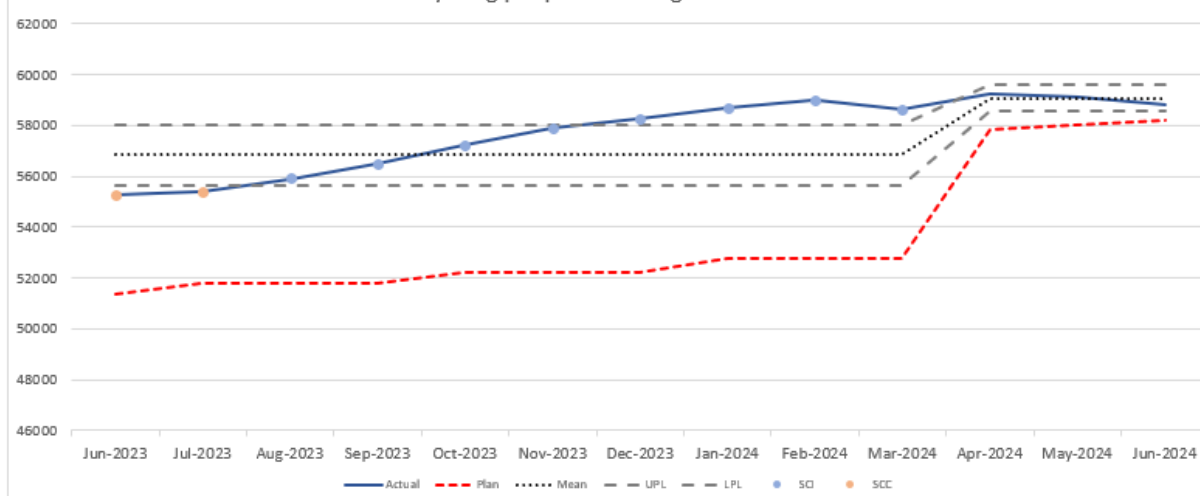
Recovery/delivery

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

CYP Waiting Times: ICB is investing in extra support, where available, to improve CYP access.

The ICB is working in partnership at place to ensure a graduated response is available to support children, young people and families with emotional, mental health and wellbeing needs.

NENC ICB - Number of young people accessing mental health services June 2024



*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 – Jun/Jul 2024

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Bench mark
Annual Health Check and plan for people on GP Learning Disability registers	75%	12.1%	12.7%		
Reduce reliance on in-patient care – adults (ICB and Secure)* 31 Jul 24	154 (Q4)	165 (Q2)	178		
Reduce reliance on inpatient care – under 18s 31 Jul 24	0	2	3		
CTRs (Adult) compliance for non-secure (target 75%)	Fully Compliant	March 2024 CTR Metric: Adult pre-post: 27% 4 of 13 Non-secure repeat: 47% 33of70 Secure repeat: 97% 57 of 59		Worsening	
CETRs (Children & Young People) compliance	Fully Compliant	March 2024 CETR Metric: Under 18 pre-post: 80% 4 of 5 Under 18 repeat: 100% 5 of 5			
Learning from Death Review (LeDeR) compliance – Eligible Reviews	Fully Compliant	July 2024: 94% completed			
Eligible reviews completed within 6 months of notification	Fully Compliant	July 2024: 15% within 6 months			

Observations

June/July 2024 – Adults only, as reported via the Assuring Transformation (AT) database

- 19 discharges (16 ICB, 3 Secure), inc one with length of stay (LOS) over 13 years, one over 6 years and one over 4 years. 8 with LOS less than 6 months. One transfer step down from Secure
- 16 admissions from Community (15 ICB, 1 Secure), inc one readmission.
- 3 new diagnoses whilst an inpatient (2 ICB, 1 Secure).

CTR Compliance - June 2024 Metric:

- Non-compliance flagged for U18 and adult pre or post-admission CETRs and for adult non-secure repeat CTRs. Adult secure Repeat CTRs were 97% compliant.
- Staffing issues continue to impact the scheduling of CTRs. MDT / MDT+ reviews held where possible.
- Backlog continues of updates to the AT database. Manual revision of non-secure repeat CTRs, showed 69% compliance - the individual discharged or justifiable reasons applied.

Annual Health Checks: GP LD register has increased by 1,481 to 22,415. Delivery continues to match and exceed target.

Quality and Health inequality implications

Reasonable Adjustment Flag: Local focus on supporting primary care. Webinar held 25 July 2024. EMIS toolkit, developed by PRIMIS, now available. Development of dashboard and reasonable adjustments campaign continues.

LeDeR: Following ICB 2.0 reconfiguration, strategic and operational ways of working have been embedded and are progressing.

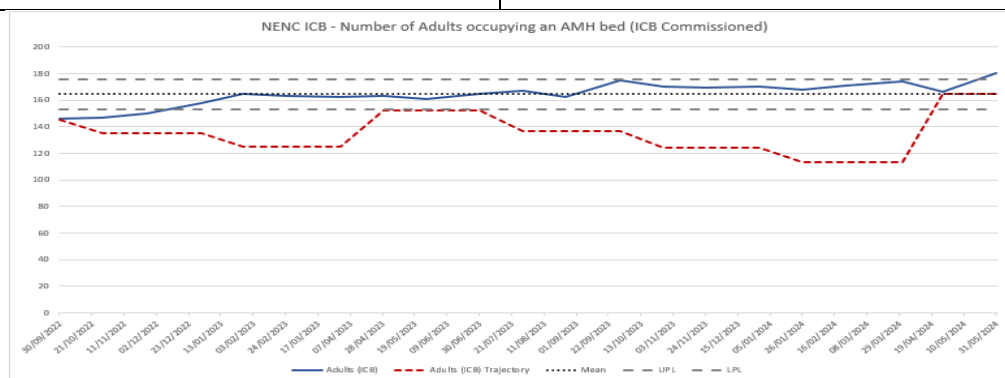
Actions / Interventions / Learning / Risks

- ICB 2.0 continues to impact on reporting and progress. All four Heads of Complex Care are in post and recruitment of Business Support progressing.
- AT dashboard live from August; mobilisation and usage underway. Quality improvement group planned from October for ongoing learning and improvement. However, data quality continues to be a risk; discussions ongoing with NHSE regarding NECS having direct access to the data source.
- In-patient Quality Transformation (IPQT) engagement event held on 6th June. Final IPQT plan was submitted to NHSE in July. Culture of Care work commencing at providers.
- Three legal training sessions being held July/August for NENC ICB staff, provided by Ward Hadaway Solicitors.
- Two sessions planned on CTRs/DSRs/EPPICs/12-point discharge plan by NHSE for the ICBs Complex Care team.
- NHSE NEY C(E)TR Clinical Experts Practice Forums planned for September 2024 and March 2025.
- National Autism Webinar to share learning on All-age Autism Assessment Pathways Wednesday 25th September 2024.

Recovery/delivery

Care Education and Treatment Reviews:

- Focussed efforts on the backlog of CTRs
- Staffing pressure in Complex Care team to support workload, inc administrative personnel, therefore still gaps in provision.
- On-going deferral of County Durham and Tees Valley in-patient repeat CTRs to 12 months now impacting demand, placing additional pressure on review team. Therefore, a greater focus on pre- and post- admission CTRs at present.



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

Prevention and Health Inequalities including Core20+5: Adults

Objective - Reduce the inequality -	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
.. in the % of patients hypertension treated according to NICE guidance -Deprivation	2.6%pts	TBC	3.1%Pts	Improving	4.7%pts
.. in the % of patients hypertension treated according to NICE guidance -Ethnicity	12.6%pts	TBC	14.1%pts	Improving	8%pts
.. in the percentage of patients aged 18+ with a CVD risk score > 20% on lipid lowering therapies - Deprivation	0	0	0	No change	0
.. in the percentage of patients aged 18+ with a CVD risk score > 20% on lipid lowering therapies - Ethnicity	0	0	0	No Change	0
.. in the percentage of patients aged 18+ with GP recorded atrial fibrillation and a record of a CHA2DS2-VASc score of 2 or more, who are treated with anticoagulation drug therapy - Deprivation	0	TBC	0	Improving	0.7%pts
.. in the percentage of patients aged 18+ with GP recorded atrial fibrillation and a record of a CHA2DS2-VASc score of 2 or more, who are treated with anticoagulation drug therapy - Ethnicity	6.4%	TBC	6.9%pts	Worsening	5.2%pts
.. in COVID vaccination uptake - Deprivation	TBC	TBC	22%pts	Worsening	-
.. in COVID vaccination uptake - Ethnicity	TBC	TBC	29%pts	Worsening	-
.. in Flu vaccination uptake for people with COPD - Deprivation	TBC	TBC	14.9%pts	Worsening	-
.. in the rate of premature babies (born before 37 weeks gestation) – Deprivation	3.1	TBC	3.3	Improving	3.1
.. in Cancer screening – Breast	12.4	TBC	13.4	Worsening	17.5
.. in Cancer screening – Bowel	11.6	TBC	13.1	Improving	17.4

Observations

- Hypertension indicator – There is currently a 3.1% pt difference between the most and least deprived communities, highlighting that fewer people from the most deprived areas are treated to expected threshold. This inequality gap is smaller in NENC than the England position and continues to reduce but it remains above the ICB aspirational target. The greatest inequality in hypertensive treatment is by Ethnicity. The variation is greatest for those of mixed ethnicity.
- Premature babies – The inequality gap in the percentage of babies born before 37 weeks is following a reducing trend.
- Cancer screening – As an ICB, we have higher levels of screening, and a smaller inequality gap compared with the England average, however inequalities remain, with a 13+%pt difference between those living in the most deprived and least deprived.

Quality and Health inequality implications

- The inequality gap associated with vaccinations for both ethnicity and deprivation remain of significant concern. Work at place-level with Public Health teams continues to reduce this gap through engagement, case-finding, and alternative means of provision to increase uptake.
- Gaps within plans (seen as TCB above) will be addressed with ICB Directors and Leads to ensure that progress in-year as well as end of year are understood.

Actions/interventions/learning/risks

- There is currently no target set for the vaccination indicators, all three have a significant inequality gap and are following a worsening trend.

Recovery/delivery

- All CORE20Plus5 Clinical Pathways are currently subject to review from a delivery perspective following ICB2.0, including aligning delivery within the emerging operating model between the Strategy & Transformation Directorate, the Local Delivery Teams, and other ICB teams with lead responsibility for CORE20Plus5 clinical pathway delivery.
- Since the last reporting period ICB Director, Clinical, and Managerial Leads have been identified who, in collaboration with the Healthier & Fairer Team, have developed NENC-based targets and milestones for the 5 clinical pathways. The bi-annual report on health inequalities that accompanies the IDR states the current position.
- Where targets are absent, further work will be undertaken to remedy this position, subject to identification of data flow / intelligence that accurately reflect the NENC position.
- These targets will form part of the reporting process moving forwards.

Prevention and Health Inequalities including Core20+5: CYP

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Rate of unplanned admissions for asthma for children aged 0-17 (per 100,000 population) (Apr-24)	-	-	564	-	-
Reduce inequalities in the % of children with Diabetes receiving all three care processes - Deprivation	0		0	Improving	0.7%pts
Reduce inequalities in the % of children with Diabetes receiving all three care processes - Ethnicity	0		3.5%pts		0
Reduce inequalities in access to Hybrid Closed Loop Technology for children with Type 1 diabetes - Deprivation	6.6%pts		8.3%pts		6.6%pts
Reduce inequalities in access to Hybrid Closed Loop Technology for children with Type 1 diabetes - Ethnicity	0		0	Improving	5.9%pts
Number of CYP accessing mental Health Services (Mar-25)	59,632	58,176	58,835		

<p>Observations</p> <ul style="list-style-type: none"> • Asthma admissions Between September and December 2023, the rate from the most deprived communities spiked and the rate was more than three times that of the children from the least deprived communities. • CYP access to mental health services – The number of children accessing mental health services within NENC continues to increase. 	<p>Actions/interventions/learning/risks</p> <ul style="list-style-type: none"> • Most of the objectives included this month are based upon the metrics selected in 2023/24, and under review for the September report. • The 2023/24 objective were lifted directly from the Core20plus5 guidance. Discussions held within the programme highlighted that many of those are not smart metrics, resulting in difficulty in demonstrating impact. • Many areas across the Country have struggled to measure these aims and NHSE analytics teams have also been unable to provide methodology on how to measure the majority. Through discussion with Strategic leaders and programme leads, we have slightly changed the metrics for inclusion so that they reflect the work being undertaken in NENC. • Oral Health – Following discussions with David Gallagher and colleagues, the data previously included within the IDR relating to tooth extraction has been found to be unrepresentative of the actual level of need within the ICB foot print. Data quality and access to more robust data flows has been agreed as an action for the CHWN.
<p>Quality and Health inequality implications</p> <ul style="list-style-type: none"> • Asthma admissions – across the year, the rate of unplanned asthma admissions varies monthly and the rate for those from the most deprived communities is higher (approximately twice as high). • CYP access to mental health services – Although the number of children accessing mental health services within NENC continues to increase, the metric included does not measure against the potential level of need, nor does it identify the level of access for children from the most deprived communities compared with the least deprived. 	<p>Recovery/delivery</p> <ul style="list-style-type: none"> • All CORE20Plus5 Clinical Pathways are currently subject to review from a delivery perspective following ICB2.0, including aligning delivery within the emerging operating model between the Strategy & Transformation Directorate, the Local Delivery Teams, and other ICB teams with lead responsibility for CORE20Plus5 clinical pathway delivery. • Since the last reporting period ICB Director, Clinical, and Managerial Leads have been identified who, in collaboration with the Healthier & Fairer Team, have developed NENC-based targets and milestones for the 5 clinical pathways. The bi-annual report on health inequalities that accompanies the IDR states the current position. • Where targets are absent, further work will be undertaken to remedy this position, subject to identification of data flow / intelligence that accurately reflect the NENC position. • These targets will form part of the reporting process moving forwards.

Safety June/July 24/25 (PSIRF metrics in development)

Objective	Plan Mar 25	Plan YTD	Actual (month)	Actual YTD	Trend	Benchmark
Never events Jul-24	0	0	4	8		
MRSA Jun-24	0	0	1	29		
C diff Jun-24	N/A	549	57	842		
E coli Jun-24	N/A	854	80	1,299		
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.
- One Trust is showing higher than expected for the Summary Hospital Mortality Indicator (SHMI) for data up to February 2024 (published 11.07.2024).
- Since April 2024, 8 Never Events have been reported by 7 Trusts; these will be managed via PSIRF.
- All Trusts within the NENC area have transitioned to PSIRF and since April 2024, 88 Patient Safety Incident Investigations (PSIIs) have been reported.
- Since April 2024, 13 Regulation 28s have been reported within the NENC area. 1 of which was relating to the ICB in relation to mental health.

Actions/interventions/learning/risks

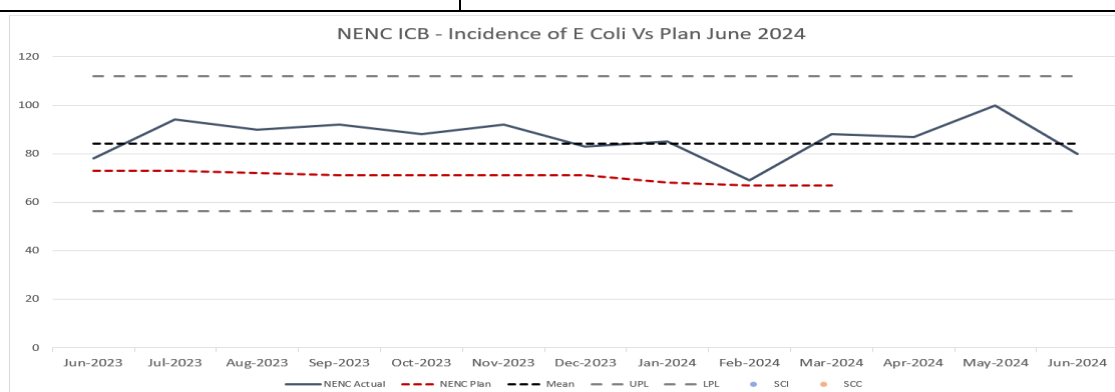
- Oversight across NENC through the AMR/HCAI subcommittee where learning and good practice is shared for discussion at place and local QRGs.
- CDDFT have challenges with CPE due to environmental issues with the estate. Detailed action plan led by the IPC Associate Director of Nursing is showing improvement. Time out slot with IPC Microbiology and estates to take place to explore the environmental issues across the ICB this will include estate issues due to the age and state of some of our estate.
- ICB Plan on a page commitments include: IPC interventions:
- Working with UK Health Security Agency (HSA) re vaccinations, hydration, catheter care, dentistry including IPC mouthcare within schools
- Educate disadvantaged communities
- Convert guidelines/support into all languages (patient information leaflet)
- Share access category via poster detailing information for GP practices
- Ensure data shared is in simple format for primary care.
- Quality and Safety Committee (QSC) monitor data relating to mortality and there is a regional mortality network in place to support quality improvements. NHS Digital has implemented various methodological changes from May 2024, e.g., inclusion of COVID-19 activity (previously excluded), and exclusion of hospice sites.
- 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"> Implement the Patient Safety Incident Response Framework (PSIRF)
Urgent and emergency care	<ul style="list-style-type: none"> Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025 Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25
Primary and community services	<ul style="list-style-type: none"> Improve community services waiting times, with a focus on reducing long waits 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 Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	<ul style="list-style-type: none"> 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) Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107% 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 Improve patients' experience of choice at point of referral
Cancer	<ul style="list-style-type: none"> Improve performance against the headline 62-day standard to 70% by March 2025 Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026 Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	<ul style="list-style-type: none"> Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
Maternity, neonatal and women's health	<ul style="list-style-type: none"> 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 Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities
Mental health	<ul style="list-style-type: none"> Improve patient flow and work towards eliminating inappropriate out of area placements 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) 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 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 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
People with a learning disability and autistic people	<ul style="list-style-type: none"> 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 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
Prevention and health inequalities	<ul style="list-style-type: none"> Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025 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 Increase vaccination uptake for children and young people year on year towards WHO recommended levels Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people
Workforce	<ul style="list-style-type: none"> 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 Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan
Use of resources	<ul style="list-style-type: none"> Deliver a balanced net system financial position for 2024/25 Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25