

Integrated Delivery report

Oct 2024

(Reporting period September/August 2024)

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

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Executive Summary

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

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

Reporting period covered:

September 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.

August 2024 – all other standards unless otherwise specified.

Key changes from previous report

CQC

North Cumbria Integrated Care NHS FT - Maternity Services:

The maternity service continues to work to progress their 2 outstanding sub-actions.

Core Service and Well Led Inspection:

All actions have been completed with the exception of the Mental Health strategy which is now in draft.

IR(ME)R Inspection:

The Trust Radiation Safety Group continue to have oversight and monitoring of the must do actions, 3 sub-actions remain open.

1 sub-action has been removed from the plan as isn't in the scope of the inspection but remains on the department's overall improvement plan.

Action Monitoring and Oversight Governance:

Arrangements are in place to ensure that all individual actions are supported by robust evidence.

Independent Provider – Cygnet Victoria House, Darlington - following an inspection on 14 March 2024 a report has been published 5 September 2024, in which the 'Safe' section was graded as 'Requires Improvement'. The overall CQC rating for the site is 'Good'.

Healthcare Acquired Infections benchmarking

Bench marking analysis with a detailed comparison of MRSA, Clostridium difficile and Ecoli rates in NENC to the national and North East and Yorkshire rates is currently being undertaken and will be presented in detail to the Quality Safety Committee and Board in due course.

Quality Reporting and thematic analysis

Work is underway to enhance our quality reporting within NENC to ensure we fully evidence how our care is safe, patient centred, efficient, equitable and timely.

Community mental health services 2+ contacts in a transformed PCN

This report includes current performance against a new metric for 2024/25 which monitors the number of community mental services contacts where a patient has had 2+ contacts within a transformed PCN. A PCN is defined as being transformed when it has met all 5 of the following criteria: Access at neighbourhood level, established governance, holistic provision of care, outcomes, multi-disciplinary workforce. Colleagues have recently met with NHSE colleagues to further explore the definitions to ensure maximum application.

There is an opportunity to increase the number of 2+ contacts during 2024/25 by increasing the number of PCNs compliant with the Transformation criteria. Due to reporting cycles, the last opportunity to update PCN data for 2024/25 is the end of Q3. Any Transformed PCNs reported in Quarter 4 will be shown in 25/26 reporting. Following a deep dive into this area at the September MH Performance Overview Group, which showcased areas of good practice alongside confirmation of the definitions by NHSE, we would expect to see an increase in confirmed transformed PCNs which will ultimately increase the number of 2+ contacts. Unpublished data suggests that this is the case.

Key performance updates

A&E 4 hr waits In month A&E performance at 77.6% remains above the national average of 74.2% however behind the NENC Sep24 plan (80.6%). NENC has seen a deterioration from Aug24 of 2.5% (down from 80.1%).

Ambulance Handover Delays Ambulance handovers deteriorated this month and risks remain around the volume of handover delays across 6 of our 8 Acute Providers. Processes to support improvements in AHDs are being developed via SCC and a system-wide group has been established bringing together system partners (Acute Trusts, Ambulance Trusts and ICB) to implement new ways of working at a system level.

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 Ambulance response times Cat 2 mean response have deteriorated in Sep24 compared to Aug24 but YTD performance remains well ahead of plan. NEAS national ranking is 3/11.

Elective long waits NENC ICS continue to be the best performing nationally in Aug24 for RTT performance with 68.2% of people on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks. This compares to national performance of 58.2%.

Published Aug24 data for the ICB reported zero 104+ week waiters.

Aug24 data confirmed a further increase to 78+ww up from 51 (Jul24) to 58 making it five consecutive reporting increases.

A further improvement to the number of 65+ww from 745 (Jul24) to 707 (Aug24) making it three consecutive reporting decreases. Despite the decrease this still represents continued struggles to get on top of these long waiters. Targeted ICB/provider meetings continue with NUTH and S Tees; NCIC operating within Tier 2 (NHSE and ICB) support structure with formal bi-weekly meetings.

Aug24 data for 52+ww shows a marginal drop from the previous reporting period however 6,962 patients waiting is a distance from the planned level of 5,674.

Cancer 62 day performance and 28 day Faster Diagnosis

Cancer 62-day performance increased from 66.9% (Jul24) to 68.1% (Aug24) matching the Operational planning trajectory.

The Faster Diagnosis Standard decreased from 79.3% (Jul24) to 77.0% (Aug24) and though in line with the national expectation of 77% by Mar25 this was below the Operational planning trajectory of 77.1%.

Most challenged pathways for 62 day include Lung and Urology with performance below 60% in Aug24. Improvement plans are in place which include transformation and financial support from the Northern Cancer Alliance and via regional and national support offers including the Intensive Support Team (IST). NCIC remain in Tier 2 escalation for cancer.

Other areas of note/risk

NHSE Focus meeting

The NENC ICB Focus meeting was held on 11th October with NHSE. The ICB Executive Team provided NHSE regional colleagues with an overview of the latest position in relation to the Quality of Care, Access, and Outcomes across the NENC Integrated Care System along with an update on how we are managing our Finances (use of resources) including work to progress our system wide efficiency and productivity programmes. The latest Activity and Performance update was shared including details of our plans and preparations for winter 2024/25. There was also an opportunity for sharing examples of progression with local strategic priorities including our Patient Voice work and the development of a Community Promise.

Community Mental Health waiting times – 104+ week challenge

Adult and older adult (AMD) MH Waiting Times and Children and Young People (CYP) MH waiting times remain a risk. NHSE have now released a new community MH Waiting Time metric with a focus in the remainder of 2024/25 on improving data quality and a reduction of long waits for both adults and children. A waiting list validation exercise is currently continuing with relevant providers within NENC to support trajectory planning for reducing 104+ week waits.

The ICB is required to submit a trajectory by 8th Nov24 at provider level to demonstrate a reduction in 104+ waits. Where an ICB is not projecting to have zero 104+ waits by the end of 2024/25, a trajectory must also be submitted for 2025/26 with the expectation that there are no 104+ waiters remaining by the end of the year. A mental health data improvement group across NENC has been established which will feed into the NENC MHLDA Performance oversight group which is undertaking a deep dive into waiting times in October 2024.

Out of Area Placements

The national definition for out of area placements metric has been amended in 2024/25 to count the number of people out of area, compared to total number of out of area bed days which was the measure in 2023/24 which has been reported in previous reports. The plan for Jun24 is 10 placements across NENC and given that this plan has been met due to the number of placements being less than 5, the published data has been suppressed and therefore trend analysis is not available for this metric.

Learning Disabilities and Autism: In Patient Care NENC ICB Complex Care team structure continues to develop, with an Interim Senior Head of Complex Case Management and four Heads of Complex Care now in post which will positively impact on capacity for case management.

Assuring Transformation (AT) dashboard is now live, however there does remain concerns around data quality and discussions are ongoing with NHSE to seek direct access to data source.

Patients who no longer meet the criteria to reside The proportion of patients not meeting the criteria to reside increased again this month with 9.7% 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.

Community waiting lists The total number of patients on a community waiting list increased in Aug24 but expected to reduce later in the year due to some targeted work with providers around data quality. The wait time is also expected to reduce for children which is a key national priority. An improvement plan is being developed to support this work.

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:

September 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 August 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%	80.6%	77.6%	Improving	74.2% 4/42
	Category 2 ambulance response times	26:18	28:48	29:09	Improving	3/11
	Adult general and acute bed occupancy	92.5%	91.1%	91.0%		93.5%
Community health services	2-hr urgent community response	70.0%	70.0%	81.0%		83.2%
	Urgent Community Response Referrals	7,980	7,591	10,059		
	Virtual Ward (Hospital@Home) Occupancy	78.2%*	76.4%	51.9%		
	Community Beds Occupancy	92.0%	92.0%	92.8%		
	Community Waiting List > 52 Wks Children	519	533	557		
	Community Waiting List > 52 Weeks Adults	306	322	554	Worsening	
	Community Services Waiting List > 52 Wks	825	855	1,111		
Primary care	Proportion of GP practice appointments within two weeks	85.5%	85.5%	80.4%	Worsening	80.4%
	Proportion appointments same or next day			64.2%	Worsening	64.6%
	Monthly Appointments in General Practice	1.5m	1.63m	1.52m		
	UDA delivered as proportion of UDA contracted (Sep-24)	80.0%	80.0%	72.3%		42.1%
	Percentage of unique patients seen by NHS dentist (adult) - rolling 24m (Sep-24)	42.6%	42.5%	41.8%		
	Percentage of unique patients seen by NHS dentist (child) - rolling 12m (Sep-24)	73.6%	71.8%	59.5%		
Elective care	No. patients waiting > 104 weeks - ICB	0	0	0	Improving	1/42 (Joint)
	No. patients waiting > 78 weeks - ICB	0	0	58	Worsening	19/42
	No. patients waiting > 65 weeks - ICB	0	94	707	Improving	4/42
	No. patients waiting > 52 weeks - ICB	4,190	5,674	6,962	Improving	2/42
	Deliver 109% value weighted activity	110.6%	109.3%			
Cancer	Cancer 62-day standard to 70% by Mar 25	72.7%	68.1%	68.1%	Improving	69.2%
	Cancer faster diagnosis standard 77% by Mar 25 – ICB	79.4%	77.1%	77.0%		75.5%
Diagnostics	% diagnostic tests < 6wks (Mar 25 95%) (24/25 ICB plan required 9/15 modalities)	92.7%	84.3%	80.9%		80.7%
Use of Resources	ICB financial position (surplus)/deficit (Sep-24)		(£26.80m)	(£27.35m)		
	Reduce agency spend across 24/25 (Sep-24)		£42.25m	£36.83m		

*NENC Plan does not meet or exceed the national objective

Reporting period covered:

September 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.
August 2024 – all other standards unless otherwise specified.

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) (Jun-24)		12.1%	9.5%		10.6%
	Improve staff attendance (sickness) (May-24)		5.6%	5.5%		4.7%
Mental health	Number of CYP accessing MH Services*	59,632	58,500	58,635		
	Access to Transformed PCN Community Mental Health Services for Adults with SMI Number of 2+ contacts (Jun-24)	30,000	15,114	14,890	Improving	
	Talking Therapies Access: Number of patients discharged having received at least 2 treatment appointments, that meet caseness at the start of treatment	2,934	2,922	2,961		
	Talking Therapies - Reliable Recovery	50.0%	50.0%	49.0%		
	Talking Therapies - Reliable Improvement	68.5%	68.3%	68.2%		
	Recover the dementia diagnosis rate to 66.7%	69.8%	68.8%	68.5%		63.8%
	People with SMI receiving full physical health check in primary care (Jun-24)	69.5%	63.3%	63.2%	Improving	
	Access to perinatal mental health services*	2,500	2,423	2,290		
	Total number of inappropriate Out of Area (OOA) Placements** (Jul-24)	0	8	<5		
People with a learning disability and autistic people	Annual health check and plan for people on GP LD registers	75%	23.0%	23.3%		
	Reduce reliance on in-patient care – adults (ICB and Secure)*	154 (Q4)	161 (Q2)	181	Worsening	
	Reduce reliance on inpatient care – under 18s	0	2	6		
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 (Jul-24)			4%	Worsening	
	% of pregnant women from 20% most deprived areas on continuity of carer pathway by 29 weeks (Jul-24)			6%	Worsening	
Prevention and Health Inequalities - Children & Young People (CYP)	Rate of unplanned admissions for asthma for children aged 0-17 (per 100,000 population) (Jul-24)			189.1		
	Rate of tooth extraction procedures undertaken within an inpatient setting for those aged <10 per 100,000 population (Aug-24)			40		
	Elective waiting list for children (10 years and under) awaiting IP tooth extraction (Sep-24)			248	Worsening	
	Number of CYP accessing mental Health Services (Aug-24)	59,632	58,500	58,635		

*NENC Plan does not meet or exceed the national objective

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

Reporting period covered:

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

August 2024 – all other standards unless otherwise specified.

Finance is at month 6.

Data Availability

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

Part 3 – Core safety metrics – September/August 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		Sep-24	0	0	0	10		
Infection Prevention Control	Incidence of MRSA *		Aug-24	0	0	6	20		
	Incidence of C Difficile*		Aug-24	85	425	116	499		
	Incidence of E Coli*		Aug-24	235	1,176	277	1,271		
Mortality	One Trust (CDD FT) is showing higher than the expected range for SHMI								

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

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

Mortality

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

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

Clinical Coding Data quality

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

Reporting period covered:

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

August 2024 – all other standards unless otherwise specified.

Finance is at month 6.

Data Availability

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

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

System Oversight

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NHS Oversight Framework (NHS OF) Summary

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

NHS Oversight Framework Segmentation and CQC ratings

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

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

Provider	NHS OF segment	Oversight arrangements	Additional escalation/support	CQC overall rating/recent warning notices. Other external reviews of significance.
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 – Oct 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		
Darlington	1	10		
Durham	7	52	2	
Gateshead	1	23	1	
Hartlepool	1	10		
Middlesbrough		19		
Newcastle	2	25	1	
North Tyneside	4	19		
Northumberland	4	32		
Redcar and Cleveland		15		
South Tyneside	1	19		
Stockton	4	17		
Sunderland	3	34		1
ICB total	36	300	4	1

Residential Social Care Provider Overall Rating by Local Authority - Oct 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, 628 as Good and 3 rated as Inadequate and 85 Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	4	78	7	0
Northumberland	4	67	17	1
North Tyneside	1	36	4	0
Newcastle upon Tyne	6	46	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	36	9	0
Hartlepool	0	23	2	0
Darlington	2	24	3	0
Middlesbrough	2	37	2	0
Redcar and Cleveland	0	34	5	0
Total	44	628	85	3

Community Social Care Provider Overall Rating by Local Authority – Oct 2024

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

The picture is generally very positive with 32 providers rated as Outstanding, 347 as Good, 21 rated as Requires Improvement and 1 rated as Inadequate.

	Outstanding	Good	Requires improvement	Inadequate
Cumbria	0	37	5	1
Northumberland	9	37	1	0
North Tyneside	4	24	0	0
Newcastle upon Tyne	5	36	1	0
Gateshead	0	37	4	0
South Tyneside	2	14	1	0
Sunderland	2	35	0	0
County Durham	5	46	4	0
Stockton-on-Tees	1	25	3	0
Hartlepool	0	11	0	0
Darlington	2	14	1	0
Middlesbrough	1	18	1	0
Redcar and Cleveland	1	13	0	0
Total	32	347	21	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	20	8	3 of 20
TOTAL	14	25	9	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

The ICB recently held productive oversight discussions with the following Trusts, a summary of the discussions will be given in the next report;

- North Cumbria Integrated Care NHS FT Oversight Meeting – 28th August 2024
- North Cumbria Integrated Care NHS FT Oversight Meeting – 2nd September 2024
- Cumbria, Northumberland, Tyne and Wear NHS FT Oversight Meeting – 9th September 2024

Oversight meetings have been scheduled in throughout October, November and December as follows:

- South Tees NHS Foundation Trust 28th October 2024
- North Tees NHS Foundation Trust 28th October 2024
- South Tyneside and Sunderland NHS Foundation Trust 8th November 2024
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust 2nd December 2024

ICB Complaints and Healthwatch Themes

Complaints

North of England Commissioning Support (NECS) continues to manage complaints made against the Integrated Care Board (ICB) on behalf of the ICB. The intention is to in-house the complaints staff employed by NECS and work will be done over the coming months to develop a single integrated complaints team.

The primary care complaints function transferred to the ICB in July 2023. Since the transfer we have experienced significant volumes of enquiries and formal complaints which has created a backlog of contacts that we continue to work through. As previously reported, in June 2024 the ICB executive agreed a recovery plan including additional staffing resources and streamlined primary care complaints handling processes. The recruitment process is underway to appoint two Band 5 Complaints Officers which will double the capacity in the primary care element of the team. These posts are fixed term for a period of two years. The intention is to appoint a further substantive 0.8 wte Band 5 Complaints Officer.

NECS part of the Complaints Team Concerns / complaints received

	2024/25 Quarter 1			2024/25 Quarter 2		
RECEIVED						
Referred to other organisations	88			79		
Managed as NENC ICB cases	116	Formal Concern Multi-agency	71 44 1	97	Formal Concern Multi-agency	63 31 3
Total received	204			176		
CLOSED						
Referred to other organisations	151			82		
Managed as NENC ICB cases	21			86		
Total closed	172			168		

The main themes of complaints/concerns received about the ICB remain access to NHS dental care and continuing healthcare (CHC).

Primary Care Complaints Concerns / complaints received

	2024/25 Quarter 1		2024/25 Quarter 2
RECEIVED			
Enquiries / concerns	438		378
Formal complaints	158		73
Total received	596		451
CLOSED			
Enquires / concerns	302		162
Formal complaints	19		42
Total closed	321		204

In addition to the cases received via e-mail which are outlined in the table above, the primary care part of the team received 383 phone calls in Quarter 1 and 425 phone calls in Quarter 2, via our primary care customer contact dedicated answer service.

Unfortunately, due to the current lack of resource it is not possible for all of the enquiries and concerns received to be processed in a timely manner, and it is expected that a significant proportion of enquiries/concerns will translate into formal complaints. As set out in the *Local Authority Social Services and National Health Service Complaints Regulations 2009*, patients and service users are entitled to complain about the provider or commissioner of primary care services, including GPs, dentists, pharmacists and optometrists. We encourage complainants to liaise directly with the providers as they are best placed to investigate the concerns that they have.

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

Performance against key performance indicators

All new ICB cases received in Quarters 1 and 2 were acknowledged within the 3 working day target. The ICB currently 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.

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

Social Care priorities:

- Nursing/Care Home settings - It is sometimes felt the care sector and the dignity that needs to be afforded to patients/residents is not given the priority required compared to the health sector. 6 of our Healthwatch organisations (Gateshead, North Tyneside, South Tyneside, Hartlepool, Middlesbrough and Stockton-on-Tees) are looking at the provision & quality of care with Nursing/Care Home settings compared to only 3 in the previous year.
- Domiciliary care - Northumberland, South Tyneside and Hartlepool
- Other areas to be covered are reablement/intermediate care (Hartlepool), the Adult Social care Team (Newcastle), Carers (North Tyneside), a directory/guide for Social Care (Sunderland)

Health Sector priorities:

- GP access – the majority of Healthwatch still have concerns relating to GP access. There are now some 11 of the Healthwatch raising this as an item within their work programmes with a further Healthwatch considering this for inclusion.
- Dentistry Access – this still remains one of the highest reasons residents are contacting Healthwatch for help & guidance. The Healthwatch Network has concluded a NENC engagement exercise on Dentistry but remains a feature on 5 of the 14 work programmes.
- Pharmacy is beginning to feature more in the concerns by Healthwatch given many pharmacies are removing their supplementary hours. 8 Healthwatch have this within their work programmes albeit all Healthwatch will be assisting in the ICB's engagement around the Primary Care Access Recovery Plan.
- Hospital discharge - identified by 5 of the Healthwatch compared to 7 in the previous year.
- Community mental health services – 9 Healthwatch continue to look at this area which is an increase on the previous year.
- Learning Disability & Autism - there is a great deal of concern across the Network looking at the provision of services. In some areas this will examine performance in Primary Care of ensuring Annual Health checks are carried out in a timely manner.
- Access for those with a sensory disability - continues to be an area of concern as does the wider concern in ensuring all Health & Care services adhere to the Accessibility Information Standard.
- 12 of the 14 Healthwatch (exc. North Cumbria) are working with the NEAS and VONNE to review the Trust's Clinical Strategy. Place based engagement events will be held throughout October with a final report & recommendations to be presented to the Trust by the end of November.

Operational Planning Priorities 2024/25

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

Urgent and Emergency Care – Sep 24

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
A&E waiting times < 4hrs (78% by March 25)	81.7%	80.6%	77.6%	Improving	74.2% 4/42
Category 2 ambulance response (NEAS)	26:18	28:48	29:09	Improving	3/11
Adult G&A bed occupancy	92.5%	91.1%	91.0%		93.5%
Patients not meeting the criteria to reside (CtR)	8.9%	7.8%	9.7%		
Ambulance handovers >59mins:59s	0	0	4.2%	Improving	
111 Call Abandonment (NEAS plan)	3%	3%	1.4%	Improving	
Mean 999 call answering time	<10s	9s	1.1s	Improving	7.1s

Observations

- In month A&E performance at 77.6% remains above the national average of 74.2% however behind the NENC Sep24 plan (80.6%). NENC has seen a deterioration from Aug24 of 2.5% (down from 80.1%).
- Ambulance response times Cat 2 mean response have deteriorated in Sep24 compared to Aug24 YTD but performance remains well ahead of plan. NEAS national ranking is 3/11 (NEAS also ranked 1/11 for Cat 1, 3, and 4 mean response).
- Bed occupancy compares favourably to the national and regional position, but Sep-24 reported slightly increased rate from Aug24. Performance is tracking below plan and 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 Sep24 to 814 (4.2% of arrivals).

Actions/interventions/learning/risks

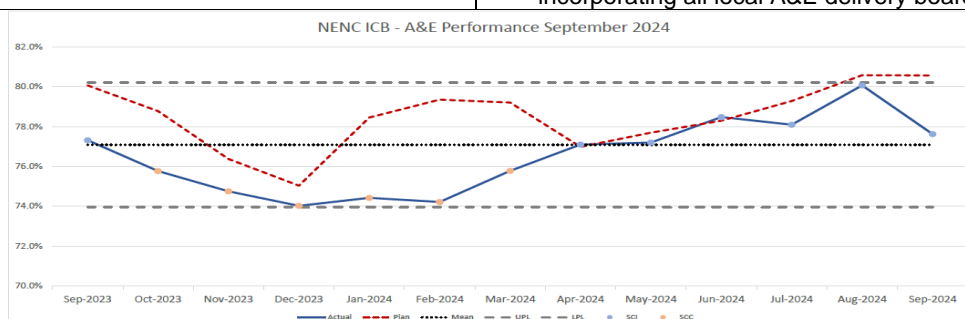
- Focus on A&E performance and NENC achieving the plan of 81.7% by Mar25 (National target of 78%).
- Continued focus on escalation processes for ambulance handover delays. Ambulance Handover System Working Group established.
- Planning underway for expansion of NEAS CAS and clinical validation.
- Revised 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
- 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. Specific working group established to identify improvements.
- Development of UEC model of care to focus on patient pathways and health inequalities to determine priorities-including reducing patient harm.

Recovery/delivery

- Winter priority initiatives ongoing including improvements in navigation, capacity and alternatives to ED to support avoidance of inappropriate admissions.
- Remodelled UEC dashboard embedded into governance.
- NENC winter template distributed to LADBs for identification of plans, areas of risk.
- SDEC community of practice event taking place 7th Nov. Focus on direct access principles.
- £1.2m for additional ARI capacity has been made available for place based teams to stand up capacity from mid-November until at least end of January
- Integrated Care Coordination integration / interface – shift out of hospital – developing plan across primary, community and UEC. ICB Urgent Responsive Care group has been expanded to cover Urgent Community Response, Virtual Wards and Care co-ordination Hub oversight and support with the aim of co-ordinating a combined increase in community activity and a divert away from secondary care acute activity.
- Review of UEC governance underway to make further improvements to escalation and visibility of plans incorporating all local A&E delivery board priorities



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

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Monthly Appointments in General Practice	1.51m	1.63m	1.52m		
Proportion of GP practice appointments within two weeks and	85.5%	85.5%	80.4%	Worsening	80.4%
Proportion of appointments the same or next day			64.2%	Worsening	64.6%
Additional Roles Reimbursement Scheme - All Roles (Mar24)		1,526	1,515	Improving	
UDA delivered as proportion of UDA contracted (Sep-24)	80.0%	80.0%	72.3%		42.1%
Percentage of unique patients seen by NHS dentist (adult) - rolling 24m (Sep24)	42.6%	42.5%	41.8%		
Percentage of unique patients seen by NHS dentist (child) - rolling 12m (Sep24)	73.6%	71.8%	59.5%		
2-hour urgent community response (UCR) (Jul24)	70.0%	70.0%	81.0%		83.2%
Increase referrals to UCR services	7,980	7,591	10,059		
Improve access to virtual wards by ensuring utilisation is consistently above 80% (Sep24)	78.2%*	76.4%	51.9%		
Community Beds Occupancy (Sep24)	92.0%	92.0%	92.8%		
Improve community services waiting times, with a focus on reducing long waits - All	825 Q4	855	1,111		

Observations

GP appts Aug24 actual appts did not meet plan.
ARRs plan was met Mar24, not included in 24/25 plans.
Dental UDAs Q2 actual is below plan but well above England average.
UCR: 2 hr standard and activity targets exceeded but with a slight downward trend in Jul24.
Virtual wards: Below plan but improving trend.
Community services waiting times long median waits in Adult Podiatry for NCIC, CYP Therapy interventions: OT for NUTH and adult weight management & obesity services for South Tees

Actions/interventions/learning/risks

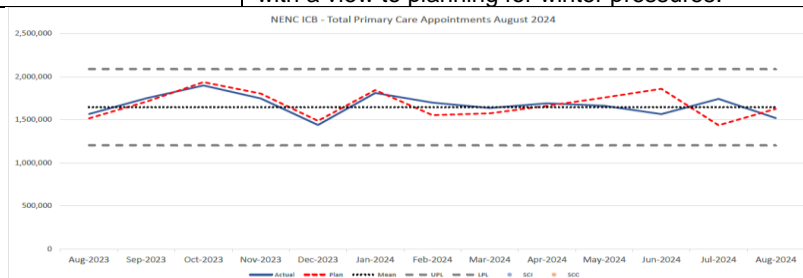
NENC ICB Primary Care Access Recovery plan (PCARP): Continued roll out of Modern General Practice Access, utilising digital tools to improve access, using outcomes/data to inform planning and future priorities, sharing good practice/lessons learnt.
GP Collective Action Risk: The delivery of GP Services to patients is impacted by GP collective action, limiting the number of GP consultations per session, which will in-turn impact other health services i.e. urgent care services.
System Development Funding (SDF): Schemes for 2024/25 have been approved and are now progressing.
Patient Experience Survey: NENC ICB are performing well against the PCARP requirements, however the patient experience results are not representative of this and have highlighted areas of focus.
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).
Integrated Care Coordination: ICB Urgent Responsive Care group has been expanded to cover Urgent Community Response, Virtual Wards and Care co-ordination Hub oversight and support with the aim of co-ordinating a combined increase in community activity and divert away from secondary care activity.

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

PCARP: Implementation of Modern General Practice Access continuing, support to practices via funding, digital support and training.
 Greater use of NHS App and digital access, 90% of practices offering 4 key NHS App functions, roll out of online registration.
 Pharmacy services continuing to expand - Pharmacy First delivered by 99% of pharmacies.
 Funding prioritisation exercise underway to provide additional clinical rooms.
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
 Integrated Delivery Report October 2024

Elective care – Aug 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	0	Improving	1/42 (Joint)
Number of patients waiting > 78 weeks	0	0	58	Worsening	19/42
Number of patients waiting > 65 weeks (0 by Sep24)	0	94	707	Improving	4/42
Number of patients waiting > 52 weeks	4,190	5,674	6,962	Improving	2/42
The number of incomplete Referral to Treatment (RTT) pathways (waiting list)	327,044	339,284	359,703		
Proportion of patients on the waiting list who have been waiting for less than 18 weeks (92%)			68.2%		58.2%
Deliver 109% value weighted activity	110.6%	109.3%			
Increase the proportion of all OP attendances that are for 1st or FU appointments attracting a procedure tariff to 46% (NENC 46.6%) across 2024/25* (Mar24)	44.5%		42.7%		
Make significant improvement towards the 85% day case rate	87.3%				

Observations

- Whilst the waiting list is well above plan it has stabilised since May24 and remains lower than the peak of 23/24.
- NENC ICS continue to be the best performing across the country in Aug24 for RTT performance with 68.2% of people on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks.
- Published Aug24 data reported zero 104+ week waiters
- Aug24 data confirmed a further increase to 78+ww up from 51 (Jul24) to 58 (Aug24) making it five consecutive reporting increases
- A further improvement to the number of 65+ww from 745 (Jul24) to 707 (Aug24) making it three consecutive reporting decreases. Despite the decrease this still represents continued struggles to get on top of these long waiters.
- Aug24 data for 52+ww shows a marginal drop from the previous reporting period however 6,962 patients waiting is a distance from the planned level of 5,674. Providers have set a 24/25 monthly trajectory for this cohort of patients with a reducing plan over the year.
- Improved RTT validation levels from Aug24
- 24/25 operational plan introduced a new Outpatient metric focussing on the proportion of all OP attendances that are for 1st or 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

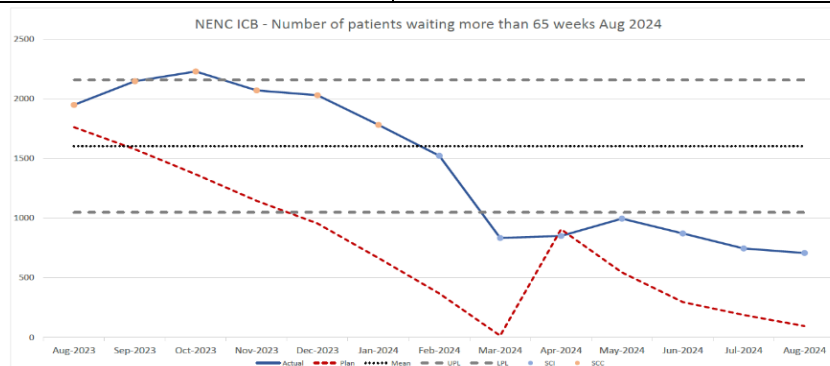
- Focus on elective recovery for NENC including reductions in long waits, waiting list size and completion of patient treatment pathways
- Targeted ICB/provider meetings continue with NUT and S Tees; NCIC operating within Tier 2 (NHSE and ICB) support structure with formal bi-weekly meetings
- Mutual Support Coordination Group (MSCG) supporting requests across pressured specialities for 78ww and 65ww with (approximately 500) patients supported in 24/25
- Capacity and demand workshop with a specific focus on Trauma & Orthopaedics and the potential to further optimise the use of elective hubs and other physical and workforce capacity across the system
- Facilitating IS arrangements where possible - agreed that FTs can access our IS contracts to support waiting list initiatives
- Detailed long waiters briefing for high-risk providers identifying issues at specialty level including planned recovery actions and future risks
- Theatre and Peri-operative group 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.
- 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 seasonal urgent and emergency care demands
- Frequent ICB meetings with providers that continue to have long waiters more than 65 weeks (NCIC, NUTH and S Tees)
- Focus on eliminating 65+ww across NENC by Dec24



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

Cancer & Diagnostics – Aug24 Actual data displayed at commissioner aggregate level

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Improve performance against the headline 62-day standard to 70% by Mar25	72.7%	68.1%	68.1%	Improving	69.2%
Cancer faster diagnosis standard 77% by Mar25 - ICB	79.4%	77.1%	77.0%		75.5%
Number of patients waiting over 62 days (Sep24)	817	817	877	Improving	
31 days from decision to treat/earliest clinically appropriate date to treatment of cancer (96% target)			93.4%		91.7%
Lower GI (at least 80% of referrals accompanied by a FIT result)	80.5%	80.5%	80.6%		
Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2030 (12 month rolling, Jun24)			57.6%		
% of patients that receive a diagnostic test within six weeks in line with the Mar25 ambition of 95% (24/25 ICB plan required for 9/15 modalities only)	92.7%	84.3%	80.9%		80.7%

Observations

Cancer

- 57.6% of cancers diagnosed in Jun24 were at stages 1 and 2, against a planning ambition of 75% early diagnosis by 2030.
- 28-day faster diagnosis (77.0%, Aug24) maintained its position above the national standard (75%), although dipped below Operational plan trajectory (77.1%).
- 31-day performance increased from 92.8% (Jul24) to 93.4% (Aug24) although remains below the national standard (96%). Radiotherapy and Surgery treatments are most challenged with performance below 90%.
- Cancer 62-day performance increased from 66.9% (Jul24) to 68.1% (Aug24) in line with the ICB Plan trajectory.
- Most challenged pathways include, Lung, Urology, Lower GI, with performance below 61%.
- Cancer PTL backlog has been retired from the National Cancer performance reporting schedule with a move back to the CWT measures. This will continue to be monitored by the Northern Cancer Alliance.

Diagnostics

- Further deterioration in August, driven by Audiology and Echocardiography.
- Slight improvement seen in MRI performance although still substantial backlog
- Activity levels are on broadly on plan except for audiology

Actions/interventions/learning/risks

Cancer

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

Faster Diagnosis Standard:

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

Diagnostics

- Further support for neuroradiology at NuTH from general radiology
- Additional MRI capacity at NCIC
- Great North Health Alliance focusing on Audiology services

Quality and Health inequality implications

Cancer

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

Diagnostics

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

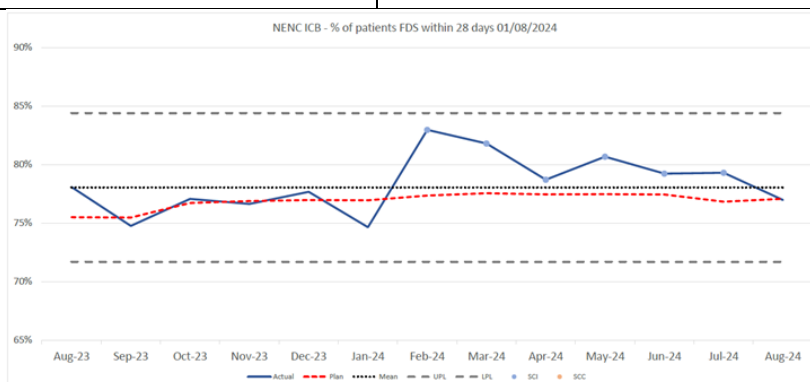
Recovery/delivery

Cancer

- FDS strong performance continues in 2024/25.

Diagnostics

- Currently off track against overall trajectory, some improvement expected in September



Maternity and Neonatal

Objective	RAG Rating
Perinatal Pelvic Health Services are operational and available in line with the service specification across the ICB	Green
Agreement is in place to sustainably commission Perinatal Pelvic Health Services from Apr-24	Green
Maternal Mental Health Services are operational and available across the whole of the ICB	Red
Agreement is in place to sustainably commission Maternal Mental Health Services from Apr-24	Red
7 Day Bereavement services in place in all Trusts	Orange
Publication of Maternity equity and equality action plans	Green
Are all Providers compliant with Saving Babies' Lives Safety Action 6	Orange
<p>Observations</p> <p>Perinatal Pelvic Health Service (PPHS)</p> <ul style="list-style-type: none"> PPHS services went live across each of the 8 NENC Provider Trusts on the 1st October 2024. Further work is being undertaken in relation to the pathways across NENC for women who require supporting in respect Obstetric Anal Sphincter Injury (OASI). <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. There are currently 3 services being delivered by North Cumbria, Northumbria and South Tyneside and Sunderland Trusts. The ICB has committed £1,660,000 worth of funding until Mar26 to enable the establishment of equitable provision across NENC. <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. Following launch of the services, training requirements will be presented at the NENC LMNS Training Faculty with a view to incorporation into the 25/26 training year as part of the core competency framework. <p>Maternal Mental Health Services (MMHS)</p> <ul style="list-style-type: none"> Development of a standard service specification including workforce modelling options and local funding requirements is being established during Q3 24/25. <p>Seven Day Bereavement Services</p> <ul style="list-style-type: none"> The plan to establish a NENC LMNS Perinatal Bereavement Delivery Group by the end of 2024. However, this is subject to staffing business cases being approved by the ICB. <p>Compliance with the Saving Babies Lives Care Bundle</p> <ul style="list-style-type: none"> 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 was ratified by LMNS Board in September 2024. Further work is required between November 2024 and March 2025 to support the 8 Provider Trusts in ensuring data inputted via BadgerNet is consistent across NENC to ensure audit compliance. Audit compliance is reviewed at a quarterly joint meeting between the LMNS and Provider Trust. <p>Other Relevant Programme Updates</p> <ul style="list-style-type: none"> The LMNS have appointed Sue Thompson – Northern Neonatal Network and Gemma Kumar – South Tees Trust as joint vice chairs to the LMNS Patient Safety Learning Network. The LMNS Head of Quality and Safety will commence in post on the 4th November 2024. 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. Audit compliance is reviewed at a quarterly joint meeting between the LMNS and Provider Trust. <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> <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. The LMNS is currently undertaking its Perinatal Quality Surveillance Annual Peer Review Assurance Visits, the last one being North Cumbria Trust on the 12th December 2024.

Use of resources Data period M6 (September 24)

	Month 6 YTD plan	Month 6 YTD actual	2024/25 Annual plan	2024/25 Forecast
ICS financial position (surplus)/deficit	£21.17m	£17.58m	£0.00m	£0.00m
ICB financial position (surplus)/deficit	(£26.80m)	(27.35m)	(£53.60m)	(£53.60m)
Running cost position	£22.46m	£20.62m	£50.31m	£46.68m
Capital funding	£84.31m	£74.57m	£253.29m	£273.72m
Agency spend	£42.25m	£36.83m	£80.93m	£71.40m
Efficiency savings	£213.24m	£210.50m	£520.80m	£525.94m
Mental health investment standard	4.0%	4.0%	4.0%	4.0%

Observations

- Deficit support funding of £49.95m was received in month 6 to offset the agreed deficit plan for the year. As a result, the full year ICS financial plan is now a breakeven position.
- As at 30 September 2024, the ICS is reporting a year to date deficit of £17.58m compared to a planned deficit of £21.17m, a favourable variance of £3.58m. This is an improvement on the position last month (adverse variance £0.5m).
- The position includes specific pressures relating to drugs and devices, estimated at £25m, and escalation beds.
- The year to date deficit position is expected to be recovered over the second half of the year, reflecting the phasing of efficiency plans.
- The ICB is reporting a year to date surplus of £27.35m and forecast surplus of £53.60m in line with plan.
- Running costs – an underspend is expected on running cost budgets (£3.6m forecast) largely due to vacancies. This helps to mitigate pressures on programme budgets.
- Capital spending figures now include the impact of IFRS 16. The forecast overspend against plan includes specific pressures in one provider relating to lease rent reviews which is being discussed with NHS England.
- Agency spend continues to be below plan and forecast to be within the system level agency ceiling of £101.3m.
- The ICS is reporting efficiency savings which are slightly below original planned levels year to date (£2.75m) but forecast to be slightly ahead of plan by the end of the year (£5.15m forecast over-delivery). Within this however there is an under-delivery reported against recurrent efficiency savings (£21.5m year to date and £29.3m forecast).

Actions/interventions/learning/risks

- At this stage of the year there is still relatively 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 6 this unmitigated financial risk is estimated at £74m (reduced from £82m at month 5) although work continues across the system to review this.
- This includes unmitigated net risks of £15m 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 has commenced. 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. Initial findings are expected by the end of October 2024.

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 – May/Jun 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 (Jun-24)		12.1%	9.5%		10.6%
Improve the working lives of all staff and increase staff attendance (May-24)		5.6%	5.5%		4.7%

Observations

Sickness

The nationally reported in-month ESR recorded sickness rate for M2 24/25 has remained the same as at M12 23/24 of 5.5%, which is under the plan for March 25 of 5.6%. This remains above the national average of 4.7%.

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 has seen an increase in turnover rate from May 24 to June 24, this is following a downward trend seen over a 12-month rolling period. However, this remains well below plan and national average.

Data

Work is continuing to understand the different sources of reporting of this information to ensure consistency of reporting and monitoring across the ICB.

Data included in this report is based on the nationally available data through reporting by NHSE (NHS Digital)

Actions/interventions/learning/risks

- Sickness and turnover rates continue as priorities into 24/25.
- Deep dive session held with People Promise and staff experience teams across the system to further ensure staff across the system 'have a voice that counts'.
- Scoping of information to support development of a system wide IVF policy.
- 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.
- Menopause clinics and training continue.
- Compassionate leadership community of practice continues to be developed.
- The Boost learning and improvement community has grown to a membership of over 8,500 members. The Boost platform has launched its learning academy, delivering modules on improvement and health inequalities for all those working in the NENC system.
- Oliver McGowan mandatory training (OMMT) will transition into the Boost learning and improvement community as its host location for the future.
- OMMT roll out is now focused on the NHS part of the system only, with a specific focus on Trusts and PLTs for primary care.

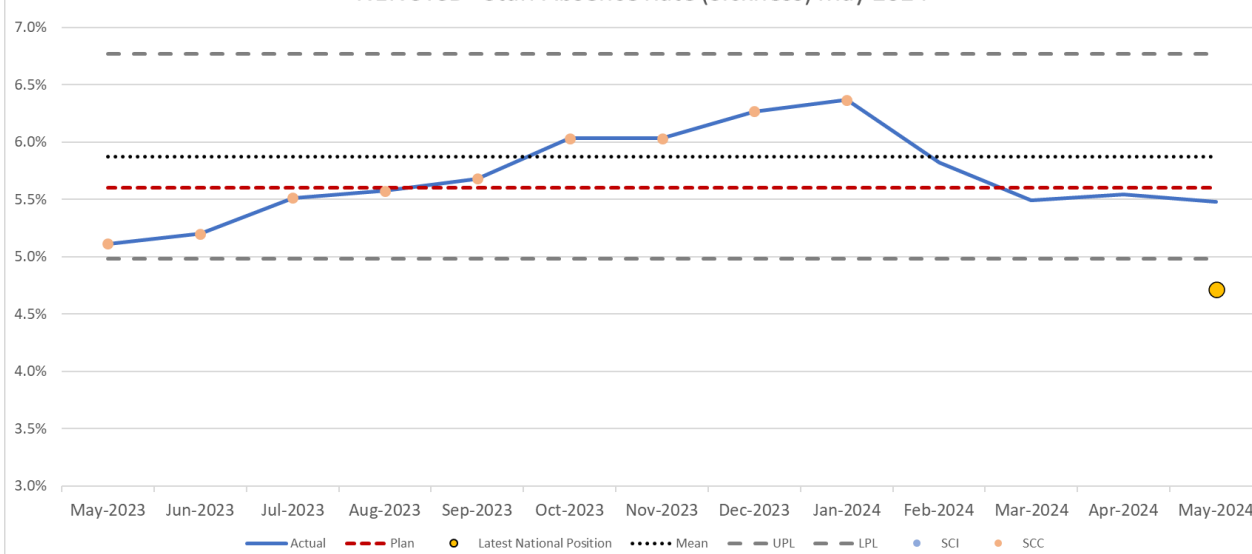
Quality and Health inequality implications

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

Recovery/delivery

- We are taking a learning and improvement approach to the delivery of the NENC People & Culture Strategy.
- Delivery plans across the 6 pillars of the NENC People & Culture Strategy are being developed to support the health and care workforce across NENC.
- New governance arrangements have been adopted to ensure system ownership and delivery of the strategy.

NENC ICB - Staff Absence Rate (Sickness) May 2024



Mental Health Adults – Aug 24 unless otherwise specified. Delays with Core data pack

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Access to Transformed PCN Community Mental Health Services for Adults with SMI Number of 2+ contacts (Jun24)	30,000	15,114	14,890	Improving	
Access: Number of patients discharged having received at least 2 treatment appointments, that meet caseness at the start of treatment	2,934	2,922	2,961		
Talking Therapies - Reliable Recovery	50.0%	50.0%	49.0%		
Talking Therapies - Reliable Improvement	68.5%	68.3%	68.2%		
Dementia Diagnosis Rate	69.8%	68.8%	68.5%		63.8%
People with SMI receiving full physical health check in primary care (Jun24)	69.5%	63.3%	63.2%	Improving	
Access to perinatal mental health services*	2,500	2,423	2,290		
Total number of inappropriate Out of Area (OOA) Placements** (Jul24)	0	8	<5		
MHSDS Data Quality Maturity Index (DQMI) Score (Jun24)			57.5		
Talking therapies - In treatment waiting times >90 days	10%	10%	37.6%		

Observations

TTAD: Target achieved for caseness, however slight drop in performance against reliable recovery and improvement rates. Secondary waits (in-treatment waiting times) remains a pressure.

Dementia: Performance has remained static but primarily, rate remains in excess of NENC target, a continuing trend since May23.

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: New national waiting time metric released to reduce 104 week waits.

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

Actions/interventions/learning

TTAD: System wide recovery plan is in draft form for ratification, which may be expanded following a TT transformation workshop planned for later this calendar year. Despite not achieving recovery and improvement rates, patient do continue to report positive outcomes.

AMH Waiting Times: Following release of new Community MH Waiting Time Metric, system work is underway to validate existing 104 week waiting lists and develop recovery trajectories for 2024/25 and 2025/26. Majority of those patients are expected to be within Neurodevelopmental pathways which continues to be reported a pressure (this is also applicable to children's MH pathways). Additional financial support secured to assist in reducing waiting times in these pathways, however there is recognition that waiting lists/times have grown significantly within Neuro pathways over many years. Subsequently actions instigated to support recovery are not expected to have an immediate impact and may take a prolonged period.

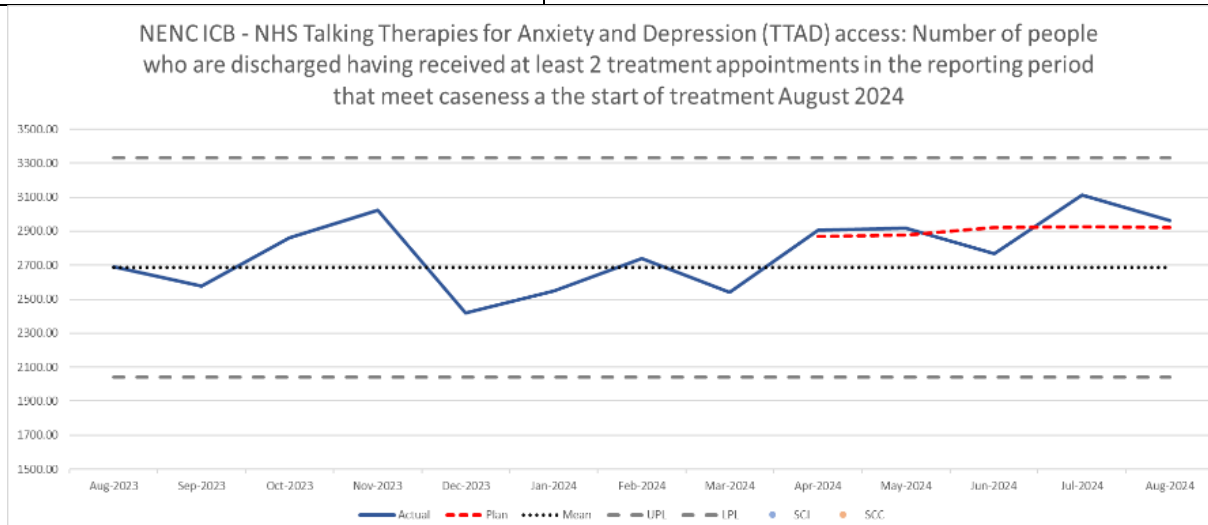
Quality and Health inequality implications

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

Recovery/delivery

TTAD: Transformation Team planning workshop to look at system wide recovery options and plans to enhance recovery plan that is currently in draft.

AMH Waiting Times: Further analysis of waiting list pressures to be coordinated through NENC MHLDA Performance Oversight group with associated recovery plans. In addition, targeted work is underway with key stakeholders to validate current over 104 week waits and develop associated recovery trajectories.



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

Mental Health: CYP – Aug 24 unless otherwise specified

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Benchmark
Number of CYP accessing Mental Health Services*	59,632	58,500	58,635		
CYP Eating disorders (ED) - urgent within 1 week	95%		71.0%		
CYP Eating disorders (ED) – routine within 4 weeks	95%		87.0%		
MH CYP waiting time (WT) for 2nd contact >52 weeks**			13,435	Worsening	
MH CYP WT Autism & Neurodevelopmental >52 weeks**			8,607	Worsening	

Observations

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

CYP Waiting Times: Referrals continue to increase, predominantly in Neuro pathways, more so in relation to ADHD. 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). However, a 7% improvement in performance against 4 week metric has been noted from the last reporting period.

Actions/interventions/learning/risks

Following release of new Community MH Waiting Time Metric, system work is underway to validate existing 104 week waiting lists and develop recovery trajectories for 2024/25 and 2025/26. Majority of those patients are expected to be within Neurodevelopmental pathways which continues to be reported a pressure (this is also applicable to adult MH pathways). Additional financial support has been secured to assist in reducing waiting times in these pathways, however there is recognition that waiting lists/times have grown significantly within Neuro pathways over many years. Subsequently actions instigated to support recovery are not expected to have an immediate impact and may take a prolonged period.

Quality and Health inequality implications

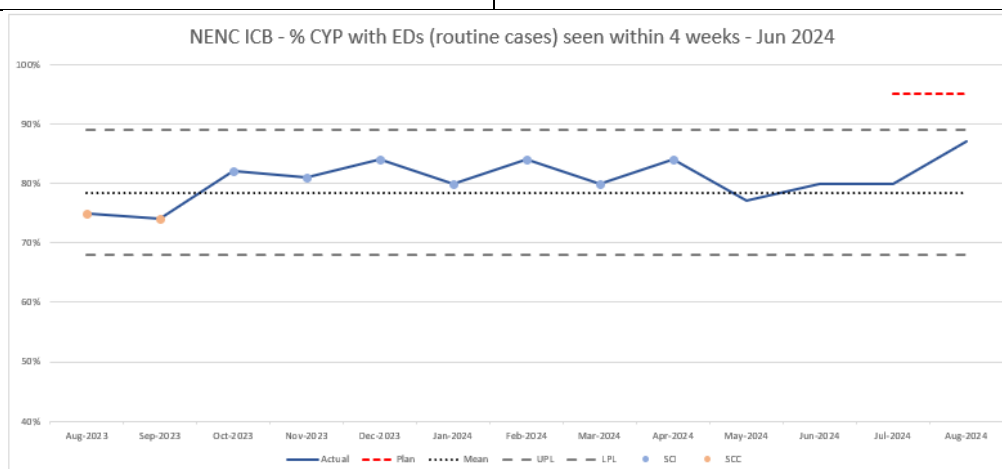
Children, young people and families may experience exacerbation of difficulties as they wait to be assessed or start treatment.

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. As noted above, the majority of children waiting for support are within Neurodevelopmental pathways. CNTW have approved the redesigned Neurodevelopmental pathway which will align to planned ICB transformation work. TEWW have implemented a telephone line for professionals in Durham and Darlington to support the referral processes as well as revision and implementation of the neuro assessment protocol. The Trust are also undertaking a validation of the current waiting list including writing to all patients to opt out if they feel they no longer require an assessment.

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 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 – Aug/Sep 2024

Objective	Plan (Mar 25)	Plan (month)	Actual	Trend	Bench mark
Annual Health Check and plan for people on GP Learning Disability registers	75%	23.0%	23.3%		
Reduce reliance on in-patient care – adults (ICB and Secure)* 31 st Jul 24	154 (Q4)	161 (Q2)	181	Worsening	
Reduce reliance on inpatient care – under 18s 31 st Jul 24	0	2	6		
CTRs (Adult) compliance for non-secure (target 75%)	Fully Compliant	August 2024 CTR Metric: Adult pre-post: Less than 75% - detail not available (error in metric) Non-secure repeat: 37% 27of 73 Secure repeat: 92% 54of 59			
CETRs (Children & Young People) compliance	Fully Compliant	August 2024 CETR Metric: Under 18 pre-post: 0% 0 of 1 Under 18 repeat: 100% 4 of 4			
Learning from Death Review (LeDeR) compliance – Eligible Reviews	Fully Compliant	August 2024: 94% completed			
Eligible reviews completed within 6 months of notification	Fully Compliant	August 2024: 18% within 6 months			

Observations

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

- 20 discharges (19 ICB, 1 Secure), including two with length of stay (LOS) over 5 years, one over 3 years and 12 with LOS less than 6 months.
- One transfer from Secure to ICB commissioned and one transfer from ICB to Secure.
- 20 admissions from Community (18 ICB, 2 Secure), including 7 readmissions. 2 new diagnoses whilst an inpatient (2 ICB). 1 data correction added back on.

CTR Compliance - August 2024 Metric:

- Non-compliance flagged for U18 pre- or post-admission (though only 1 event); Adult pre- or post-admission (detail total not available as error in data extraction); and for adult non-secure repeat CTRs. Adult secure repeat CTRs were 92% compliant.
- Staffing issues continue to impact the scheduling of CTRs. MDT / MDT+ reviews held where possible.

Annual Health Checks: GP Learning Disability register (age 14+) has increased by 62 since May24. Delivery continues to be on target and matches 2023/24 progress.

Actions / Interventions / Learning / Risks

- Complex Care team structure continues to develop, with an Interim Senior Head of Complex Case Management and four Heads of Complex Care in post. Recruitment for additional capacity is progressing.
- Everyturn MH Services have been contracted to provide a Complex Transformation Support Service (CTSS) to support timely discharge from hospital. Team in place and operational.
- AT dashboard: Quality improvement group planned from October for ongoing learning and improvement. Focussed effort underway to ensure timely updates to AT data. Discussions still ongoing with NHSE regarding NECS having direct access to the data source.
- Two training sessions on CTRs/DSRs/EPPICs/12-point discharge plan held for the ICB's Complex Care team
- NHSE NEY C(E)TR Clinical Experts Practice Forum held 18th September 2024 with next session planned for March 2025. Workshop for Chairs of C(E)TRs held 18th October 2024.
- LeDeR webinar held 25th September 2024 highlighted the new ways of working for the LeDeR programme across NENC

Quality and Health inequality implications

LeDeR:

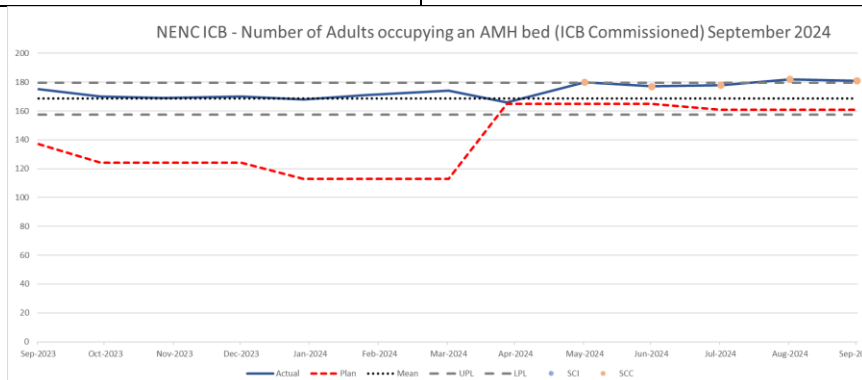
- Eligible reviews completed within 6 months of notification increased by 3% to 18% in Aug24.

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

Recovery/delivery

Care Education and Treatment Reviews:

- Focussed efforts on addressing the backlog of CTRs continue and Community CTRs are being prioritised to prevent avoidable admissions
- Pressure from reduced staffing capacity in Complex Care team to support CTR workload continues. On-going recruitment for Business Support Administrators and additional Case Managers.



*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		0
.. in the percentage of patients aged 18+ with a CVD risk score > 20% on lipid lowering therapies - Ethnicity	0	0	0		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. The data is not reported by ethnicity.
- **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.

Actions/interventions/learning/risks

- **CVD** - Community blood pressure kiosk project / targeted improvement with primary care / HI NENC Healthy Hearts Project / Regional Lipid Survey
- **COVID / Flu** – regional and national campaigns to increase uptake in low uptake communities.
- **Cancer** - there are projects aimed at reducing inequalities in access and uptake of screening for populations with poor outcomes and a history of later diagnosis, including improving access to breast screening and self-examination for South Asian women, mobile cervical screening targeting populations living in areas of high deprivation, the targeted lung health checks with a focus on areas of high deprivation, and participation in the NHS Galleri clinical trial.
- **SMI Healthchecks** – activity remains significantly higher than the national average and without inequality gaps in deprivation and ethnicity.

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 will be addressed with ICB Directors and Leads to ensure that progress in-year as well as end of year are understood (see recovery).
- **Flu/COVID vaccination** – significant inequalities in both ethnicity and deprivation persist.

Recovery/delivery

- All CORE20Plus5 Clinical Pathways are currently subject to review from a delivery perspective, including aligning delivery within the operating model between the Strategy & Transformation Directorate, the Local Delivery Teams, and other ICB teams with lead responsibility for CORE20Plus5 clinical pathway delivery.
- Since the last reporting period the Health and Healthcare Inequalities Bi-Annual Report was presented at Board, which included all CORE20 metrics.
- Work has commenced on mapping the journey to 2030. All inequality metrics will be subject to plans on interventions that will either narrow or eliminate the inequality gap. These will be represented through waterfall charts that outline the expected impact of individual interventions.
- The year-end report is due for Exec consideration in March ahead of inclusion in the ICB Annual Report and Account.

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	58,500	58,635		

Observations

- **CYP Asthma admissions** inequalities in unplanned admissions for children with asthma follows a seasonal pattern. Between September and January each year, the gap between the most and least deprived populations increases, but at all other periods the rates remain similar.
- **CYP Diabetes:** There is currently little to no variation in the proportion receiving the 3 care processes by deprivation but there is by ethnicity. A lower proportion of children with non-white ethnicity were recorded as receiving all three checks in 2023/24 than children with white ethnicity.
CYP Access to Mental Health services – the greatest volume of activity within CYP mental health services is coming from the most deprived communities

Actions/interventions/learning/risks

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

Quality and Health inequality implications

- **CYP Oral Health** - At present, the ability to triangulate the various data sources needed to provide insight and assurance on this is not available. There are plans to in the coming months, for the colleagues working on oral health to identify data sources to be used and to ensure that this flow of data is available for inclusion going forward.
- **CYP Epilepsy** - At present, there is no data which can provide this information. Information is available via the Epilepsy12 audit but this is annual information, provided at Trust level. It does not report on the access for children specifically with Learning Disabilities

Recovery/delivery

- All CORE20Plus5 Clinical Pathways are currently subject to review from a delivery perspective, including aligning delivery within the operating model between the Strategy & Transformation Directorate, the Local Delivery Teams, and other ICB teams with lead responsibility for CORE20Plus5 clinical pathway delivery.
- Since the last reporting period the Health and Healthcare Inequalities Bi-Annual Report was presented at Board, which included all CORE20 metrics.
- Work has commenced on mapping the journey to 2030. All inequality metrics will be subject to plans on interventions that will either narrow or eliminate the inequality gap. These will be represented through waterfall charts that outline the expected impact of individual interventions.
- The year-end report is due for Exec consideration in March ahead of inclusion in the ICB Annual Report and Account.

Safety - Aug/Sept 24/25 (PSIRF metrics in development)

Objective	Plan Mar 25	Plan YTD	Actual (month)	Actual YTD	Trend	Benchmark
Never events Sep-24	0	0	0	10		
MRSA Aug-24	0	0	6	20		
C diff Aug-24	85	425	116	499		
E coli Aug-24	235	1,176	277	1,271	Worsening	
Mortality	One Trust (CDD FT) is showing higher than the expected range for SHMI					

Observations

- NENC is over trajectory for the key HCAI infections.
- Despite good progress pre-pandemic, infection control management progress continues as a challenge with a deteriorating national picture.
- Increased demand on Trust estate and daily challenge to ensure patient flow through the hospitals is adding to current pressures for infection control management.
- 1 Trust is showing higher than expected for the Summary Hospital Mortality Indicator (SHMI) for data up to April 2024 (published 12/09/2024). All other Trusts are within expected range. NHS Digital has implemented various methodological changes from May 2024, e.g., inclusion of COVID-19 activity (previously excluded), and exclusion of hospice sites operated by acute Trusts.
- Between April 2024 and September 2024:
 - 10 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 121 Patient Safety Incident Investigations (PSIIs) have been reported.
- 41 Regulation 28s have been reported within the NENC area. The ICB have formally responded to the Coroner in relation to the Regulation 28 issued in August 2024.

Actions/interventions/learning/risks

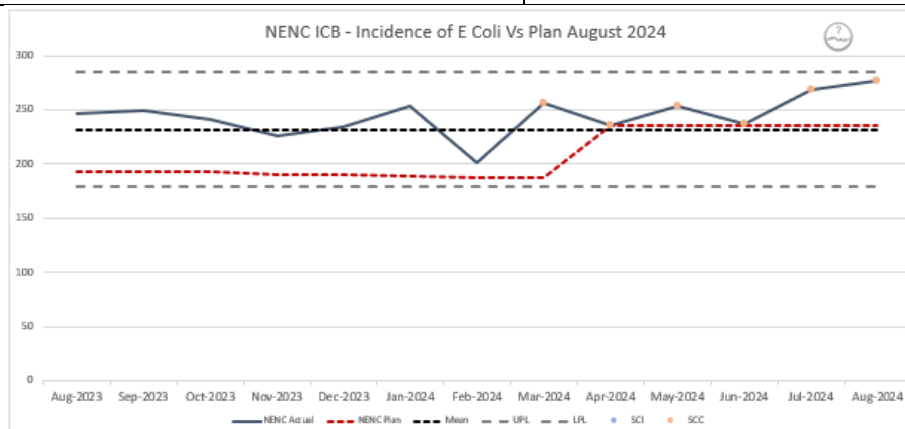
- Oversight across NENC through the AMR/HCAI subcommittee where learning and good practice is shared for discussion at place and local QRGs.
- HCAI and gram-negative improvement plans in place, with some areas looking to complete research.
- Greater communication with patient flow teams and Infection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

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